

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (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 KRAFT HEINZ COMPANY GROUP BENEFITS PLAN
1b	Three-digit plan number (PN) ▶ 512
1c	Effective date of plan 01/01/1984
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) KRAFT HEINZ FOODS COMPANY 200 E RANDOLPH, SUITE 7600 CHICAGO, IL 60601-7720
2b	Employer Identification Number (EIN) 25-0542520
2c	Plan Sponsor's telephone number 847-646-2000
2d	Business code (see instructions) 424400

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.	09/26/2025	STEVE CRUCITT
	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 KRAFT HEINZ COMPANY EMPLOYEE BENEFITS ADMINISTRATION BOARD 200 E RANDOLPH, SUITE 7600 CHICAGO, IL 60601-7720	3b Administrator's EIN 25-0542520
	3c Administrator's telephone number 847-646-2000
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 17292
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) 16704 6a(2) 16372 6b 470 6c 0 6d 16842 6e 6f 6g(1) 6g(2) 6h
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:

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

4A 4B 4D 4E 4F 4H 4Q

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 18
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier HAWAII MEDICAL SERVICE ASSOCIATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0040115	49948	053001-001	4	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	22678
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0116314	16140	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	26061

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN BENEFITS & COMP. SYS. INC. 101 PARK AVE FL 14
NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	26061	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1398267
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN, INC.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	232222*	93	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)..... ▶	7c(5)	
	(6)Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	607256
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	604529*	522	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(5) Other (specify below)

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2289641
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0158000*	7694	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	66276

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN BENEFITS & COMP. SYS. INC. 101 PARK AVE FL 14
NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	66276	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(5) Other (specify below)

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3075997
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0158010*	8987	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	13222

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN BENEFITS & COMP. SYS. INC. 101 PARK AVE FL 14
NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	13222	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	648567
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0158020*	16006	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	14708

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN BENEFITS & COMP. SYS. INC. 101 PARK AVE FL 14
NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	14708	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	725461
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier SIMNSA					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
98-0197925	62149	16	624	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1858537
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0188020*	14963	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	4415

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN BENEFITS & COMP. SYS. INC. 101 PARK AVE FL 14
NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4415	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	201838
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0222222	699	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	4230

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN BENEFITS & COMP. SYS. INC. 101 PARK AVE FL 14
NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4230	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☒ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	220775
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0222223	661	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☒ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	198605
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	23087	4	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	21760
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN OF COLORADO
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0591617	95669	35702*	3	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	14191
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0222100	7913	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	77453

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN BENEFITS & COMP. SYS. INC. 101 PARK AVE FL 14
NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	77453	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☒ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5186310
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier METROPOLITAN LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0222105	290	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	3361

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN BENEFITS & COMP. SYS. INC. 101 PARK AVE FL 14 NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3361	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(5) Other (specify below)

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☒ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	155775
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	SEE BELOW*	11321	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1127439
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	19851*	3	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(5) Other (specify below)

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
---	-----------	---

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	21245
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-1592076	96237	10179	12	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	58588
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2024
		This Form is Open to Public Inspection.

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

A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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

(b)

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

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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)

WILLIS TOWERS WATSON

53-0181291

(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 13 50	NONE	3664441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLUE CROSS BLUE SHIELD

23-2229683

(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?
12 13 50	NONE	3657524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEDGWICK CMS

36-2685608

(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?
12 26 50	NONE	1396114	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)

UNITED HEALTHCARE

41-1289245

(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?
12 22 49 50	NONE	1279192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA

06-6033492

(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?
12 13 50	NONE	1189612	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CASTLIGHT

26-1989091

(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 38 49 50	NONE	1060599	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)

CVS CAREMARK

05-0340626

(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?
12 13 50	NONE	986180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HINGE HEALTH

81-1884841

(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?
12 13 50	NONE	957320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIGNA

PO BOX 15964
WILMINGTON, DE 19580

(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?
12 13 50	NONE	667364	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)

