

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 HP INC. PENSION PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 11/01/1976
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) HP INC. 10300 ENERGY DRIVE SPRING, TX 77389
2b	Employer Identification Number (EIN) 94-1081436
2c	Plan Sponsor's telephone number 800-457-4015
2d	Business code (see instructions) 334110

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.	07/14/2025	SRIVATSAN IYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 50969
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3281 6a(2) 3176 6b 8895 6c 35724 6d 47795 6e 2002 6f 49797 6g(1) 6g(2) 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:

1A 1C 1D 1E 1F 1I 3F 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan HP INC. PENSION PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HP INC.	D Employer Identification Number (EIN) 94-1081436
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	3836416071	
b	Actuarial value	2b	4220057678	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	7801	957925920	957925920
b	For terminated vested participants	39887	2769309192	2838959252
c	For active participants	3281	152509235	152602638
d	Total	50969	3879744347	3949487810
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.26 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	11000000	
c	Target normal cost	6c	11000000	

Statement by Enrolled Actuary

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

SIGN HERE		06/11/2025
	Signature of actuary	Date
JEFF D. CLYMER	Type or print name of actuary	23-03971
		Most recent enrollment number
AON CONSULTING, INC.	Firm name	617-482-3100
		Telephone number (including area code)
700 DISTRICT AVE BURLINGTON, MA 02451-7528	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1041483633	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	12300000	0
9	Amount remaining (line 7 minus line 8)	1029183633	0
10	Interest on line 9 using prior year's actual return of <u>-1.35</u> %	-13893979	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	380000000	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	635289654	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.76 %
15	Adjusted funding target attainment percentage	15	106.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	121.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
	☐ N/A, full yield curve used		
b Applicable month (enter code).....	21b	4	
22 Weighted average retirement age	22	62	
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	11000000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	11000000	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	11000000	0	11000000
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024		
A Name of plan HP INC. PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 HP INC.	D Employer Identification Number (EIN) 94-1081436	

Part I	Service Provider Information (see instructions)
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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
THE BANK OF NEW YORK MELLON
13-5160382

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

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

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

FIDELITY MANAGEMENT TRUST COMPANY

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?
13 64 50	NONE	2152827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS LLC

36-2235791

(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?
11 50 64 65	NONE	2122928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-5160382

(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?
18 72 50 99	NONE	857111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AON

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	440340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HP INC.

94-1081436

(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?
14 28 50	PLAN SPONSOR	337960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST & YOUNG

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	281216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DELOITTE

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	130381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSS ADAMS

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	72955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROOM LAW

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	38756	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CALLAN

94-2192581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	25645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBEVOISE & PLIMPTON LLP

13-5537279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	15825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALTERITY

27-0787824

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	13750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE 5500 TAX GROUP

20-2116576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	6123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024					
A Name of plan HP INC. PENSION PLAN				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HP INC.				D Employer Identification Number (EIN) 94-1081436	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: HP INC. MASTER TRUST					
b Name of sponsor of entity listed in (a): HP INC.					
c EIN-PN 94-1081436-124		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4550272910		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of					

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024		
A Name of plan HP INC. PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 HP INC.	D Employer Identification Number (EIN) 94-1081436	

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)	453	252
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2140447	2674721
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	4153035483	4550272910
(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)	68636	63444
(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	4155245019	4553011327
Liabilities			
g Benefit claims payable	1g	13643528	11765617
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	13643528	11765617
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4141601491	4541245710

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	658004	
(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)		658773938
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		659431942

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	265418848	
(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)		265418848
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	2152827	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	411597	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	857547	
(7) Actuarial fees	2i(7)	440340	
(8) Legal fees	2i(8)	15825	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7520094	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11398230
j Total expenses. Add all expense amounts in column (b) and enter total	2j		276817078

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		382614864
l Transfers of assets:			
(1) To this plan	2l(1)		17029355
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG, LLP**

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

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		35000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		2674721
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543403.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024					
A Name of plan HP INC. PENSION PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 HP INC.				D Employer Identification Number (EIN) 94-1081436	
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): 04-2647786					
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	1274
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: <u>8.0</u> % Private Equity: <u>7.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>72.0</u> % High-Yield Debt: <u>13.0</u> % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: _____ % b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

HP Inc. Pension Plan
Years Ended October 31, 2024 and 2023
With Report of Independent Auditors

HP Inc. Pension Plan
Financial Statements and Supplemental Schedules

Years Ended October 31, 2024 and 2023

Contents

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Report of Independent Auditors

The Plan Administrator of
HP Inc. Pension Plan

Opinion

We have audited the financial statements of HP Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at October 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of October 31, 2024, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of

Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst & Young LLP

June 20, 2025

HP Inc. Pension Plan

Statements of Net Assets Available for Benefits

	October 31	
	2024	2023
Assets		
Investments:		
Interest in HP Inc. Master Trust	\$ 4,222,935,584	\$ 3,834,206,535
Allocation of Group Trust investments:		
Limited partnerships/venture capital funds	2,674,721	2,140,447
Registered investment companies	63,444	68,636
Total investments	4,225,673,749	3,836,415,618
Interest receivable	252	453
Net assets held in the HP Inc. Master Trust relating to 401(h) account	327,337,326	318,828,948
Total assets	4,553,011,327	4,155,245,019
Liabilities		
Amounts related to retiree medical obligations of the 401(h) account	327,337,326	318,828,948
Total liabilities	327,337,326	318,828,948
Net assets available for benefits	\$ 4,225,674,001	\$ 3,836,416,071

The accompanying notes are an integral part of these financial statements.

HP Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended October 31	
	2024	2023
Additions to (deductions from) net assets attributed to		
Investment income/(loss):		
Net investment gain (loss) from investment in HP Inc. Master Trust	\$ 605,098,266	\$ (79,439,653)
Net appreciation (depreciation) in fair value of investments in Group Trust	658,004	(713,345)
Net investment income (loss) from investment in HP Inc. Master Trust	<u>605,756,270</u>	<u>(80,152,998)</u>
Benefits paid directly to participants	(224,340,677)	(241,195,142)
Payment to insurance carrier for annuities purchased	-	(562,813)
Administrative expenses	(9,187,018)	(8,889,729)
Net increase (decrease) before transfers	<u>372,228,575</u>	<u>(330,800,682)</u>
Transfer in from other plan	17,029,355	23,880,005
Net increase (decrease)	<u>389,257,930</u>	<u>(306,920,677)</u>
Net assets available for benefits:		
Beginning of year	3,836,416,071	4,143,336,748
End of year	<u>\$ 4,225,674,001</u>	<u>\$ 3,836,416,071</u>

The accompanying notes are an integral part of these financial statements.

HP Inc. Pension Plan

Notes to Financial Statements

Years Ended October 31, 2024 and 2023

1. Description of Frozen Plan and Trust Arrangements

The following description of the HP Inc. Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan is administered by a committee of the Board of Directors of HP Inc. (the Company or HP) or by a delegate of such committee. The Bank of New York Mellon (BNY) is the trustee of the Plan's assets.

General

The Plan is a defined benefit plan that has been closed to new entrants since December 31, 2008 or earlier depending on the Plan component. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan contains benefit structures from three historical components – the HP Retirement Plan component, the Cash Account Pension Plan (CAP Plan) component, which merged into the Plan on November 30, 2005, and the EDS Retirement Plan (EDS Plan) component, which merged into the Plan on October 30, 2009. Under the former HP Retirement Plan component of the Plan, benefits are based on pay and years of service. Under the CAP Plan and EDS plan components, benefits were accrued pursuant to an account-based formula based on a percentage of pay plus interest. The historical benefit structures remained intact and independent when these plans were merged.

The Retirement Plan and CAP Plan components were fully frozen effective December 31, 2007. The EDS Plan component was fully frozen effective December 31, 2008.

In August 2021, HP entered into an agreement with The Prudential Insurance Company of America ("Prudential") to purchase an irrevocable group annuity contract and transfer approximately \$5.2 billion of the Plan obligations. Under the agreement, Prudential assumed responsibility for pension benefits and annuity administration for approximately 41,000 retirees and beneficiaries, with no changes to the amount or timing of monthly retirement benefit payments. This transaction closed in the fourth quarter of fiscal year 2021 and was funded by the assets of the Plan. During 2023, payments of approximately \$563 thousand were paid to Prudential related to additional participant-related changes identified since the date of the original agreement. There were no payments made during 2024.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

1. Description of Frozen Plan and Trust Arrangements (continued)

Trust Arrangements

The HP Inc. Group Trust (the Group Trust) holds certain investments of the Plan with those of the HP Inc. Deferred Profit-Sharing Plan (the HP DPS Plan); the Agilent Technologies, Inc. Retirement Plan; and the Agilent Technologies, Inc. Deferred Profit-Sharing Plan. The Group Trust consists of a limited partnership and venture capital investment portfolio and a registered investment company. It is expected that these assets will remain in the Group Trust until the limited partnership and venture capital investment portfolio can be fully liquidated.

The Group Trust has elected not to file a Form 5500 as a direct filing entity (DFE). As a result, each of the participating plans will report its allocable share of the individual investments and related activities of the Group Trust based on its ownership percentage.

