

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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

<p>1a Name of plan <u>HP INC. PUERTO RICO PENSION PLAN AND TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HP INTERNATIONAL TRADING B.V. PUERTO RICO BRANCH, LLC</u></p> <p><u>10300 ENERGY DRIVE</u> <u>SPRING, TX 77389</u></p>	<p>1c Effective date of plan <u>11/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>66-0835384</u></p> <p>2c Plan Sponsor's telephone number <u>281-927-8871</u></p> <p>2d Business code (see instructions) <u>334110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/12/2025	ZDENEK HURSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	448
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)	118
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	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 1I 3C

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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**

A Name of plan HP INC. PUERTO RICO PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HP INTERNATIONAL TRADING B.V. PUERTO RICO BRANCH, LLC	D Employer Identification Number (EIN) 66-0835384	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PIMCO

95-4351611

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

VANGUARD **PO BOX 2600**
VALLEY FORGE, PA 19482-2600

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

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

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

FIDELITY 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?
14 50	ADMINISTRATOR	205289	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING

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?
11 16 50	ACTUARY	170000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

YANIRA ROSARIO CPA LLC

66-1059703

(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	AUDIT	53800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MCCONNELL VALDES LLC

66-0226027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	47045	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANCO POPULAR

66-0561870

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	40590	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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	
A Name of plan HP INC. PUERTO RICO PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HP INTERNATIONAL TRADING B.V. PUERTO RICO BRANCH, LLC	D Employer Identification Number (EIN) 66-0835384

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	38938	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10778574	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	10335507	0
(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	21153019	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21153019	0

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)	560130	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		560130
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		365854
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		925984

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1768760	
(2) To insurance carriers for the provision of benefits.....	2e(2)	19793019	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21561779
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	205289	
(4) IQPA audit fees.....	2i(4)	53800	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)	40590	
(7) Actuarial fees.....	2i(7)	170000	
(8) Legal fees.....	2i(8)	47045	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	500	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		517224
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22079003

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-21153019
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **YANIRA ROSARIO CPA LLC**

(2) EIN: **66-1059703**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>HP INC. PUERTO RICO PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HP INTERNATIONAL TRADING B.V. PUERTO RICO BRANCH, LLC</u>	D Employer Identification Number (EIN) <u>66-0835384</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 66-0561870

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	26
--	---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% 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

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 _____.



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

**HP Inc. Puerto Rico Pension Plan and Trust
(In Liquidation)**

**Financial Statements
As of October 31, 2024
With Report of Independent Auditors**

HP Inc. Puerto Rico Pension Plan and Trust

(In Liquidation)

Financial Statements

October 31, 2024

Contents

Independent Auditors' Report

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YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

Independent Auditors' Report

To the Plan Administrator of **HP Inc. Puerto Rico Pension Plan and Trust** (In Liquidation):

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

We have performed audits of the financial statements of **HP Inc. Puerto Rico Pension Plan and Trust** (In Liquidation), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets in liquidation as of October 31, 2024 and 2023, and the related statement of changes in net assets in liquidation for the year ended October 31, 2024, and the related notes to the financial statements.

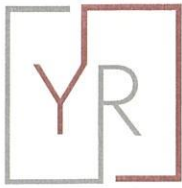
Management, having determined it is permissible in the circumstances, has elected to have the audits of **HP Inc. Puerto Rico Pension Plan and Trust** financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations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

Management has obtained certifications from a qualified institution as of October 31, 2024 and 2023 and for the year ended October 31, 2024, stating that the certified investment information is complete and accurate.