DELTA DENTAL

PO BOX 1809
ALPHARETTA, GA 30023-1809

(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?
12 13 50	NONE	510746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAVEN

46-5747423

(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?
12 13 50	NONE	244050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CURALINC HEALTHCARE

314 WEST SUPERIOR STREET
CHICAGO, IL 60654

(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?
12 13 50	NONE	203265	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)

MORGAN, LEWIS & BOCKIUS

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	97513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

35-0921680

(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	41705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	20946	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

BELL LITHO

36-2550923

(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?
36 38 49 50	NONE	20603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDERSON TAX

26-1437743

(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?
49 50	NONE	13600	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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN		B Three-digit plan number (PN) ▶ 512
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY		D Employer Identification Number (EIN) 25-0542520

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: PGIM CORE BOND FUND			
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY			
c EIN-PN 81-6692660-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMON SHORT TERM INVESTMENT FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST ASSET MANAGEMENT			
c EIN-PN 36-6452394-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164007387	
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)

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
		2024
		This Form is Open to Public Inspection

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

A Name of plan KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 KRAFT HEINZ FOODS COMPANY	D Employer Identification Number (EIN) 25-0542520

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)	2078058	3313535
(3) Other	1b(3)	18931	372198
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)	2570553	164007387
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1047186	866003

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	5714728	168559123
Liabilities			
g Benefit claims payable	1g	19107000	19935000
h Operating payables	1h	403390	571379
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1301612
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19510390	21807991
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-13795662	146751132

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)	173580818	
(B) Participants	2a(1)(B)	36309282	
(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)		209890100
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	697043	
(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)		697043
(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)		
(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)		-15718
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		210571425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	165857337	
(2) To insurance carriers for the provision of benefits	2e(2)	18150003	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		184007340
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)	15552849	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41705	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	21440	
(7) Actuarial fees	2i(7)	265500	
(8) Legal fees	2i(8)	97513	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	38284	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		16017291
j Total expenses. Add all expense amounts in column (b) and enter total	2j		200024631

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10546794
l Transfers of assets:			
(1) To this plan	2l(1)		150000000
(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: **CROWE LLP**

(2) EIN: **35-0921680**

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?	☒		25000000
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?		☒	
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 _____.

Kraft Heinz Company Group Benefits Plan

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

Kraft Heinz Company Group Benefits Plan

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All other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Employee Benefits Administration Board of the Kraft Heinz Company
and the participants of the Kraft Heinz Company Group Benefits Plan
Chicago, Illinois

Opinion

We have audited the financial statements of the Kraft Heinz Company Group Benefits 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 and of benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the year ended December 31, 2024 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 from the date 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 on the financial statements as a whole. The supplemental schedules of Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2024 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 the 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 accompanying schedules are 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.


Crowe LLP

Chicago, Illinois
September 26, 2025

Kraft Heinz Company Group Benefits Plan

Statements of Net Assets Available for Benefits

	December 31, 2024	December 31, 2023
ASSETS		
Investments at fair value	\$ 164,007,387	\$ 2,570,553
Deposits with insurance companies	866,003	1,047,186
Receivables:		
Employee contributions	3,313,535	2,078,058
Accrued interest income	372,198	18,931
Total receivables	3,685,733	2,096,989
Total assets	168,559,123	5,714,728
LIABILITIES		
Pending trades	1,293,465	—
Premiums payable	8,147	—
Accrued administrative fees	571,379	403,390
Total liabilities	1,872,991	403,390
Net assets available for benefits	\$ 166,686,132	\$ 5,311,338