The HP Inc. Master Trust (the Master Trust) was established on November 1, 2003. It currently holds substantially all of the Plan's assets, including the assets of the 401(h) feature, with those of the HP DPS Plan. See Note 4 for discussion of the Plan's interest in the Master Trust.

Contributions

In accordance with the Company's funding policy, the Company's contributions for 2024 and 2023 comply with the minimum funding requirements of ERISA.

Vesting

All participants are fully vested in their accrued benefits.

Payment of Benefits

Upon retirement, termination, or death, participants or their beneficiaries may elect to receive their accrued benefits in an annuity (multiple forms are available) or, for some participants, as a lump-sum amount.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

1. Description of Frozen Plan and Trust Arrangements (continued)

For employees who were participants as of October 31, 1993, the Plan functions in combination with the HP DPS Plan for credited service before November 1, 1993. These plans work together to provide a guaranteed minimum benefit determined as a Single Life Annuity at age 65. If HP DPS Plan provides less than the guaranteed amount, the Plan provides a benefit to make up the difference. If an HP DPS Plan participant elects the total minimum benefit in the form of an annuity, the vested interest in the HP DPS Plan is transferred to the Plan for the purpose of paying the annuity benefits under the Plan's provisions. For the years ended October 31, 2024 and 2023, approximately \$17.0 and \$23.8 million in net assets, respectively, were transferred to the Plan for this purpose. The HP DPS Plan has been closed to new participants since October 31, 1993, and employees first participating in the Plan after that date will have their entire benefit paid from the Plan.

Effective January 1, 2024, the Plan was amended to allow for in-service distributions for participants that have attained age 59 1/2. The impact of this amendment will not materially change the obligation of the Plan and is not included in the accumulated plan benefit obligation as of October 31, 2023.

Administrative Expenses

Substantially all administrative expenses are paid by the Plan.

Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements were prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

The Plan's investments, including the Plan's interest in the net assets of the Master Trust and the Group Trust, are stated at fair value. See Note 6 for discussion of fair value measurements.

Cash and investments held and denominated in non-U.S. dollars are re-measured into U.S. dollars at the foreign currency exchange rate in effect at the reporting date. Dividend and interest income and realized and unrealized gains and losses from such cash and investments are translated using foreign currency exchange rates at the settlement date. Exchange gains and losses on dividend and interest income are included in dividend and interest income. Realized and unrealized exchange gains and losses on foreign currency-denominated cash and investments are included in net appreciation (depreciation) in the fair value of the Master Trust investments (see Note 4).

In the normal course of business, the Master Trust may enter into derivative contracts (derivatives). Derivatives are either exchange-traded or over-the-counter (OTC) contracts. Exchange-traded derivatives are standard contracts traded on a regulated exchange. OTC contracts are private contracts negotiated between counterparties. The Master Trust has entered into derivatives that include foreign currency forward contracts, option contracts, futures contracts, and swaps contracts. See Note 8 for discussion of the Master Trust's use of derivatives.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year. Allocated earnings from investments in limited partnerships and venture capital funds represent the Master Trust's and the Group Trust's shares of the income or loss of the underlying partnerships and venture capital funds and are in proportion to the Master Trust's and the Group Trust's respective shares of the underlying partnerships.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

The Master Trust and the Group Trust investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as geopolitical concerns and uncertainty. Due to the level of risk associated with certain investment securities held by the trusts, it is at least reasonably possible that changes in fair value may occur and that such changes could materially affect the amounts reported on the Statements of Net Assets Available for Benefits.

Securities Financing

Repurchase agreements are recorded as collateralized financing transactions. The Master Trust receives collateral with a market value equal to or in excess of the principal amount loaned under the resale agreements. On a daily basis, the Master Trust manages its risk by calculating the market value of each position and comparing it with the contract amount, with any difference to be settled by the counterparty. Repurchase agreements are presented gross in the Master Trust's net assets as disclosed in Note 4.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future periodic payments, including lump-sum distributions that are attributable to services rendered by employees through the valuation date of October 31, 2023. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Certain benefits are based on their average pay rate during the 20 consecutive quarters that produce the highest average. Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent that they are deemed attributable to employee service rendered through the valuation date.

401(h) Account

The Plan includes a health and welfare component in addition to customary retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (the Code). A separate account has been established and maintained by the Master Trust. Legally the Plan owns the net assets held in the 401(h) account within the Master Trust. In accordance with Code Section 401(h), the Plan's investment in the 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and participants. Any assets transferred to the 401(h) account from the Plan in a qualified transfer, and any income allocable thereto, that are not used during the plan year of receipt, must be transferred out of the 401(h) account and back to the

HP Inc. Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Plan. The related obligations are not a component of this Plan's obligations but are obligations of the HP Inc. Retiree Welfare Benefits Plan. The total amount that the Plan may distribute on behalf of the HP Inc. Retiree Welfare Benefits Plan is limited to the net assets in the 401(h) account. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Company. For the year ended October 31, 2023, approximately \$71 thousand of employer contributions or transfers to the 401(h) account were transferred to the Plan for this purpose. For the year ended October 31, 2024, there were no employer contributions or transfers to the 401(h) account.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedules. Actual results could differ from those estimates.

Subsequent Events

The Company has evaluated subsequent events through June 20, 2025, the date the accompanying financial statements were available to be issued.

3. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, termination, or retirement) between the valuation date and the expected date of payment.

HP announced a voluntary Enhanced Early Retirement (EER) program for its U.S. employees in January 2023. Voluntary participation in the EER program was limited to employees at least 55 years old with 10 or more years of service at HP. Effective February 1, 2023, the Plan was amended to provide that EER benefits will be paid from the Plan for eligible electing EER participants. As a result, approximately \$48.3 million in lump sum payments were made during 2023. The impact of this amendment is approximately \$105 million and is reflected in the accumulated plan benefit obligation as of October 31, 2023.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations as of October 31 were:

Discount rate	6.00% for 2023 and 5.30% for 2022
Turnover rate	Rates based on HP's experience, which varies by years of service and age for 2023 and 2022
Retirement rate	On a scale consistent with the Company's experience, ranging from 5% at age 55 to 100% at age 70 for active employees for 2023 and 2022
Mortality basis	The Pri-2012 mortality table with white collar adjustment projected fully generational with scale MP-2021 for annuitants and non-annuitants for 2023 and 2022

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

The accumulated plan benefit information as of October 31, 2023, was as follows:

Actuarial present value of accumulated plan benefits:

Vested benefit:

Participants currently receiving payments	\$ 908,232,975
Other participants	<u>2,752,162,963</u>

Total actuarial present value of accumulated plan benefits	<u><u>\$ 3,660,395,938</u></u>
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The following table presents the change in the actuarial present value of accumulated plan benefits from October 31, 2022 to October 31, 2023:

Present value of accumulated plan benefits at October 31, 2022	\$ 3,821,899,086
Benefits paid	(241,757,955)
Interest accumulation	196,236,775
Change in assumptions	(261,800,193)
Plan amendments	104,622,231
Other changes due to experience	<u>41,195,994</u>
Present value of accumulated plan benefits at October 31, 2023	<u><u>\$ 3,660,395,938</u></u>

HP Inc. Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The change in assumptions was mainly composed of (i) a decrease of approximately \$245 million due to the change in the discount rate from 5.30% to 6.00%; (ii) a decrease of approximately \$36 million due to the change in the lump-sum interest spot segment rates of 5.25%, 5.85%, 5.85% to ultimate segment rates of 5.80%, 6.30%, and 6.25%; (iii) an increase of approximately \$17 million due to the CAPP interest crediting rate (ICR) assumption change from 4.50% to 5.75% and EDS ICR assumption change from 5.25% to 5.45%; and (iv) an increase of approximately \$2 million due to the upcoming year's cost of living adjustment.

4. Interest in the Master Trust

The Master Trust was established to achieve certain economies in the management of investments and to maximize the return on investments of the participating plans. The participating plans own a defined percentage of each portfolio based on each participating plan's asset allocation policy. The Plan's proportionate share of the net assets of the Master Trust has been accumulated through prior Company contributions and investment activity of the Master Trust less benefit payments and allocated trustee fees, investment management expenses, and certain actuarial and administrative expenses. Investment income, realized gains or losses, and unrealized appreciation or depreciation for each portfolio is allocated by the trustee based on each plan's interest.