Opinion

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

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



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **HP Inc. Puerto Rico Pension Plan and Trust** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

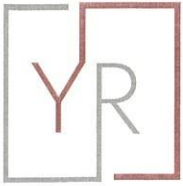
Emphasis of a Matter – Basis of Accounting

As discussed in Notes 1, 3, and 7 to the financial statements—Plan Description, Benefit Settlement and Annuity Purchases, and Plan Termination, respectively—HP Inc. announced in May 2021 that, as part of its multi-year transformation agenda to optimize global operations and better serve customers, HP International Trading B.V. (Puerto Rico Branch) LLC, the Plan Sponsor, would relocate its manufacturing operations in Aguadilla, Puerto Rico to other HP facilities in the mainland United States and internationally. During February 2022, the Plan Sponsor executed the fifth amendment to the 2014 restated Plan, formally approving the termination of both the Plan and the Trust Fund, in accordance with Section 14 of the Plan Document and Article X of the Trust Agreement, respectively. Under the terms of the Plan and the Trust Agreement, participants became entitled to receive their vested accrued benefits as of April 15, 2022. As a result, the Plan decided to change from the going concern basis to a liquidation basis of accounting effective October 31, 2022. As of October 31, 2024, the Plan was fully liquidated, and all assets were distributed to participants and beneficiaries pursuant to, and in accordance with, the provisions of the Plan and the Trust Agreement. Our disclaimer of opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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.



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on 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 **HP Inc. Puerto Rico Pension Plan and Trust's** (in Liquidation) 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.

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

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

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



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors


Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of reportable transactions for October 31, 2024, is presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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


San Juan, Puerto Rico,
August 11, 2025.



D5523-5

HP Inc. Puerto Rico Pension Plan and Trust

HP Inc. Puerto Rico Pension Plan and Trust

Statements of Net Assets in Liquidation October 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Fixed income funds	\$ -	\$10,335,507
Cash and cash equivalents	-	38,938
	-----	-----
	-	10,374,445
Employer's contribution receivable	-	10,778,574
	-----	-----
Net Assets Available in Liquidation	\$ -	\$21,153,019
	=====	=====

The accompanying notes are an integral part of these statements.

HP Inc. Puerto Rico Pension Plan and Trust

**Statement of Changes in Net Assets in Liquidation
For the Final Year Ended October 31, 2024**

Additions to Net Assets Attributed to:	
Investment Income	\$ 560,130
Net depreciation in fair value of investments	365,854

	925,984

 Deductions to Net Assets Attributed to:	
Withdrawals and benefit payments	1,768,760
Purchase of nonparticipating group annuity contracts	19,793,019
Administrative expenses	517,224

Total deductions	22,079,003

 Net Decrease in Net Assets in Liquidation	 (21,153,019)
 Net Assets in Liquidation, beginning of year	 21,153,019

Net Assets in Liquidation, end of year	\$ -
	=====

The accompanying notes are an integral part of this statement.

HP Inc. Puerto Rico Pension Plan and Trust

(In Liquidation)

Notes to Financial Statements

October 31, 2024

1. Plan Description:

The following description of the **HP Inc. Puerto Rico Pension Plan and Trust** (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan Sponsor and Plan Administrator was the Committee of the Board of Directors of HP International Trading B.V. (Puerto Rico Branch), LLC, the Trustee was Banco Popular de Puerto Rico and Fidelity Investments was the administrative services provider.

During May 2021, HP Inc. announced that, as part of its multi-year transformation agenda to optimize global operations and better serve customers, the manufacturing operations of HP International Trading B.V. (Puerto Rico Branch) LLC, the Plan sponsor, located in Aguadilla, Puerto Rico would be relocated to other HP facilities in the mainland United States and internationally.

In connection with this strategic realignment, the Plan's sponsor approved the termination of the Plan, a noncontributory defined benefit pension plan qualified under the Puerto Rico Internal Revenue Code of 2011 (PR Code), as amended, and subject to the provisions of the Employees' Retirement Income Security Act of 1974 (ERISA), as amended. On February 2022, the Plan Sponsor executed the fifth amendment to the 2014 restated Plan, formally approving the termination of the Plan and the Trust Fund, in conformity with Section 14 of the Plan and Article X of the Trust Agreement, respectively.

Under the terms of the termination:

- Participants became entitled to receive their vested accrued benefits as of April 15, 2022, in accordance with the Plan provisions and the Trust Agreement.
- The Plan transitioned from the going concern basis to the liquidation basis of accounting effective October 31, 2022, and continued to apply liquidation basis accounting in subsequent reporting periods until full settlement.