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

Kraft Heinz Company Group Benefits Plan

Statement of Changes in Net Assets Available for Benefits

	December 31, 2024
Additions to net assets attributed to:	
Employer contributions	173,580,818
Employee contributions	36,309,282
Interest income	697,043
Total additions	210,587,143
Deductions from net assets attributed to:	
Net depreciation in fair value of investments	15,718
Claim payments	165,029,337
HMO payments	6,171,544
Death benefit and premium expenses	6,047,494
Long-term disability premium expenses	5,930,965
Administrative fees	16,017,291
Total deductions	199,212,349
Increase/(decrease) in net assets available for benefits before transfers	11,374,794
Transfer from Kraft Heinz Retiree Group Benefits Plan (Note 2)	150,000,000
Increase/(decrease) in net assets available for benefits after transfers	161,374,794
Net assets available for benefits at beginning of year	5,311,338
Net assets available for benefits at end of year	<u><u>\$ 166,686,132</u></u>

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

Kraft Heinz Company Group Benefits Plan

Statements of Benefit Obligations

	December 31, 2024	December 31, 2023
Amounts currently payable (including claims incurred but not reported) (Note 3):		
Medical, prescription, and dental benefits	\$ 19,935,000	\$ 19,107,000
Total amounts currently payable	19,935,000	19,107,000
Long-term disability benefits for inactive participants, at present value of estimated amounts (Note 3):		
Current disabled - receiving benefits	6,563,169	7,634,753
Total plan's benefit obligations	\$ 26,498,169	\$ 26,741,753

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

Kraft Heinz Company Group Benefits Plan

Statement of Changes in Benefit Obligations

	December 31, 2024
Amounts currently payable:	
Balance at beginning of year	\$ 19,107,000
Net change attributable to:	
Medical, prescription, and dental benefits (including claims payable and claims incurred but not reported)	828,000
Insurance premiums incurred	12,219,038
Insurance premiums paid	<u>(12,219,038)</u>
Total amounts currently payable	19,935,000
Long-term disability benefits for inactive participants, at present value of estimated amounts:	
Balance at beginning of year	7,634,753
Net change attributable to:	
Interest cost	364,362
Change in actuarial assumptions*	150,089
Net actuarial (gains)/losses	(147,733)
Benefits and administrative expenses paid	<u>(1,438,302)</u>
Total long-term disability benefits for inactive participants, at present value of estimated amounts	<u>6,563,169</u>
Total plan's benefit obligations at end of year	<u><u>\$ 26,498,169</u></u>

* Assumption changes include, but are not limited to, a change in the discount rate.

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

Kraft Heinz Company Group Benefits Plan

Notes to Financial Statements

1. Description of the Plan

The Kraft Heinz Company Group Benefits Plan (the “Plan”) is a welfare benefit plan sponsored by Kraft Heinz Foods Company (“KHFC”), a wholly-owned subsidiary of The Kraft Heinz Company (the “Company” or “Kraft Heinz”). The Employee Benefits Administration Board of Kraft Heinz (“EBAB”) acts as plan administrator.

The Plan provides benefits that are partially funded by employer contributions and cover medical, employee assistance program, dental, vision, short-term disability, statutory disability insurance premiums, long-term disability, life insurance, and accidental death and dismemberment benefits. Participants should refer to the official Plan document that legally governs the operation of the Plan for a complete description of the Plan’s provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan is funded through a Voluntary Employees’ Beneficiary Association within the meaning of Section 501(c)(9) of the Internal Revenue Code of 1986, as amended (the “Code”) (hereinafter referred to as the “Trust”). The programs under the Plan are primarily self-insured covering eligible domestic (U.S.) current employees of the Company. The Northern Trust Company (the “Trustee”) serves as the trustee for the Trust. The Trustee holds the Plan’s investment assets and executes investment transactions.

The Plan offers health and welfare benefits through the Via Benefits Group Marketplace, a private health exchange operated by Willis Towers Watson. The exchange offers employees an array of benefits and additional providers to allow employees to customize their benefits choices.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and related disclosures. Actual results could differ from those estimates. The Plan’s obligation for claims incurred but not reported and long-term disability obligations are particularly subject to change in the near term.