At October 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 93.9% and 92.5%, respectively, including the 401(h) account interest in the Master Trust.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

4. Interest in the Master Trust (continued)

The following table presents the net assets of the Master Trust, and the Plan and 401(h) account's interest in the Master Trust, for the year ended October 31, 2024:

	October 31, 2024		
	Master Trust Balances	Plan's Interest in Master Trust Balances	401(h) Account Interest in Master Trust Balances
Assets:			
Non-interest-bearing cash	\$ 20,278,637	\$ 19,832,945	\$ 13
Investments at fair value:			
Short-term investments	22,682,546	22,627,938	12,704
U.S. Government securities	1,264,468,814	1,150,057,089	84,250,153
Corporate bonds	2,425,110,125	2,183,870,627	218,776,974
Preferred stock	18,027,229	16,855,189	-
Common stock	16,753,433	4,873	-
Limited partnerships/venture capital funds assets	388,019,953	325,344,515	-
Common collective trusts	277,833,715	148,837,915	2,407,148
Registered investment companies	527,565,435	482,979,326	9,929,825
Derivative assets	26,305,354	23,954,071	2,080,785
Derivative liabilities	(28,893,429)	(27,904,207)	(595,452)
Repurchase agreements	(151,330,475)	(151,330,475)	-
Other investments	248,532,792	231,028,664	16,680,689
Securities lending collateral	232,600,683	229,708,135	-
Total investments at fair value	5,267,676,175	4,636,033,660	333,542,826
Receivables:			
Due from broker for securities sold	108,228,730	102,998,068	5,227,790
Interest, dividend, and other	35,276,903	31,254,576	2,901,863
Total assets	\$ 5,431,460,445	\$ 4,790,119,249	\$ 341,672,492
Liabilities:			
Due to broker for securities purchased	349,731,400	335,858,305	13,019,221
Obligation to return securities lending collateral	232,656,173	229,762,935	-
Other liabilities	3,109,687	1,562,425	1,315,945
Total liabilities	585,497,260	567,183,665	14,335,166
Net assets of the Master Trust	\$ 4,845,963,185	\$ 4,222,935,584	\$ 327,337,326

HP Inc. Pension Plan

Notes to Financial Statements (continued)

4. Interest in the Master Trust (continued)

The following table presents the net assets of the Master Trust, and the Plan and 401(h) account's interest in the Master Trust, for the year ended October 31, 2023:

	October 31, 2023		
	Master Trust Balances	Plan's Interest in Master Trust Balances	401(h) Account Interest in Master Trust Balances
Assets:			
Non-interest-bearing cash	\$ 37,744,290	\$ 37,744,290	\$ -
Investments at fair value:			
Short-term investments	32,552,245	30,871,753	125,955
U.S. Government securities	1,147,214,227	992,003,328	84,659,609
Corporate bonds	2,092,653,992	1,827,010,260	212,520,136
Preferred stock	29,364,531	27,769,835	153
Common stock	14,467,638	584,305	1,474
Limited partnerships/venture capital funds assets	612,620,699	541,463,406	-
Common collective trusts	105,766,102	40,512,927	1,466,534
Registered investment companies	408,937,662	355,018,513	4,369,439
Derivative assets	27,395,291	25,236,202	1,647,616
Derivative liabilities	(41,256,653)	(40,348,095)	(377,344)
Repurchase agreements	(160,366,106)	(160,366,106)	-
Other investments	223,599,196	206,438,050	14,470,455
Securities lending collateral	206,783,376	198,675,301	280
Total investments at fair value	4,699,732,200	4,044,869,679	318,884,307
Receivables:			
Due from broker for securities sold	126,958,866	82,776,350	18,629,813
Interest, dividend, and other	37,623,390	32,909,005	2,984,853
Total assets	\$ 4,902,058,746	\$ 4,198,299,324	\$ 340,498,973
Liabilities:			
Due to broker for securities purchased	228,423,755	163,210,090	20,415,902
Obligation to return securities lending collateral	206,783,376	198,675,301	280
Other liabilities	4,015,743	2,207,398	1,253,843
Total liabilities	439,222,874	364,092,789	21,670,025
Net assets of the Master Trust	\$ 4,462,835,872	\$ 3,834,206,535	\$ 318,828,948

HP Inc. Pension Plan

Notes to Financial Statements (continued)

4. Interest in the Master Trust (continued)

Changes in net assets of the Master Trust were as follows:

	Year Ended October 31	
	2024	2023
Net appreciation (depreciation) in fair value of investments	\$ 504,196,019	\$ (232,648,979)
Interest and dividend income	188,886,338	184,948,283
Securities lending and other investment gain	19,301,342	18,352,660
Total investment income (loss)	712,383,699	(29,348,036)
Administrative expenses	(8,208,342)	(6,443,218)
Net investment income (loss) in the Master Trust	704,175,357	(35,791,254)
Transfers in:		
Group Trust	234,909	1,523,554
Direct rollover	17,038,587	23,950,950
Transfers out:		
Benefit payments	(309,717,443)	(318,143,451)
Administrative expenses	(11,556,278)	(11,171,687)
Other payments	(9,232)	(562,813)
Direct rollover	(17,038,587)	(23,950,950)
Net transfers	(321,048,044)	(328,354,397)
Net increase (decrease)	383,127,313	(364,145,651)
Net assets of the Master Trust:		
Beginning of year	4,462,835,872	4,826,981,523
End of year	\$ 4,845,963,185	\$ 4,462,835,872

5. Investments in the Group Trust

As described in Note 1, the Group Trust does not file a Form 5500 as a DFE. As a result, individual investments of the Group Trust have been allocated to each participating plan and reported on each plan's Statements of Net Assets Available for Benefits.

Each participating plan receives an allocation of income and distributions based on its ownership percentage in the underlying investments of the Group Trust. Each participating plan has an undivided interest in the Group Trust.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

6. 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. No level 3 assets were held by the Plan.

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 measured at fair value:

Short-term investments: Valued at cost plus accrued interest, which approximates fair value.

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded. Preferred stock values may be obtained by observable and unobservable inputs unlike direct exchange-traded securities.

Corporate bonds, U.S. Government securities, and other investments, consisting of foreign bonds and municipal securities: Valued using quoted market prices that are traded in less active markets or quoted market prices for similar instruments.

Common collective trusts and registered investment companies: Valued at the daily closing price reported on the active market on which the individual securities are traded. The registered investment company funds are required to publish their daily net asset value (NAV) and to transact at that price. If the security is not traded on an active market, it is valued using NAV as the practical expedient, established by the funds' sponsor on the last business day of the plan year, based on the fair value of the assets underlying the funds.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Limited partnerships/venture capital funds: Valued at the closing price reported on the active market on which the individual securities are traded. If the security is not traded on an active market, it is valued using the NAV as a practical expedient, which represents the Master Trust's or the Group Trust's proportionate share of the estimated fair value of the underlying net assets of the limited partnerships/venture capital funds. When valued using the NAV, the fair values of the limited partnerships/venture capital fund's underlying assets are determined by the general partner or the general partner's designee on a monthly, quarterly, or semiannual basis. Values are adjusted for actual contributions and distributions as they occur.

Derivative instruments: Listed derivatives, such as futures and exchange-traded options, are valued at the closing prices reported on the active market on which the derivative trades. OTC derivative contracts are privately negotiated contracts with counterparties, including forwards, total return swaps, credit default swaps, interest rate swaps, zero coupon swaps, and swap options. The fair value for OTC derivative contracts is estimated using industry standard valuation models. These models project future cash flows and discount the future amounts to present fair value using market-based observable inputs, including spot and forward prices for foreign currencies, commodities, equities and interest rates, volatility of the underlying, credit spreads, interest rate curves, and the credit risk of the Plan and the counterparty.

Repurchase agreements: Valued at contract value plus accrued interest, as specified in the respective agreements.

The methods described above may produce a fair value estimate that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation techniques are appropriate and consistent with other market participants, the use of different techniques or assumptions to estimate the fair value could result in a different fair value measurement at the reporting date.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

The Master Trust's assets and liabilities measured at fair value on a recurring basis as of October 31, 2024, were:

	Total	Level 1	Level 2
Assets			
Short-term investments	\$ 22,682,546	\$ -	\$ 22,682,546
U.S. Government securities	1,264,468,814	-	1,264,468,814
Corporate bonds	2,425,110,125	-	2,425,110,125
Preferred stock	18,027,229	-	18,027,229
Common stock	16,753,433	16,753,433	-
Registered investment companies	54,260,498	54,260,498	-
Derivatives	26,305,354	4,740,879	21,564,475
Other investments	248,532,792	-	248,532,792
Securities lending collateral	232,600,683	-	232,600,683
Assets subject to leveling	\$ 4,308,741,474	\$ 75,754,810	\$ 4,232,986,664
Investments measured at NAV:			
Limited partnerships/venture capital funds	388,019,953		
Common collective trusts	277,833,715		
Non-publicly traded registered investment companies	473,304,937		
Total investments measured at NAV	1,139,158,605		
Total assets measured at fair value	5,447,900,079		
Liabilities			
Derivatives	28,893,429	13,802,336	15,091,093
Repurchase agreements	151,330,475	-	151,330,475
Liabilities subject to leveling	180,223,904	\$ 13,802,336	\$ 166,421,568
Total liabilities measured at fair value	180,223,904		
Total investments at fair value	\$ 5,267,676,175		

HP Inc. Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

The Master Trust's assets and liabilities measured at fair value on a recurring basis as of October 31, 2023, were:

	Total	Level 1	Level 2
Assets			
Short-term investments	\$ 32,552,245	\$ -	\$ 32,552,245
U.S. Government securities	1,147,214,227	-	1,147,214,227
Corporate bonds	2,092,653,992	-	2,092,653,992
Preferred stock	29,364,531	-	29,364,531
Common stock	14,467,638	14,467,638	-
Registered investment companies	50,285,116	50,285,116	-
Derivatives	27,395,291	4,539,537	22,855,754
Other investments	223,599,196	-	223,599,196
Securities lending collateral	206,783,376	-	206,783,376
Assets subject to leveling	\$ 3,824,315,612	<u>\$ 69,292,291</u>	<u>\$ 3,755,023,321</u>
Investments measured at NAV:			
Limited partnerships/venture capital funds	612,620,699		
Common collective trusts	105,766,102		
Non-publicly traded registered investment companies	358,652,546		
Total investments measured at NAV	<u>1,077,039,347</u>		
Total assets measured at fair value	4,901,354,959		
Liabilities			
Derivatives	41,256,653	29,583,673	11,672,980
Repurchase agreements	160,366,106	-	160,366,106
Liabilities subject to leveling	201,622,759	<u>\$ 29,583,673</u>	<u>\$ 172,039,086</u>
Total liabilities measured at fair value	<u>201,622,759</u>		
Total investments at fair value	<u>\$ 4,699,732,200</u>		

HP Inc. Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

The following tables present the Master Trust's fair values, future investment commitments, and redemption conditions for these investments that use NAV as a practical expedient, or its equivalent:

	Fair Value	Future Commitments ^(a)	Redemption Frequency	Redemption Notice Period
October 31, 2024				
Limited partnerships/venture capital funds:				
LBO/special situations funds ^(b)	\$ 75,970,985	\$ 50,210,421	(g)	(g)
Real assets/real estate ^(c)	26,310,390	9,580,455	(g)	(g)
Venture capital ^(d)	247,737,870	17,259,137	(g)	(g)
Opportunistic funds ^(e)	22,281	-	(g)	(g)
Hedge funds ^(f)	37,978,427	-	(g)	(g)
Total limited partnerships/venture capital funds	388,019,953	77,050,013		
Common collective trusts:				
U.S. equity	13,836,814	-	Daily	5–30 days
International equity	45,904,387	-	Daily	5–30 days
Short-term	218,092,514	-	Daily	5–30 days
Total common collective trusts	277,833,715	-		
Registered investment companies:				
Long-term government/credit –				
U.S. fixed income	430,964,878	-	Daily	1–7 days
Short-term – U.S. fixed income	42,340,059	-	Daily	1–7 days
Total registered investment companies	473,304,937	-		
Total	\$ 1,139,158,605	\$ 77,050,013		

HP Inc. Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

	Fair Value	Future Commitments ^(a)	Redemption Frequency	Redemption Notice Period
October 31, 2023				
Limited partnerships/venture capital funds:				
LBO/special situations funds ^(b)	\$ 132,869,816	\$ 65,976,968	(g)	(g)
Real assets/real estate ^(c)	33,519,835	2,111,567	(g)	(g)
Venture capital ^(d)	403,695,650	19,597,942	(g)	(g)
Opportunistic funds ^(e)	538,115	352,145	(g)	(g)
Hedge funds ^(f)	41,997,283	-	(g)	(g)
Total limited partnerships/venture capital funds	612,620,699	88,038,622		
Common collective trusts:				
U.S. equity	10,028,427	-	Daily	5–30 days
International equity	48,117,426	-	Daily	5–30 days
Short-term	47,620,249	-	Daily	5–30 days
Total common collective trusts	105,766,102	-		
Registered investment companies:				
Long-term government/credit –				
U.S. fixed income	335,789,952	-	Daily	1–7 days
Short-term – U.S. fixed income	20,601,874	-	Daily	1–7 days
Core international fixed income	2,260,720	-	Daily	1–7 days
Total registered investment companies	358,652,546	-		
Total	\$ 1,077,039,347	\$ 88,038,622		

^(a) Capital calls will be funded by liquidating other assets owned by the Master Trust or through a company contribution if sufficient assets cannot be liquidated by the Master Trust when required.

^(b) Leveraged Buyout and special situations funds invest in private companies or take public companies private looking for an attractive return opportunity based on future improvements to the business by the sponsor be it operational or financial, and in special situations in particular, the fund seeks out a very low entry point (distressed companies) in order to consummate a transaction.

^(c) Real estate funds seek out core, value-added, and opportunistic real estate investments in non-publicly traded securities and commercial and residential assets.

^(d) Venture capital funds provide capital to private early stage, high-potential, high-risk, growth startup companies. Venture-backed companies usually have a novel technology or business model in high-technology industries, such as biotech, information technology, software, etc. These companies ideally reach an eventual realization event, such as an initial public offering or a trade sale, providing returns to investors.

^(e) Opportunistic funds target underperforming and/or undermanaged assets that are temporarily depressed, and then using high degrees of leverage (borrowed funds) to acquire assets, hold the assets for a short period of time, and then sell them.

^(f) Hedge funds are private, actively managed investment funds. They invest in a diverse range of markets, investment instruments, and strategies with an aim to achieve positive return on investment regardless of whether markets are rising or falling.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

^(g) The limited partnership and venture capital funds are primarily closed-end funds, which are not eligible for redemption until a date in the future that currently cannot be determined. The liquidation of these investments is likely to occur at different times over the next ten years.

The Plan's interest in the Group Trust's assets measured at fair value on a recurring basis as of October 31, 2024 and 2023, were as follows:

	October 31, 2024			
	Total	Level 1	Level 2	Level 3
Assets				
Registered investment companies	\$ 63,444	\$ 63,444	\$ -	\$ -
Non-restricted limited partnerships/ venture capital funds at NAV	2,674,721			
Total assets measured at fair value	\$ 2,738,165			

	October 31, 2023			
	Total	Level 1	Level 2	Level 3
Assets				
Registered investment companies	\$ 68,636	\$ 68,636	\$ -	\$ -
Non-restricted limited partnerships/ venture capital funds at NAV	2,140,447			
Total assets measured at fair value	\$ 2,209,083			

HP Inc. Pension Plan

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

The following tables present the Plan's interest in the Group Trust's fair values, future investment commitments, and redemption conditions for limited partnerships/venture capital funds that use NAV as a practical expedient, or its equivalent:

	Fair Value	Future Commitments ^(a)	Redemption Frequency	Redemption Notice Period
October 31, 2024				
Venture capital ^(b)	<u>\$ 2,674,721</u>	<u>\$ 455,607</u>	(c)	(c)
	Fair Value	Future Commitments ^(a)	Redemption Frequency	Redemption Notice Period
October 31, 2023				
Venture capital ^(b)	<u>\$ 2,140,447</u>	<u>\$ 498,581</u>	(c)	(c)

(a) Capital calls will be funded by liquidating other assets owned by the Group Trust or through a company contribution if sufficient assets cannot be liquidated by the Group Trust when required.

(b) Venture capital funds provide capital to private, early stage, high-potential, high-risk, growth startup companies. Venture-backed companies usually have a novel technology or business model in high-technology industries, such as biotech, information technology, software, etc. These companies ideally reach an eventual realization event, such as an initial public offering or a trade sale, providing returns to investors.

(c) The limited partnership and venture capital funds are primarily closed-end funds, which are not eligible for redemption until a date in the future that currently cannot be determined. The liquidation of these investments is likely to occur at different times over the next ten years.

7. Financial Instruments with Off-Balance-Sheet Risk

In the normal course of operations, assets are invested in financial instruments that may give rise to off-balance-sheet risk. These instruments involve, in varying degrees, elements of credit and market risk in excess of the amounts recognized on the Statements of Net Assets Available for Benefits. The notional value provides a measure of the Master Trust's involvement in such instruments but is not indicative of potential loss. The intent is to use these financial instruments to reduce, rather than increase, market risk.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

8. Derivative Financial Instruments (continued)

The Master Trust may hold derivative financial instruments in order to manage market risks and to alter the return characteristics of the underlying securities. The Master Trust utilizes derivatives to replicate financial market performance in situations where derivatives are more economical or practical than purchasing the underlying securities themselves. None of the derivative instruments held by the Master Trust are designated as hedging instruments. Derivative financial instruments are recorded on a gross basis.

Inherent in the use of derivative financial instruments are certain business risks, including market risk and credit risk. Market risk is the risk that the value of the contracts will change, either favorably or unfavorably, in response to market conditions. Credit risk is the risk of loss from non-performance by counterparties to a contract.

Realized and unrealized appreciation (depreciation) in the fair value of all derivative financial instruments is recognized in net investment income of the Master Trust.

Futures Contracts

A futures contract is an agreement between a buyer or a seller and the clearinghouse of a futures exchange in which parties agree to buy or sell a commodity, financial instrument, or index at a specified future date and price. The Master Trust primarily invests in U.S. Treasury bonds and notes futures, S&P 500 futures, and a variety of foreign index futures.

During the period the contract is open, changes in the value of the contract are recognized as unrealized gains or losses by daily marking-to-market the contract to reflect the market value of the contract at the end of each day's trading. The Master Trust receives from, or pays to, the broker an amount equal to the daily fluctuation in the market value of the contract known as margin variation, which is recognized in net appreciation (depreciation) in the fair value of investments.