As of October 31, 2024, all Plan's assets were fully distributed through:

- Lump-sum payments to eligible participants who elected immediate distribution.
- Nonparticipating group annuity contracts purchased from Legal and General America for participants who elected deferred or lifetime benefits.

All distributions were made in conformity with the Plan's provisions, the Trust Agreement, and applicable regulations under the PR Code, ERISA, and relevant guidance issued by the Puerto Rico Department of Treasury. As for the distribution date, the Plan had no remaining assets or benefit obligations. Accordingly, the Plan's financial statements reflect the final liquidation and settlement of liabilities, and the Plan is no longer subject to ongoing reporting.

General

The Plan entered into effect on November 1, 1980. The Plan is a noncontributory defined benefit pension plan covering employees of HP International Trading B.V. (Puerto Rico Branch), LLC, Kale Holding B.V. (Puerto Rico Branch), LLC, HP Puerto Rico LLC, and any of the Hewlett Packard Enterprise affiliates in Puerto Rico (e.g., Hewlett-Packard Caribe B.V. LLC, Hewlett-Packard Caribbean Manufacturing B.V. LLC, Hewlett-Packard Puerto Rico B.V. LLC, and Hewlett-Packard Caribe y Andina B.V. LLC). These entities are collectively referred to as the Participating Employers or Companies, and the Plan operates in accordance with its governing terms. The Plan is subject to the provisions of ERISA, as amended.

The Plan has been amended and restated on multiple occasions, with the most recent restatement effective January 1, 2014.

An amendment to the 2014 restated Plan became effective August 1, 2015, in connection with the corporate separation of the HP Group into Hewlett Packard Enterprise (HPE) and HP Inc. (HPI). This amendment extended coverage to employees of both the HPE Group and HPI Group, which continued to be treated as Participating Employers. Concurrently, the Plan's name was changed to the HP Inc. Puerto Rico Pension Plan and Trust, effective August 1, 2015.

The second Plan amendment to the 2014 restated plan was made effective November 1, 2015, to clarify the term HPE Group to include all HPE affiliates having employees in Puerto Rico participating in the Plan before November 1, 2015, whether or not the HPE affiliates existed before that date.

The third Plan amendment to the 2014 restated plan was made effective February 8, 2017, to incorporate the changes made by Puerto Rico Act 9 of February 7, 2017, and Puerto Rico Act 106 of August 23, 2017, to the definition of highly compensated employee under Puerto Rico Internal Revenue Code (PR Code) Section 1081.01(d)(3)(E)(iii).

The fourth Plan amendment to the 2014 restated plan was effective June 22, 2018, to clarify the suspension of benefits applicable to participants who continue to work past the normal retirement date in conformity with Section 203 (a) (3) (B) of ERISA, as amended, and the parallel provision Section 411 (a) of the United States Internal Revenue Code of 1986, as amended.

On February 2022, the Plan's sponsor executed the fifth amendment to the 2014 restated Plan, formally approving the termination of the Plan and the Trust Fund, in conformity with Section 14 of the Plan and Article X of the Trust Agreement, respectively.

Refer to Notes 3 and 7 — Benefit Settlement and Annuity Purchases and Plan Termination, respectively — for further details regarding the Plan's termination and related developments.

Eligibility

Employees became participants in the Plan on the first day of the month following their date of employment, in accordance with the Plan's eligibility provisions.

The Plan's sponsor discontinued offering participation in the Plan to newly hired employees effective January 1, 2007. As of December 31, 2006, existing participants with fewer than 62 points (defined as the sum of age and years of service, calculated as of December 31, 2007) ceased accruing pension benefits under the Plan.

Effective December 31, 2008, the then Hewlett-Packard Puerto Rico Pension Plan and Trust was fully frozen. No participant earned additional benefits under the Plan after this date. Participants who had 62 points or more as of December 31, 2006, continued to accrue benefits until the earlier of December 31, 2008, or their termination date.

Vesting and Pension Benefits

Participants with five or more years of credited service were entitled to a monthly pension benefit beginning at normal retirement age (65) equal to 1/12th of the excess of (a) over (b):

- a) 1.50% of the participant's highest average pay rate, as defined, multiplied by the participant's years of credited service (not in excess of 30), as defined.
- b) The lesser of (i) or (ii):
 - (i) 50.00% of the benefit determined in (a) above, but with the highest average pay rate limited to final average compensation, as defined.
 - (ii) 0.60% of the final average compensation multiplied by years of credited service (not in excess of 30).