Valuation of Investments

The Plan’s investments are reported at fair value. The guidance defines fair value as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan’s principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan’s own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Kraft Heinz Company Group Benefits Plan

Notes to Financial Statements, Continued

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Collective trusts: The fair value of participation units held in the collective trusts is based on the net asset value, as reported by the managers of the collective trusts and as supported by the unit price of actual purchase and sale transactions occurring as of, or close to, the financial statement date. The fair value of the investments measured at net asset value as a practical expedient is excluded from the fair value hierarchy. The investments provide for daily redemptions by the Plan with no advance notice requirements; and have a redemption price that is determined by each fund's net asset value per unit as of the redemption date.

While the Plan believes the valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements as of December 31, 2024	
	Total
Investments measured at net asset value ^(a)	\$ 164,007,387

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent as a practical expedient) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Fair Value Measurements as of December 31, 2023	
	Total
Investments measured at net asset value ^(a)	\$ 2,570,553

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent as a practical expedient) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Investment Transactions and Investment Income

Investment transactions are accounted for on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on an accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

The Plan invests in various investment securities. These investments are exposed to various risks, such as interest rate, credit, liquidity, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

Benefit obligations, including claims incurred but not reported ("IBNR") and long-term disability obligations, are determined based on certain assumptions pertaining to interest rates, inflation rates, per capita claim costs,

Kraft Heinz Company Group Benefits Plan

Notes to Financial Statements, Continued

claim lag patterns, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Postretirement Asset Surplus Repurposing

On December 13, 2024, the Company repurposed \$150 million of the Kraft Heinz Company Retiree Group Benefits Plan's asset surplus to cover active union medical costs in the Plan. The \$150 million in assets that were transferred to the Plan were transferred along with the approximate \$1 million benefit obligation of the pre-65 union retiree group at the Company's Jacksonville location. The assets transferred into the Plan will be used to pay for active benefits as well as the benefits for the pre-65 union Jacksonville retirees. As the Plan is primarily covering active medical claims, the Plan will continue to be accounted for as an active medical plan and the pre-65 union Jacksonville obligation will continue to be presented in the Kraft Heinz Company Retiree Group Benefits Plan financials.

Funding and Expenses

The funding of the Plan is provided by the Company's contributions, based on claims filed and administrative expenses incurred and other discretionary considerations, and by active employees through payroll deductions based on Plan requirements. Certain participants, such as individuals receiving coverage in accordance with U.S. federal continuation rules, also contribute toward the cost of coverage.

Employees are generally required to contribute specified amounts to extend coverage to eligible dependents.

Expenses of the Plan may be paid from the Trust's assets. Trust investment gains are also applied to pay Plan benefits and expenses.

Claim Payments

Claim payments made on behalf of participants are recorded when paid by the Trust.

Pharmacy rebates are not estimable, therefore are recorded when received. Approximately \$16.6 million of these rebates have been netted with claim payments in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.

Claims Administration

The Plan uses a variety of claims administrators including Aetna Life Insurance Company, Cigna, CVS Caremark, Delta Dental, Highmark Blue Cross Blue Shield, Sedgwick, United Healthcare, and Metropolitan Life Insurance Company ("Metropolitan Life"). The Plan pays service fees to the claims administrators in accordance with administrative services agreements.

Deposit with Insurance Company

The Plan provided certain insurance companies with deposits, which represent a reserve for medical claims. The required deposits are evaluated annually by the insurance companies.

3. Benefit Obligations

Medical and Dental

The Plan's medical, prescription, and dental obligations for active employees at the end of the plan year include claims payable and incurred but not reported obligations, which are based on completion factors developed through studies of claim lag patterns over the last 36 months and a provision for administrative expenses based on the ratio of actual administrative expenses to paid claims.

Kraft Heinz Company Group Benefits Plan

Notes to Financial Statements, Continued

As a result, the Plan benefit obligations, including claims incurred but not reported, are as follows:

	December 31, 2024	December 31, 2023
Medical	\$ 18,178,000	\$ 17,546,600
Prescription	1,170,000	1,003,400
Dental	587,000	557,000
Total	<u>\$ 19,935,000</u>	<u>\$ 19,107,000</u>

As of December 31, 2024 and 2023, benefit obligations for medical, prescription, and dental claims incurred by active participants but not reported as of the respective date have been estimated by the actuary and the claims administrators. Such estimated amounts are reported in the accompanying statements of benefit obligations for each of the respective periods.