Foreign Currency Forward Contracts

To help reduce the risk of foreign currency exchange rate losses, the Master Trust may hold foreign currency forward contracts with off-balance-sheet risk. These contracts represent commitments either to purchase or sell foreign currencies at a specified future date and at a specified price. Realized and unrealized gains and losses on these contracts, resulting from the settlement of the contracts and changes in the exchange rates, are reflected in net appreciation (depreciation) in the fair value of investments in the Master Trust. The Master Trust's exposure to credit risk associated with counterparty non-performance on these contracts is limited to the unrealized gains or losses inherent in such contracts.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

8. Derivative Financial Instruments (continued)

Options

From time to time, the Master Trust utilizes option contracts in order to take advantage of imperfections in the markets or to hedge its exposure to interest rate or market risks. An option contract is an agreement that allows the holder to either buy or sell the underlying security at a fixed strike price. In exchange for a premium, the writer of the option contract assumes the obligation to sell the underlying instrument on a future date if the holder of the option chooses to exercise it. By writing options, the Master Trust profits by the amount of the premiums if the option is not exercised. By purchasing options, the Master Trust incurs the expense of the premium. The premium in marked-to-market daily fluctuations in the value of such instruments is recorded as net appreciation (depreciation) in the fair value of investments in the Master Trust.

TBA Commitments

The Master Trust may enter into to-be-announced (TBA) commitments to purchase government agency securities for a fixed unit price at a future date beyond the customary settlement time. Although the unit price for a TBA commitment has been established, the principal value has not been finalized. However, the amount of the TBA commitment will not fluctuate more than 1.0% from the principal amount. The Master Trust may hold, and maintain until the settlement date, cash, or liquid securities in an amount sufficient to meet the purchase price. Unsettled TBA commitments are included in government securities with an offsetting payable and are valued at fair value. The Master Trust may dispose of a commitment prior to settlement if the Master Trust's advisor deems it appropriate to do so. This fluctuation of the principal value is recorded as net appreciation (depreciation) in the fair value of investments in the Master Trust.

Swap Agreements

The Master Trust may enter into swap agreements to exchange or swap investment cash flows, assets, or market-linked returns at specified future intervals with counterparties. The Master Trust has entered into total return, interest rate, zero coupon, and credit default swap agreements to manage its exposure to interest rates and credit risk. In connection with these agreements, securities may be identified as collateral in accordance with the terms of the respective swap agreements.

Swaps are marked-to-market daily based on quotations supplied by an exchange, a pricing service, or a major market maker (or dealer), and the change in value, if any, is recorded as unrealized appreciation (depreciation). Realized gain (loss) is recorded upon termination or maturity of the swap. At the end of the year, outstanding swaps with a positive fair value are recorded as a derivative asset, and those with a negative fair value are recorded as a derivative liability.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

8. Derivative Financial Instruments (continued)

The fair values and gross notional amounts of the derivative instruments included in the Master Trust were as follows:

	Assets	Liabilities	Notional
October 31, 2024			
Foreign currency forwards contracts	\$ 4,433,093	\$ (1,804,968)	\$ 400,019,016
Futures contracts	4,740,879	(13,762,362)	440,739,910
Total return swaps	-	(9,065,908)	266,537,333
Interest rate swaps	7,965,417	(3,804,303)	1,133,447,011
Credit default swaps	9,146,151	(8,909)	465,747,473
Zero coupon swaps	-	(151,916)	15,322,824
Options	19,814	(295,063)	73,000,000
Total	<u>\$ 26,305,354</u>	<u>\$ (28,893,429)</u>	<u>\$ 2,794,813,567</u>
October 31, 2023			
Foreign currency forwards contracts	\$ 1,145,737	\$ (1,379,055)	\$ 218,744,164
Futures contracts	4,539,537	(29,583,673)	771,375,496
Total return swaps	-	-	614,821
Interest rate swaps	16,616,347	(9,924,728)	901,109,898
Credit default swaps	5,090,400	(249,747)	580,995,766
Zero coupon swaps	3,270	(72,713)	24,601,874
Options	-	(46,737)	25,400,000
Total	<u>\$ 27,395,291</u>	<u>\$ (41,256,653)</u>	<u>\$ 2,522,842,019</u>

HP Inc. Pension Plan

Notes to Financial Statements (continued)

9. Securities Lending Program

The Master Trust has entered into a securities lending agreement with BNY as the lending agent. The agreement authorizes the lending agent to lend securities of United States and non-United States issuers held by the Master Trust to an approved list of borrowers. The lending agent has a responsibility for negotiating the terms of each loan and for collecting all required collateral.

By the close of business on the day which the securities are delivered to the borrower, the lending agent shall obtain collateral in an amount equal to 102%, in the case of securities denominated and payable in U.S. dollars, and 105%, in the case of securities not dominated and payable in U.S. dollars, of the market value of any securities loaned. Additional collateral is required to be delivered to restore the collateral to the initial percentage of the market value of the loaned securities if the collateral falls below the initial percentage of the market value of the loaned securities. The lending agent is authorized to invest and reinvest, on behalf of the Master Trust, all cash collateral in accordance with the provisions set forth in the securities lending agreement. Until such time as a loan of securities is terminated and such securities are returned to the lending agent, the Master Trust has all incidents of ownership of the securities loaned, including, but not limited to, the right to transfer the securities to others.

The securities lending transactions have been accounted for as a loan of securities, since the Master Trust may not sell or repledge the collateral unless the borrower defaults on the loan, at which time the lending agent will use the collateral to replace the loaned security. The securities on loan are included in the investments of the Master Trust as disclosed in Note 4. Since the noncash collateral may not be pledged or sold, the Master Trust is not obligated to record the noncash collateral as an asset or the obligation to return the noncash collateral as a liability. Cash collateral held at October 31, 2024 and 2023, has been recorded by the Master Trust as an asset with an offsetting obligation to return the collateral.

Master Trust assets on loan to third-party borrowers under securities lending agreements as October 31, 2024 and 2023 are as follows:

	October 31, 2024	October 31, 2023
U.S. Government securities	\$ 25,824,733	\$ 49,057,702
Corporate bonds	186,358,455	132,105,885
Preferred stock	5,997,623	7,964,541
Common stock	-	1,894,543
Other investments	10,702,353	12,353,962
Total	<u>\$ 228,883,164</u>	<u>\$ 203,376,633</u>

HP Inc. Pension Plan

Notes to Financial Statements (continued)

9. Securities Lending Program (continued)

The Master Trust bears the risk of unrealized gains or losses on collateral received and reinvested. The Master Trust maintains effective control of the loaned investments during the term of the agreement, in that they may be redeemed by the Master Trust prior to the agreement's maturity. Upon the maturity of the agreement, the borrower must return the same, or substantially the same, investments that were borrowed. The risks to the Master Trust of securities lending transactions are that the borrower may not provide collateral when required or may not return the investments when due.

10. Master Netting Agreements

The Master Trust has executed master netting agreements to mitigate credit exposure to counterparties by permitting the Master Trust to net certain amounts due from the Master Trust to a counterparty against amounts due to the Master Trust from the same counterparty under certain conditions.

Information related to the derivatives and financial instruments subject to the Master Trust's master netting agreements, included on the changes in net assets available for benefits of the Master Trust was as follows:

	Gross Amount Recognized	Gross Amount Offset	Net Amount Presented	Gross Amount Not Offset		Net Amount
				Financial Instruments	Financial Collateral	
October 31, 2024						
Derivative assets	\$ 4,801,928	\$ -	\$ 4,801,928	\$ 1,288,538	\$ 2,259,124	\$ 1,254,266
Derivative liabilities	(10,871,883)	-	(10,871,883)	(1,288,538)	(268,753)	(9,314,592)
October 31, 2023						
Derivative assets	\$ 1,622,558	\$ -	\$ 1,622,558	\$ 579,459	\$ 612,197	\$ 430,902
Derivative liabilities	(1,504,757)	-	(1,504,757)	(579,459)	(425,505)	(499,793)

HP Inc. Pension Plan

Notes to Financial Statements (continued)

10. Master Netting Agreements (continued)

As described in Note 9, the Master Trust has entered into a securities lending agreement that includes an enforceable Master Securities Loan Agreement (MSLA). The MSLA allows the Plan to set off the collateral upon the occurrence of a default by the counterparty. The quantitative information about the Master Trust's securities lending agreement and the Master Trust's net exposure resulting from the MSLA, were as follows:

	Gross Amount of Recognized Liabilities *	Net Amount of Liabilities Presented	Gross Amounts Not Offset		Net Amount
			Financial Instruments	Cash Collateral Pledged	
October 31, 2024	\$ 232,656,173	\$ 232,656,173	\$ 228,883,164	\$ -	\$ 3,773,009
October 31, 2023	\$ 206,838,302	\$ 206,838,302	\$ 203,376,633	\$ -	\$ 3,461,669

*Noncash collateral at October 31, 2024 and 2023 of \$2,529,255 and \$1,880,113, respectively, were also subject to this MSLA.

11. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 23, 2018, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan sponsor has indicated that it will take the necessary steps if any, to maintain the tax qualified status of the Plan.