The Plan permitted early retirement upon attainment of age 55 and 15 years of service. In lieu of the monthly life annuity, participants could have elected to receive a lump sum payment equal to the actuarial equivalent of the life annuity otherwise payable. If employment terminated before rendering five years of service, the right to receive the portion of accumulated plan benefits attributable to Participating Employers' contributions was forfeited. Forfeited benefits accrued to the Plan and will be used to reduce future Participating Employers' contributions.

Death and Disability Benefits

If a participant died before benefits commence but after satisfying the requirements for a deferred vested benefit, a disability benefit, or an early retirement benefit, a death benefit equal in value to 50% of the participant's accrued benefit was payable. A monthly life annuity was provided to the surviving spouse determined as though the participant had retired under a 50% Contingent Annuitant Option (with the spouse as Contingent Annuitant), as defined, on the first day of the month in which the participant's death occurred. In lieu of the monthly life annuity, the spouse could have elected to receive a lump sum payment equal to the actuarial equivalent of the life annuity otherwise payable. If the benefits were payable to someone other than the participant's spouse, the death benefit was in form of a lump sum payment. Benefits for those who terminated due to disability were the same as the benefits for an employee terminating without a disability.

2. Summary of Significant Accounting Policies:

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting. The Plan was terminated in 2022 as a standard termination and the Plan has changed its basis of accounting from the going concern to the liquidation basis. As of October 31, 2024, all Plan's assets were fully distributed to participants and beneficiaries. No assets remain, and the Plan is no longer subject to ERISA funding, reporting, or fiduciary requirements.

Use of Estimates

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

During the reporting period, estimates were used in connection with:

- The valuation of investment securities, including fair value measurements and classification within the fair value hierarchy.
- The determination of nonparticipating group annuity purchase prices, benefit settlement costs, and actuarial obligations related to the Plan's termination.

These estimates were based on observable market data, actuarial assumptions, and contractual terms available at the time of settlement.

As of the reporting date, the Plan has no remaining assets or benefit obligations, and therefore no material estimates impact on the year-end balances.

Investment Valuation

The Plan's investments were stated at fair market value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For the year ended October 31, 2024, investments were valued using quoted market prices, which represent the net asset value of the units held by the Plan. Refer to Note 5 – Fair Value Measurements – for further detail on valuation inputs and hierarchy classification.

Purchases and sales of investment units were recorded on a trade date basis. Investment income was recognized as earned on an accrual basis.

In accordance with the policy of stating investments at fair market value, net unrealized appreciation (depreciation) on investments for the year is reflected in the statement of changes in net assets in liquidation. Net appreciation (depreciation) includes the Plan's realized and unrealized gains and losses on investments bought, sold, or held during the reporting period.

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

Nonparticipating Group Annuity Contracts

In connection with the Plan's termination, the Plan purchased nonparticipating group annuity contracts from a licensed insurer to irrevocably transfer the obligation to pay retirement benefits to eligible participants and beneficiaries.

The purchase of these nonparticipating group annuity contracts constituted a settlement of benefit obligations under applicable accounting guidance. Upon purchase, the contracts were recorded at cost, which approximated the actuarial present value of the related accumulated plan benefits. The settlement was recognized in the accompanying statement of changes in net assets in liquidation during the current plan year.

Following the purchase:

- The Plan no longer retained any obligation for future benefit payments.
- The nonparticipating group annuity contracts were not reported as assets of the Plan.
- No further valuation or disclosure of the contracts is required under accounting principles generally accepted in the United States of America.

As of October 31, 2024, all Plan assets had been distributed, and the Plan held no group annuity contracts or residual obligations.

Administrative Expenses and Final Reporting

Effective March 1, 2007, all administrative expenses are covered by the Plan, except internal Plan Sponsor expenses.

Final administrative expenses related to Plan's termination were incurred during the Plan's year and disclosed in the accompanying statement of changes in net assets in liquidation. The Plan filed a final Form 5500 certifying full distribution of Plan's assets.