The Company makes contributions to the Plan as needed to fund claims, premiums and administrative expenses in excess of participants' contributions. Any deficiency of the Plan's net assets over benefit obligations is generally funded by the Company on a pay-as-you-go basis.

Long-Term Disability

The estimated long-term disability benefit obligations as of December 31, 2024 and 2023 are based on the present value of the future stream of benefits for current claims and claims expected to arise after December 31, 2024 and 2023, for conditions prior to that date and include a provision for administrative expenses related to those claims.

The Plan obligations as of December 31, 2024 and 2023, for claims incurred by participants but not reported as of the respective date, have been estimated by the actuary and the claims administrator. Such estimated amounts are reported in the accompanying statements of plan's benefit obligations.

Effective January 1, 2017, long-term disability benefits became fully insured for participants with a claim after that date. Claims prior to that date continue to be paid from the Plan.

Costs were determined by using the term cost method. Under this method, the annual cost is the incurred benefit obligation that is expected to arise due to disabilities over the next year. The more significant assumptions underlying the actuarial computations are as follows:

Kraft Heinz Company Group Benefits Plan

Notes to Financial Statements, Continued

December 31, 2024	
Discount rate	4.71% for Former Kraft Foods Group, Inc. Group Benefits Plan
	4.66% for Former Kraft Foods Group, Inc. Employee-Paid Group Benefits Plan
	4.65% for Former H.J. Heinz Company Long-Term Disability Plan
Claim Termination Rates	Based on the 2012 Group Long Term Disability Valuation Table adjusted by the following factors:
	Claim Durations 1 through 10 Years: 50%
	Claim Durations 11 Years and Beyond: 60%
Future Pension Benefit Offsets	Two-thirds of eligible claimants will receive pension benefits at age 65
Loss Adjustment Expenses	Present value of \$24 per claim per month, calculated using claim termination rate assumptions
Overpayment Recoveries	75% of overpayment balance will be recovered
December 31, 2023	
Discount rate	5.39% for Former Kraft Foods Group, Inc. Group Benefits Plan
	5.34% for Former Kraft Foods Group, Inc. Employee-Paid Group Benefits Plan
	5.31% for Former H.J. Heinz Company Long-Term Disability Plan
Claim Termination Rates	Based on the 2012 Group Long Term Disability Valuation Table adjusted by the following factors:
	Claim Durations 1 through 10 Years: 50%
	Claim Durations 11 Years and Beyond: 60%
Future Pension Benefit Offsets	Two-thirds of eligible claimants will receive pension benefits at age 65
Loss Adjustment Expenses	Present value of \$24 per claim per month, calculated using claim termination rate assumptions
Overpayment Recoveries	75% of overpayment balance will be recovered

Life Insurance

Employer-sponsored life insurance benefits are funded through the Trust under contracts currently held with Metropolitan Life. The employer-sponsored life insurance benefits administered through the Metropolitan Life contracts are funded through the Trust on a prospectively rated basis. No reserve was required as of December 31, 2024 or as of December 31, 2023 for claims incurred but not reported as the Metropolitan Life insurance contracts are fully insured.

4. Tax Status

The Plan's related Trust received a determination letter from the Internal Revenue Service ("IRS") dated February 2, 1988 confirming its tax-exempt status under Section 501(c)(9) of the Code. The Plan has been amended since the Trust received the determination letter. However, EBAB believes that the Plan and the Trust are currently designed and operated in compliance with the applicable requirements of the Code. U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. EBAB has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. EBAB believes it is no longer subject to income tax examinations for years prior to 2021.