U.S. 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 IRS. The Plan has concluded that as of October 31, 2024 and 2023, 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.

HP Inc. Pension Plan

Notes to Financial Statements (continued)

12. Related-Party and Party-In-Interest Transactions

Certain of the Plan's assets held in the Master Trust and the Group Trust are invested in funds managed by the trustee, or an affiliate of the trustee, of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA. The Plan is authorized to invest up to 10% of the current value of its assets in securities and real property of HP.

13. Reconciliation of Financial Statements to Form 5500

Net assets held in the 401(h) account are not included as net assets available for benefits in the accompanying financial statements. However, these 401(h) assets are included in the net assets available for benefits in the Plan's Form 5500.

Benefits that have been processed and approved for payment by the Plan at year-end are not considered liabilities under generally accepted accounting principles and, therefore, are not presented as liabilities or benefits paid in the accompanying financial statements but are recorded on the Form 5500 as benefits payable.

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

	October 31	
	2024	2023
Net assets available for benefits per the financial statements	\$ 4,225,674,001	\$ 3,836,416,071
Net assets held in 401(h) account	327,337,326	318,828,948
Less: Benefits payable	(11,765,617)	(13,643,528)
Net assets available for benefits per the Form 5500	<u>\$ 4,541,245,710</u>	<u>\$ 4,141,601,491</u>

The following is a reconciliation of the investments per the financial statements to the Form 5500:

	October 31	
	2024	2023
Total investments per the financial statements	\$ 4,225,673,749	\$ 3,836,415,618
Total investments held in the 401(h) account	327,337,326	318,828,948
Total investments per the Form 5500	<u>\$ 4,553,011,075</u>	<u>\$ 4,155,244,566</u>

HP Inc. Pension Plan

Notes to Financial Statements (continued)

13. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended October 31, 2024:

	Financial Statements	401(h) Account	Form 5500
Net investment income	\$ 605,756,270	\$ 53,675,672	\$ 659,431,942
Benefits paid directly to participants:	(224,340,677)	(42,956,082)	(267,296,759)
Add: Benefits payable at October 31, 2024	-	-	(11,765,617)
Less: Benefits payable at October 31, 2023	-	-	13,643,528
Benefits paid directly to participants per Form 5500	(224,340,677)	(42,956,082)	(265,418,848)
Administrative expenses	(9,187,018)	(2,211,212)	(11,398,230)
Net increase	<u>\$ 372,228,575</u>	<u>\$ 8,508,378</u>	<u>\$ 382,614,864</u>
Transfer to this plan	\$ 17,038,587	\$ -	\$ 17,038,587
Transfer from this plan	(9,232)	-	(9,232)

Supplemental Schedules

HP Inc. Pension Plan
EIN 94-1081436; Plan #003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

October 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	Cost	Current Value
Limited partnerships/joint venture interests			
Accel Europe LP	Limited partnership	\$ 790,915	\$ 50,202
Accel VI LP	Limited partnership	3,891,509	105,006
Accel VI-S LP	Limited partnership	-	80,144
Benchmark Capital Partners IV	Limited partnership	3,806,468	266,629
Highland Capital Partners VI	Limited partnership	3,327,264	23,846
Oak Investment Partners IX LP	Limited partnership	2,930,265	716
Sequoia Cap Franchise FD LP	Limited partnership	1,197,470	208,500
Sigma Partners 6 LP	Limited partnership	4,897,646	1,939,678
Total limited partnerships/joint venture interests			2,674,721
Registered investment company			
* Dreyfus Government Cash Management Fund	Registered investment company	63,444	63,444
Total investments			\$ 2,738,165

* Party-in-interest.

HP Inc. Pension Plan
EIN 94-1081436; Plan #003

Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended October 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – series of transactions in excess of 5% of Plan assets							
* Dreyfus Government Cash Management Fund	Registered investment company:						
	Purchases	\$ 126,919		\$ -	\$ 126,919	\$ 126,919	
	Sales		\$ 132,111		132,111	132,111	\$ -

There were no Category (i), (ii) or (iv) reportable transactions during the year ended October 31, 2024.

Column (e) has not been presented, as this information is not applicable.

* Party-in-interest.

Schedule SB Attachment (Form 5500)—2023 Plan Year
HP Inc. Pension Plan
EIN: 94-1081436 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data

Schedule SB, Line 26a – Schedule of Active Participant Data

As of November 1, 2023

HP Inc.

Retirement Plan Component

EIN: 94-1081436 PN: 003

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		24 \$1,780	7							
45-49	4	130 \$1,939	180 \$4,197	8						
50-54	7	292 \$2,206	364 \$5,311	243 \$8,489	10					
55-59	5	337 \$2,635	238 \$5,881	242 \$9,964	107 \$12,313	5				
60-64		142 \$3,041	108 \$5,960	100 \$9,320	60 \$13,602	57 \$17,875	24 \$13,304			
65-69	1	32 \$2,691	38 \$5,285	17	13	13	16	3		
70+		1	5	2	2	1	4	3		

N-2845

Because the Retirement Plan component is frozen, average annual accrued benefit is shown in lieu of average compensation. Although the Retirement Plan Component is frozen to new accruals based on future service and compensation, some of the accrued benefits shown above may be subject to change due to the plan's floor offset arrangement.

Schedule SB Attachment (Form 5500)—2023 Plan Year
 HP Inc. Pension Plan
 EIN: 94-1081436 PN: 003

Schedule SB, Line 26a – Schedule of Active Participant Data

As of November 1, 2023

HP Inc.

CAPP and EDS Components

EIN: 94-1081436 PN: 003

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	2	10								
40-44	14	23 \$6,359	3							
45-49	36 \$2,333	64 \$8,077	2	1						
50-54	23 \$2,429	76 \$10,095	8	3	1					
55-59	16	50 \$10,427	9	5	6	4	1	1		
60-64	10	34 \$13,534	6	3	13	20 \$90,709	8			
65-69	3	8	2	1	6	9	8	1		
70+						1		1		

N-492

Note: Current compensation data was not included since current compensation is not reflected in the plan benefit.

The Cash Account Pension Plan and the EDS Retirement Plan components are frozen ("hard freeze"). No additional pay credits will be provided under the terms of the Plan. Since the accrued benefit under the Plan is determined under a cash balance formula, we have not provided any additional accrued benefit information beyond the average cash balance accounts already included in the scatter.

The total number of participants in these two schedules includes employees who benefit under multiple plan components. The adjusted total of active participants is 3,281 as shown on line 3c(1).

Schedule SB Attachment (Form 5500)—2023 Plan Year
 HP Inc. Pension Plan
 EIN: 94-1081436 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on 24-month average segment rates with a four-month lookback (as of July 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor. The interest rate provisions under the American Rescue Plan Act of 2022 are reflected.
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on 24-month average segment rates with a four-month lookback (as of July 2023), without regard to interest rate stabilization
1st Segment Rate	3.22%
2nd Segment Rate	4.22%
3rd Segment Rate	4.34%
Cash Balance Interest Crediting Rate	
EDS Balances	5.45%
CAPP Balances	5.75%
Future COLA Increases	
Grandfathered Balances	3.00%
Non-Grandfathered Balances	2.35% (consisting of 2.10% assumed COLA and 0.25% anti-selection from deferred participants electing non-COLA forms of payment during periods of higher inflation)
417(e) Lump Sum Interest Rate	Same as used for determining Funding Target.
417(e) Lump Sum Mortality Rate	IRS table as published in Notice 2023-73.
Retirement Age	Active Retirement Rates: See Table 1 Terminated Vested Commencement Rates: See Tables 2–4.
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants as published in Notice 2023-73.
Withdrawal Rates	See Table 5
Disability Rates	None

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Optional Payment Form Election Percentage

RP Component	90% elect Lump Sum. 5% elect 50% Joint and Survivor Annuity (J&S). 5% elect Single Life Annuity.
CAPP Component	For actives and terminated vested participants with a cash balance account, 100% are assumed to elect a Lump Sum before age 55. For ages 55+, 75% elect Lump Sum, 12.5% elect Single Life Annuity, 12.5% elect 50% J&S. For terminated vested participants without a cash balance account, from ages 55-64, 50% are assumed to elect a Single Life Annuity and 50% are assumed to elect a 50% Joint and Survivor.
EDS Component	At age 65, 25% are assumed to elect a Single Life Annuity, 25% are assumed to elect a 50% J&S, and 50% are assumed to elect a Lump Sum. 10% elect 100% J&S with COLA. 15% elect 100% J&S without COLA. 5% elect 50% J&S with COLA. 10% elect 50% J&S without COLA. 15% elect Life Annuity with COLA. 20% elect Life Annuity without COLA. 25% elect Social Security Level Income.
Assumed Growth in DPSP	Based on applicable segment rates.
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females for those under the RP and CAPP components have an eligible spouse. It is assumed that 70% of males and 70% of females for those under the EDS component have an eligible spouse. It is also assumed that male employees are three years older than their spouses and female employees are one year younger than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

Expected return on assets

2021 Plan Year

5.25%

2022 Plan Year

5.92%

Commencement for Vested Terminations

RP Component

20% of those terminated within a year from the valuation date are assumed to commence immediately, otherwise according to Table 2.