Subsequent Events

The Plan's sponsor has evaluated subsequent events through August 11, 2025, the date the Plan's financial statements were available to be issued.

The Plan was terminated effective April 15, 2022, and was liquidated in accordance with the liquidation basis of accounting. All assets were fully distributed during the Plan's year ended October 31, 2024, primarily through the purchase of nonparticipating group annuity contracts for remaining participants and beneficiaries. As of October 31, 2024, the Plan has no remaining assets or liabilities.

Subsequent to the liquidation date:

- No additional distributions of benefits were made.
- No participant claims, corrections, or appeals were received.
- No regulatory inquiries, audit notices, or compliance issues were raised.
- No contingent liabilities, administrative expenses, or obligations were identified.

Accordingly, there were no subsequent events requiring adjustment to or disclosure in the financial statements.

3. Benefit Settlement and Annuity Purchases:

As part of the Plan's termination process, on or before October 31, 2024, the Plan purchased nonparticipating group annuity contracts totaling \$19,793,019 from Legal and General America, a licensed insurer, to irrevocably settle the pension obligations of 353 participants and beneficiaries.

This transaction constitutes a full settlement of the Plan's benefit obligations to the affected individuals. Upon execution of the nonparticipating group annuity purchases:

- The insurer assumed full responsibility for all future benefit payments.
- Participants and beneficiaries were formally notified of the transfer.
- The nonparticipating group annuity contracts are non-cancelable and irrevocable, issued in accordance with the applicable provisions of ERISA and Puerto Rico insurance and retirement plan regulations.

The purchase is reflected as a deduction in the accompanying statement of changes in net assets in liquidation. As of the date of purchase, no further liabilities remain to the covered participants.

4. Funding Policy:

Prior to termination, the Plan was funded in accordance with the minimum funding requirements of ERISA. Contributions were made by the Plan's sponsor based on actuarial valuations and funding schedules designed to meet benefit obligations and maintain Plan's compliance.

The Plan was terminated effective April 15, 2022, and all assets were liquidated during the plan year ended October 31, 2024. Final contributions were made to fully fund the purchase of nonparticipating group annuity contracts for participants and beneficiaries. These purchases constituted a settlement of all remaining benefit obligations.

As of October 31, 2024, the Plan held no assets or liabilities, and no further contributions are required. The Plan is no longer subject to ongoing funding requirements under ERISA.

5. Fair Value Measurements:

The Plan measured its investments at fair value. 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 incorporate both observable and unobservable inputs:

- Observable inputs reflect market data obtained from independent sources.
- Unobservable inputs reflect the Plan's own assumptions about market participant expectations, based on the best information available.

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

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

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

During the year ended October 31, 2024, the Plan's investments were valued using Level 1 inputs, based on quoted market prices representing the net asset value of units held. These values were used to record purchases, sales, and unrealized gains or losses in the accompanying statement of changes in net assets in liquidation. As of October 31, 2024, the Plan held no investments, and therefore no fair value measurements were required at Plan's year-end.

In the prior Plan's year ended October 31, 2023, fixed income mutual funds valued at \$10,335,507 were held. These investments were measured at quoted market prices representing the net asset value of shares held and were classified as Level 1 within the fair value hierarchy.

6. Actuarial Present Value of Accumulated Plan Benefits:

The actuarial present value of accumulated plan benefits represents the estimated amount of future benefit payments attributable to employee service rendered prior to the Plan's termination date, discounted to reflect the time value of money and actuarial assumptions.

The Plan was terminated effective April 15, 2022, and all benefit obligations were fully settled during the Plan year ended October 31, 2024, through the purchase of nonparticipating group annuity contracts for all remaining participants and beneficiaries. As a result, the Plan no longer retains any liability for future benefit payments.

As of October 31, 2024, the actuarial present value of accumulated plan benefits was zero, reflecting the full settlement of all obligations.