Kraft Heinz Company Group Benefits Plan

Notes to Financial Statements, Continued

5. Transactions with Parties-in-Interest

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. As of December 31, 2024 and 2023, the Plan held party-in-interest investments consisting of shares of a collective trust issued by Northern Trust Asset Management, an affiliate of The Northern Trust Company. The Plan held an investment issued by a third-party administrator or its affiliate that qualifies as a party-in-interest. Investment management fees charged to the Plan by parties-in-interest pertaining to its investments are deducted from fund returns on a daily basis and are not separately reflected in the statement of changes in net assets available for benefits.

The parties-in-interest transaction described in Note 2 to transfer asset surplus from the Kraft Heinz Company Retiree Group Benefits Plan to the Plan did not result in a prohibited transaction as no portion of the Plan was reverted to the Company. See Note 2 for further information.

In addition, actual fees paid by the Plan for Trustee, actuarial, investment management, recordkeeping and consulting services also qualifying as party-in-interest transactions are included in administrative expenses in the accompanying financial statements. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

EBAB believes these transactions are exempt from the party-in interest transaction prohibitions of ERISA.

6. Termination of Plan

The Company intends to continue the Plan; however, the Plan, or any of the programs under the Plan, may be terminated by the Company at any time. If the Company terminates the Plan, all of the assets of the Plan (except as permitted by law) will be used to provide benefits for the Plan's participants in accordance with the provisions of ERISA.

7. Reconciliation of Plan's Financial Statements to Form 5500

The following is a reconciliation of net assets/(deficit) available for benefits per the financial statements to the Form 5500:

	December 31, 2024	December 31, 2023
Net assets available for benefits per the financial statements	\$ 166,686,132	\$ 5,311,338
Benefit obligation currently payable (Medical, dental, IBNR, death and disability benefits)	(19,935,000)	(19,107,000)
Net assets/(deficit) per the Form 5500	<u>\$ 146,751,132</u>	<u>\$ (13,795,662)</u>

The following is a reconciliation of the increase/(decrease) in net assets available for benefits per the financial statements to the net income/(loss) per the Form 5500 for the year ended December 31, 2024:

Increase/(decrease) in net assets available for benefits before transfers per the financial statements	\$ 11,374,794
Less: Amounts currently payable at end of year	(19,935,000)
Add: Amounts currently payable at beginning of year	19,107,000
Net income/(loss) per the Form 5500 before transfers	<u>\$ 10,546,794</u>

Kraft Heinz Company Group Benefits Plan

Notes to Financial Statements, Continued

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for claims incurred but not reported as well as benefit claims that have been processed and approved for payment prior to December 31, 2024, but not yet paid as of that date.

8. Subsequent Events

On September 2, 2025, the Company announced plans to separate into two independent, publicly traded companies. The implications to the Plan are unknown at this time.

Plan management has evaluated subsequent events for recognition and disclosure through September 26, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

Name of Plan Sponsor: Kraft Heinz Foods Company
Employer Identification Number: 25-0542520
Three Digit Plan Number: 512

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>Collective Trust</u>				
*	Northern Trust Asset Management	Common Short Term Investment Fund	\$ 164,007,387	\$ 164,007,387
				<u>\$ 164,007,387</u>

* Denotes party-in-interest

See Independent Auditor's Report

Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

Name of Plan Sponsor: Kraft Heinz Foods Company

Employer Identification Number: 25-0542520

Three Digit Plan Number: 512

					(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset		
Category (i): A single transaction in excess of 5% of the current value of Plan assets:						
* Northern Trust Asset Management	Common Short Term Investment Fund	\$ 500,000	\$ —	\$ 500,000	\$ 500,000	\$ —
* Northern Trust Asset Management	Common Short Term Investment Fund	150,000,000	—	150,000,000	150,000,000	—
* Northern Trust Asset Management	Common Short Term Investment Fund	353,691	—	353,691	353,691	—
* Northern Trust Asset Management	Common Short Term Investment Fund	15,931,826	—	15,931,826	15,931,826	—
* Northern Trust Asset Management	Common Short Term Investment Fund	3,257,181	—	3,257,181	3,257,181	—
* Northern Trust Asset Management	Common Short Term Investment Fund	13,977,440	—	13,977,440	13,977,440	—
* Northern Trust Asset Management	Common Short Term Investment Fund	9,324,908	—	9,324,908	9,324,908	—
* Northern Trust Asset Management	Common Short Term Investment Fund	11,239,402	—	11,239,402	11,239,402	—
* Northern Trust Asset Management	Common Short Term Investment Fund	521,103	—	521,103	521,103	—
* Northern Trust Asset Management	Common Short Term Investment Fund	312,150	—	312,150	312,150	—