CAPP Component

For participants without a cash balance, they are assumed to commence benefits according to Table 3.

For participants with a cash balance, 35% of those terminated within a year from valuation date are assumed to commence immediately, otherwise according to Table 2.

EDS Component

For those without a cash balance, they are assumed to commence benefits at age 65. For those with a cash balance, they are assumed to commence benefits according to Table 4.

Trust Expenses Included in Target Normal Cost

Estimated by increasing prior year administrative expenses (excluding PBGC premiums) by 2.30%, adjusting for any one-time expense items, and adding expected PBGC premiums for the current plan year.

Actuarial Method

Standard unit credit cost method

Valuation Date

November 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Table 1

Retirement Rates—All Actives

Age	Rate of Retirement
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	6.00%
60	7.00%
61	10.00%
62	20.00%
63	20.00%
64	20.00%
65	50.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Table 2

**Commencement Rates—HP Retirement Plan (RP)—Terminated Vested and HP Cash Account
Pension Plan—Terminated Vested with CAPP Account**

Age	Rate of Commencement
<55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	10.00%
63	10.00%
64	10.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Table 3

Commencement Rates—HP Cash Account Pension Plan—DEC Terminated Vested

<u>Age</u>	<u>Rate of Commencement</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	5.00%
63	5.00%
64	5.00%
65	50.00%
66	50.00%
67	15.00%
68	15.00%
69	15.00%
70	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Table 4

Commencement Rates—EDS Retirement Plan—Terminated Vested with Cash Balance

Age	Rate of Commencement
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	30.00%
63	15.00%
64	25.00%
65	50.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Table 5

Termination Rates—All Actives

Age	Rate	Age	Rate
20	12.00%	40	6.48%
21	12.00%	41	6.24%
22	12.00%	42	6.00%
23	11.76%	43	5.52%
24	11.52%	44	5.04%
25	11.28%	45	4.56%
26	11.04%	46	4.08%
27	10.80%	47	3.60%
28	10.32%	48	3.12%
29	9.84%	49	2.40%
30	9.36%	50	2.16%
31	8.88%	51	1.68%
32	8.40%	52	1.20%
33	8.16%	53	0.90%
34	7.92%	54	0.50%
35	7.68%	55	0.00%
36	7.44%		
37	7.20%		
38	6.96%		
39	6.72%		

For EDS Retirement Plan component participants age 55 or older who are not retirement-eligible, the retirement rates in Table 1 are used as termination rates.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan HP Inc. Pension Plan
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 11/01/1976
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) HP Inc. 10300 Energy Drive Spring TX 77389
2b	Employer Identification Number (EIN) 94-1081436
2c	Plan Sponsor's telephone number 800-457-4015
2d	Business code (see instructions) 334110

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		7/14/2025	Srivatsan Iyer
	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 (2023)
v. 2300728

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	50,969
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	3,281
		6a(2)	3,176
		6b	8,895
		6c	35,724
		6d	47,795
		6e	2,002
		6f	49,797
		6g(1)	
		6g(2)	
		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: 1A 1C 1D 1E 1F 1I 3F 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

HP Inc. Pension Plan
EIN 94-1081436; Plan #003

Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended October 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – series of transactions in excess of 5% of Plan assets							
* Dreyfus Government Cash Management Fund	Registered investment company:						
	Purchases	\$ 126,919		\$ -	\$ 126,919	\$ 126,919	
	Sales		\$ 132,111		132,111	132,111	\$ -

There were no Category (i), (ii) or (iv) reportable transactions during the year ended October 31, 2024.

Column (e) has not been presented, as this information is not applicable.

* Party-in-interest.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

▶ **Round off amounts to nearest dollar.**

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

A Name of plan HP Inc. Pension Plan	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HP Inc.	D Employer Identification Number (EIN) 94-1081436
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....		2a	3,836,416,071
b Actuarial value.....		2b	4,220,057,678
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	7,801	957,925,920	957,925,920
b For terminated vested participants.....	39,887	2,769,309,192	2,838,959,252
c For active participants.....	3,281	152,509,235	152,602,638
d Total.....	50,969	3,879,744,347	3,949,487,810
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....	5	5.26%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	11,000,000	
c Target normal cost.....	6c	11,000,000	

Statement by Enrolled Actuary

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

SIGN HERE	<u>Jeff D. Clymer / JPC</u> Signature of actuary	<u>6/11/2025</u> Date
<u>Jeff D. Clymer</u> Type or print name of actuary		<u>2303971</u> Most recent enrollment number
<u>Aon Consulting, Inc.</u> Firm name		<u>617-482-3100</u> Telephone number (including area code)
<u>700 District Ave</u>		
<u>Burlington MA 02451-7528</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2023
v. 230728

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,041,483,633	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	12,300,000	0
9	Amount remaining (line 7 minus line 8)	1,029,183,633	0
10	Interest on line 9 using prior year's actual return of <u>-1.35</u> %	-13,893,979	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	380,000,000	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	635,289,654	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.76 %
15	Adjusted funding target attainment percentage	15	106.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	121.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.00 % 3rd segment: 5.74 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years.....	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	11,000,000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 style="text-align: right;">11,000,000
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	11,000,000	0
36	Additional cash requirement (line 34 minus line 35)		36 style="text-align: right;">0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 style="text-align: right;">0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a style="text-align: right;">0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 style="text-align: right;">0
40	Unpaid minimum required contributions for all years.....		40 style="text-align: right;">0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		

Schedule SB Attachment (Form 5500)—2023 Plan Year
 HP Inc. Pension Plan
 EIN: 94-1081436 PN: 003

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

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

**Probabilities of Retirement
 (All Actives)**

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	6.00%	0.8145	2.88
60	7.00%	0.7656	3.22
61	10.00%	0.7120	4.34
62	20.00%	0.6408	7.95
63	20.00%	0.5127	6.46
64	20.00%	0.4101	5.25
65	50.00%	0.3281	10.66
66	35.00%	0.1641	3.79
67	35.00%	0.1066	2.50
68	35.00%	0.0693	1.65
69	35.00%	0.0451	1.09
70	100.00%	0.0293	2.05
Weighted Average			62.31

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

The HP Inc. Pension Plan consists of 3 plans that were combined through mergers. The provisions are addressed below for these component plans that make up the HP Inc. Pension Plan.

Retirement Plan (RP)

Employees Eligible for Participation

Before January 1, 2003, all permanent U.S. employees of Hewlett-Packard Company were eligible for this Plan. Eligible employees became participants in the Plan on the November 1 or May 1 following the completion of two years of service. All eligible employees as of the valuation date are included in the cost calculations.

On January 1, 2003, all existing U.S. permanent Compaq employees became eligible for the Plan. Their accrued benefits are based on service after that date, with a thirty-year cap on such service. Vesting service includes Compaq service prior to that date.

Effective January 1, 2003, all new hires and rehires after 2002 will not participate in this plan but will instead participate in the Cash Account Pension Plan (CAPP).

Effective January 1, 2006, participants with fewer than 62 points had their benefits frozen as of December 31, 2005.

Effective January 1, 2008 all participants had their benefit frozen as of December 31, 2007.

Definitions

Highest Average Pay Rate

Average of monthly base rates during the 20 consecutive fiscal quarters when pay rate is highest. For employees eligible for sales commissions, monthly pay rate is monthly target salary. Awards under Pay For Results program are included.

For pre-merger Compaq employees, only base rates in effect on or after January 1, 2003 are included.

Final Average Compensation

Final Average Compensation (FAC) means an employee's average pay rate over his or her last 12 consecutive quarters, but not exceeding the Social Security Wage Base in any quarter. However, Final Average Compensation cannot exceed Covered Compensation, which is the average Social Security Wage Base over the 35-year period ending in the year the employee reaches his or her Social Security Retirement Age.

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Retirement Plan (RP) (continued)

Definitions (continued)

Annuity Value of Deferred Profit Sharing Account

The Annuity Value is equal to the employee's Deferred Profit Sharing account, accumulated with 8% interest compounded annually from the date of valuation of such account to the date as of which the annuity value is being determined, and then converted to an actuarially equivalent annuity using 417(e) interest and mortality rates.

Normal or Delayed Retirement Benefit

An employee retiring at or after age 65 is entitled to a lifetime pension equal to 1.5% of highest average pay (over 20 consecutive quarters) for each year of service up to 30, reduced by the employee's Offset Amount, and then reduced by the single life annuity value of the employee's account in the HP Inc. Deferred Profit Sharing Plan. However, the Deferred Profit-Sharing Plan reduction shall only be applied to the pension benefit attributable to service prior to November 1, 1993. No Deferred Profit-Sharing Plan contributions were made after October 31, 1993.

An employee's Offset Amount is equal to 0.60% of Final Average Compensation (FAC), times years of service not exceeding 30.

Early Retirement Benefit

An employee retiring after attaining age 55 and 15 years of service is entitled to an immediate pension calculated similarly to a normal retirement pension, except that it is reduced by 1/180th for each of the first sixty months, and 1/360th for each additional month, that benefits become payable before age 65.