Prior to settlement, the actuarial valuation was prepared using the following assumptions:

Cost Method	-	Standard Unit Credit Cost Method
Interest rates	-	Pre- and Post-Retirement: 6.28%
Mortality	-	Pri.2012 with MP2021 Generational Improvement Scale
Annuity Purchase Load	Immediate Annuity:	From 0% to 14%
	Deferred Annuity:	From 25% to 38%
Retirement	-	100% for age 65, 15% for ages 64 and 63, 5% for ages 62 and 61, and 2% for ages 60, 59, 58, 57, 56 and 55.

7. Plan Termination:

The Plan was terminated as of April 15, 2022, as indicated in Note 1, Plan Description, in accordance with applicable provisions of ERISA, the PR Code, and the Plan document. All participant benefits were fully settled through a combination of lump-sum distributions and nonparticipating group annuity purchases, and no further benefit obligations remain. The Plan was fully liquidated as of October 31, 2024, with all assets distributed and liabilities settled. No assets or benefit obligations remained at year-end. The Plan is in the process of completing final administrative and regulatory closure.

8. Tax Status:

The Plan obtained its latest determination letter on October 28, 2019, wherein the Puerto Rico Department of Treasury stated that the Plan, as designed, is exempt under the provisions of Section 1081.01(d) of the PR Code. The Plan was terminated effective April 15, 2022, and all assets were liquidated during the plan year ended October 31, 2024. In connection with the termination, the Plan sponsor submitted a request for a final determination letter to the Puerto Rico Department of Treasury confirming the Plan's qualified status through the date of termination and liquidation.

As of August 11, 2025, the date the financial statements were available to be issued, the final determination letter had not yet been received. However, the Plan's sponsor believes the Plan has operated in compliance with applicable qualification requirements and expects the final determination letter to be issued without material changes.

9. Party-in-Interest Transactions:

The Plan held time deposits with Banco Popular de Puerto Rico, which serves as the Trustee of the Plan. As a result, these transactions qualify as party-in-interest transactions under the provisions of the ERISA, as amended.

All such transactions were conducted in the ordinary course of business and in accordance with the Plan's governing documents and applicable fiduciary standards. No prohibited transactions were identified during the reporting period.

Schedule I

HP Inc. Puerto Rico Pension Plan and Trust
(In Liquidation)

EIN: 66-0835384

PN: 001

Schedule of Reportable Transactions - October 31, 2024
Schedule H (Form 5500) - Item 4(j)

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value on Transaction Date	Net Gain (Loss)
PIMCO Long Term Credit Fund	Mutual Fund		\$ 13,413,010		\$ 13,736,899	\$ 13,413,010	\$ (323,889)
Vanguard Extended Duration ETF	Mutual Fund		\$ 7,580,613	\$ 518	\$ 9,521,291	\$ 7,580,613	\$(1,940,678)
Banco Popular de Puerto Rico Time Deposit	Cash and Equivalents		\$ 29,561,685		\$ 29,561,685	\$ 29,561,685	\$ -
PIMCO Long Term Credit Fund	Mutual Fund	\$ 8,200,261			\$ 8,200,261	\$ 8,200,261	\$ -
Banco Popular de Puerto Rico Time Deposit	Cash and Equivalents	\$ 29,522,746			\$ 29,522,746	\$ 29,522,746	\$ -

There were no Category (ii) or (iv) reportable transactions during the year ended October 31, 2024. Column (e) has not been presented, as this information is not applicable.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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. PUERTO RICO PENSION PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 11/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): HP INTERNATIONAL TRADING B.V.
2b Employer Identification Number (EIN): 66-0835384
2c Plan Sponsor's telephone number: 281-927-8871
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Zdenek Hursky, Aug 12 2025, ZDENEK HURSKY. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: 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

Schedule I

HP Inc. Puerto Rico Pension Plan and Trust
(In Liquidation)

EIN: 66-0835384

PN: 001

Schedule of Reportable Transactions - October 31, 2024
Schedule H (Form 5500) - Item 4(j)

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Banco Popular de Puerto Rico Time Deposit	Cash and Equivalents	\$29,522,746			\$29,522,746	\$29,522,746	\$ -

There were no Category (ii) or (iv) reportable transactions during the year ended October 31, 2024. Column (e) has not been presented, as this information is not applicable.