See Independent Auditor's Report

Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/ Net
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	4,596,666	—	4,596,666	4,596,666	—
* Northern Trust Asset Management	Common Short Term Investment Fund	901,044	—	901,044	901,044	—
* Northern Trust Asset Management	Common Short Term Investment Fund	14,308,378	—	14,308,378	14,308,378	—
* Northern Trust Asset Management	Common Short Term Investment Fund	406,893	—	406,893	406,893	—
* Northern Trust Asset Management	Common Short Term Investment Fund	7,294,463	—	7,294,463	7,294,463	—
* Northern Trust Asset Management	Common Short Term Investment Fund	1,893,544	—	1,893,544	1,893,544	—
* Northern Trust Asset Management	Common Short Term Investment Fund	907,934	—	907,934	907,934	—
* Northern Trust Asset Management	Common Short Term Investment Fund	3,627,148	—	3,627,148	3,627,148	—
* Northern Trust Asset Management	Common Short Term Investment Fund	11,673,441	—	11,673,441	11,673,441	—
* Northern Trust Asset Management	Common Short Term Investment Fund	1,935,457	—	1,935,457	1,935,457	—
* Northern Trust Asset Management	Common Short Term Investment Fund	2,770,168	—	2,770,168	2,770,168	—
* Northern Trust Asset Management	Common Short Term Investment Fund	9,271,855	—	9,271,855	9,271,855	—
* Northern Trust Asset Management	Common Short Term Investment Fund	2,129,522	—	2,129,522	2,129,522	—
* Northern Trust Asset Management	Common Short Term Investment Fund	14,947,077	—	14,947,077	14,947,077	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	8,438,213	—	8,438,213	8,438,213	—
* Northern Trust Asset Management	Common Short Term Investment Fund	1,598,014	—	1,598,014	1,598,014	—
* Northern Trust Asset Management	Common Short Term Investment Fund	8,809,532	—	8,809,532	8,809,532	—
* Northern Trust Asset Management	Common Short Term Investment Fund	1,443,372	—	1,443,372	1,443,372	—
* Northern Trust Asset Management	Common Short Term Investment Fund	13,972,387	—	13,972,387	13,972,387	—
* Northern Trust Asset Management	Common Short Term Investment Fund	769,728	—	769,728	769,728	—
* Northern Trust Asset Management	Common Short Term Investment Fund	3,568,448	—	3,568,448	3,568,448	—
* Northern Trust Asset Management	Common Short Term Investment Fund	12,193,356	—	12,193,356	12,193,356	—
* Northern Trust Asset Management	Common Short Term Investment Fund	463,461	—	463,461	463,461	—
* Northern Trust Asset Management	Common Short Term Investment Fund	499,801	—	499,801	499,801	—
* Northern Trust Asset Management	Common Short Term Investment Fund	715,269	—	715,269	715,269	—
* The Prudential Trust Company	Core Bond Non Qualified Fund	—	528,402	528,402	500,000	(28,402)
* The Prudential Trust Company	Core Bond Non Qualified Fund	—	769,328	769,328	722,478	(46,850)
* Northern Trust Asset Management	Common Short Term Investment Fund	—	500,629	500,629	500,629	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on Transaction	(i) Net Gain/ (Loss)
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset		
* Northern Trust Asset Management	Common Short Term Investment Fund	—	982,526	982,526	982,526	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,983,241	1,983,241	1,983,241	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,117,702	1,117,702	1,117,702	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	872,152	872,152	872,152	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	500,312	500,312	500,312	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,649,826	1,649,826	1,649,826	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,344,561	1,344,561	1,344,561	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,151,634	1,151,634	1,151,634	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,864,448	1,864,448	1,864,448	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,961,087	1,961,087	1,961,087	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	897,687	897,687	897,687	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	917,729	917,729	917,729	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	954,920	954,920	954,920	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,334,589	1,334,589	1,334,589	—