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Retirement Plan (RP) (continued)

Vested Termination Benefit

- a. **Vesting Schedule:** Employees are 100% vested upon becoming participants in the Plan.

Termination after 15 years of service

The employees' accrued pension, before Deferred Profit Sharing Plan offset, is calculated the same as a normal retirement pension. This result is then reduced by 50% as if the benefit would commence at age 55. Then, the employee's Deferred Profit Sharing Plan account is projected to age 55, and annuitized and then deducted from that part of the employee's pension based on service prior to November 1, 1993. In the event the employee's annuity commencement date is earlier than age 55, the benefit is reduced to the actuarial equivalent of the benefit applicable at age 55.

Termination before 15 years of service

The employee's benefit is calculated as in b. above, except that the Deferred Profit-Sharing Plan account is converted to an annuity value at age 65 rather than 55. Then, such annuity value is reduced by 1/180th for each of the first 60 months, and 1/360th for each additional month, by which the annuity commencement age (or age 55 if later) precedes age 65.

Death Benefit

In the event of an employee's death, the beneficiary is entitled to 50% of the benefit calculated as though the employee had terminated employment and elected to receive life annuity.

Disability Benefit

Benefits for those who terminate due to disability are the same as the benefits for an employee terminating without a disability.

Forms of Payment

Lump Sum Payouts

All employees have the option of taking a lump sum instead of an annuity. The lump sum is equal to the actuarial equivalent of the applicable annuity based on current 417(e) interest and mortality rates as of the date of distribution.

Other Optional Forms

Single life annuity, lump sum, or joint and survivor annuity (50%, 75%, 100%).

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Cash Account Pension Plan (CAPP)

Employees Eligible for Participation

Effective January 1, 2003, all new hires enter the plan but only participants hired on/after January 1, 2003 will accrue benefits under this Plan. Effective January 1, 2006, all participants with fewer than 62 points cease accruing future pay credits. Effective January 1, 2008, all participants cease accruing future pay credits.

Definitions

Compensation	Effective January 1, 2008, no participants are accruing benefits under the plan.
Pension Benefit	Annuity benefit that is the actuarial equivalent of the Cash Account Balance.
Cash Account Balance	A member's account balance as of any date is the sum of the Pay Credits and Interest Credits.
Pay Credits	Effective January 1, 2008, no participants are accruing benefits under the plan.
Interest Credits	The monthly 1-year CMT yields for August of the year in which the plan year begins plus 1%.

Normal Retirement Benefit

Normal Retirement Date (NRD) is the last day of the month in which the member attains age 65. If a member retires on or after NRD, the member is entitled to receive a pension equal to the accrued Pension Benefit as of the actual retirement date and commencing on the first day of the month following the month in which the member retires.

Early Retirement Benefit

Vested members receive the Pension Benefit.

Vested Termination Benefit

A member with 5 years of Service is fully vested in his benefit under the plan.

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

Cash Account Pension Plan (CAPP) (continued)

Death Benefit

Eligible

Beneficiary of vested participant.

Benefit

A monthly benefit payable immediately for the life of the spouse based upon the Cash Account Balance. The spouse can elect a lump sum and all non-spousal beneficiaries are paid as a lump sum.

Disability

Benefits for those who terminate due to disability are the same as the benefits for an employee terminating without a disability.

Forms of Payment

Normal Form

Actuarially equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single.

Optional Forms

Actuarially equivalent 75% or 100% joint and survivor annuities; 10-, 15- or 20-year certain and continuous annuities; full cash refund annuity; lump sum option.

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

EDS Retirement Plan

Effective Date

Most recent amendment is effective January 1, 2009.

Covered Employees

All employees including expatriates, citizens of a foreign country employed by a U.S. company and persons subject to U.S. Federal income taxes employed by EDS in another country. Effective January 1, 2009, participants had their benefits frozen as of December 31, 2008.

Participation Date

Date of hire.

Eligibility

Normal

First of month coinciding with or next following attainment of age 65.

Early

Attainment of age 55 and the completion of 5 years of vesting service and the sum of the participant's age and years of vesting service must be at least 70.

Deferred Vested

Termination for reasons other than death or retirement after completing three years of vesting service.

Preretirement Death

Death after July 1, 1998.

Postponed

Retirement after attainment of age 65.

Definitions

Vesting Service

Total years of service from date of employment measured on an elapsed time basis.

Basic Percent

Attained age plus vesting service divided by 12.

Excess Wage Percent

Smaller of the basic percent or 5%.

Mid-Career Percent

Attained age at hire less 35 divided by 12 (only applies to participants hired after age 35).

Conversion Percent

If the participant is vested on July 30, 1998 and has attained age 43, then the conversion percent is based on the table below:

Attained Age on July 1, 1998	Conversion Percent
43	20%
44	40%
45	60%

The conversion percent for participants not vested or under age 43 on June 30, 1998 is 0%.

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

EDS Retirement Plan (continued)

Cash Balance Credits

The sum of:

- (i) The basic percent applied to all earnings
- (ii) The Excess wage percent applied to earnings in excess of the Social Security wage base
- (iii) The Mid-career percent applied to all earnings
- (iv) The Conversion percent multiplied by the credits determined in (i) and (ii) above; expires the earlier of years of benefit service as of July 1, 1998 or 10 years

No cash balance pay credits apply after 2008.

Cost-of-Living Adjustment (COLA)

Annuity benefits are adjusted for COLA beginning after age 62. The COLA is based on the lesser of 3.00% or the Social Security CPI adjustment.

Participants can elect to receive an actuarially equivalent benefit without COLA. For purposes of determining the amount of this benefit option, future COLAs are assumed to be equal to the average of the current and prior four year's COLAs, rounded to the nearest .25%.

Interest Credits

Interest on the account balance at the beginning of each month at a rate equal to the greater of:

- 5%, or
- The average 30-year CMT yields for the month of August preceding the calendar year.

The interest credit for the first 18 months beginning July 1, 1998 was 7%.

Opening Balance

The accrued benefit under the old final average pay formula multiplied by a deferred annuity factor using 6.9% interest rate and the 1983 Group Annuity Mortality table blended 50% for males and 50% for females.

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

EDS Retirement Plan (continued)

Account Balance

The sum of the Opening balance and the Cash balance credits both accumulated with Interest credits to a point in time.

Grandfathered Benefit

Participants age 50 with 10 years of benefit service on July 1, 1998 are eligible to receive a benefit based on:

- the old final average pay formula
- service through the earlier of date of termination or June 30, 2005
- earnings projected forward at the greater of:
 - actual earnings for 1997, or
 - actual earnings for the first six months of 1998 plus one-half of rate of pay as of July 1, 1998

Annual Pension Benefit

The greatest of:

- (i) the Account balance divided by 10
- (ii) the single life annuity with COLA optional form of the Grandfathered benefit
- (iii) the single life annuity with COLA optional form of benefit accrued through June 30, 1998 based on the old final average pay formula

Choice

Beginning January 1, 2000, participants had the choice to “move” up to $\frac{1}{3}$ of their Cash Balance Credits to the EDS 401(k) Plan.

Earnings

W-2 earnings, plus 401(k) deferrals and Section 125 salary reduction. Earnings do not include extraordinary income. Effective January 1, 2009, participants no longer accrue benefits under the plan.

Preretirement Death Benefits

Account balance as of date of death. Spouses have the option of taking an annuity equivalent of balance (not less than the QPSA) or lump sum. Non-spousal beneficiaries can only receive a lump sum.

Schedule SB Attachment (Form 5500)—2023 Plan Year

HP Inc. Pension Plan

EIN: 94-1081436 PN: 003

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

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

HP Inc. Pension Plan
EIN 94-1081436; Plan #003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

October 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	Cost	Current Value
Limited partnerships/joint venture interests			
Accel Europe LP	Limited partnership	\$ 790,915	\$ 50,202
Accel VI LP	Limited partnership	3,891,509	105,006
Accel VI-S LP	Limited partnership	-	80,144
Benchmark Capital Partners IV	Limited partnership	3,806,468	266,629
Highland Capital Partners VI	Limited partnership	3,327,264	23,846
Oak Investment Partners IX LP	Limited partnership	2,930,265	716
Sequoia Cap Franchise FD LP	Limited partnership	1,197,470	208,500
Sigma Partners 6 LP	Limited partnership	4,897,646	1,939,678
Total limited partnerships/joint venture interests			2,674,721
Registered investment company			
* Dreyfus Government Cash Management Fund	Registered investment company	63,444	63,444
Total investments			\$ 2,738,165

* Party-in-interest.

Schedule SB Attachment (Form 5500)—2023 Plan Year
HP Inc. Pension Plan
EIN: 94-1081436 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflected the following assumption changes:

- A change in the CAPP interest crediting rate from 4.50% to 5.75%.
- A change in the EDS interest crediting rate from 5.25% to 5.45%.

These changes were made to better reflect anticipated plan experience. These assumption changes did not reduce the funding shortfall more than the threshold stated in the Internal Revenue Code Section 430(h)(5), as such approval of the Commissioner is not required.