See Independent Auditor's Report

Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/ Loss
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,303,315	1,303,315	1,303,315	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	320,857	320,857	320,857	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,392,097	1,392,097	1,392,097	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,647,018	2,647,018	2,647,018	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	604,479	604,479	604,479	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,120,225	1,120,225	1,120,225	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	500,000	500,000	500,000	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	598,884	598,884	598,884	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	397,330	397,330	397,330	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,431,853	2,431,853	2,431,853	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	986,544	986,544	986,544	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	500,666	500,666	500,666	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	681,182	681,182	681,182	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,397,984	1,397,984	1,397,984	—

See Independent Auditor's Report

Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset		
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,868,961	1,868,961	1,868,961	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	540,550	540,550	540,550	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	349,883	349,883	349,883	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,210,296	2,210,296	2,210,296	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,217,922	1,217,922	1,217,922	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,233,535	1,233,535	1,233,535	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,259,229	1,259,229	1,259,229	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	811,876	811,876	811,876	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	571,996	571,996	571,996	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	762,081	762,081	762,081	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,581,653	1,581,653	1,581,653	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	514,392	514,392	514,392	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	776,675	776,675	776,675	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	445,536	445,536	445,536	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,387,253	2,387,253	2,387,253	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	706,867	706,867	706,867	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	727,905	727,905	727,905	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,890,383	1,890,383	1,890,383	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,550,262	2,550,262	2,550,262	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,064,180	1,064,180	1,064,180	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,645,310	1,645,310	1,645,310	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	915,626	915,626	915,626	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,652,516	1,652,516	1,652,516	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	339,116	339,116	339,116	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	410,105	410,105	410,105	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,371,389	1,371,389	1,371,389	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	463,183	463,183	463,183	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,675,061	1,675,061	1,675,061	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/ Loss
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	676,090	676,090	676,090	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	607,412	607,412	607,412	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	824,235	824,235	824,235	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	494,592	494,592	494,592	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,725,740	1,725,740	1,725,740	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	921,258	921,258	921,258	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,750,488	1,750,488	1,750,488	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	903,632	903,632	903,632	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,267,582	2,267,582	2,267,582	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	3,436,250	3,436,250	3,436,250	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,840,633	1,840,633	1,840,633	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	640,022	640,022	640,022	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	392,818	392,818	392,818	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	459,624	459,624	459,624	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

(h)						(i)
Current Value						Net
(a)	(b)	(c)	(d)	(g)	of Asset on	
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Transaction Date</u>	<u>Gain/ (Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	483,463	483,463	483,463	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	351,449	351,449	351,449	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,648,936	1,648,936	1,648,936	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	499,290	499,290	499,290	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	491,405	491,405	491,405	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	333,674	333,674	333,674	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	946,057	946,057	946,057	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	628,078	628,078	628,078	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,023,328	1,023,328	1,023,328	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	312,150	312,150	312,150	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,201,952	1,201,952	1,201,952	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	465,920	465,920	465,920	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,086,959	1,086,959	1,086,959	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	662,188	662,188	662,188	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b)	(c)	(d)	(g)	Transaction	Gain/ (Loss)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Date</u>	
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,153,294	2,153,294	2,153,294	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	450,916	450,916	450,916	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,600,304	1,600,304	1,600,304	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	3,293,973	3,293,973	3,293,973	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,532,182	1,532,182	1,532,182	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	935,637	935,637	935,637	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,096,209	1,096,209	1,096,209	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,599,425	1,599,425	1,599,425	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	614,755	614,755	614,755	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	3,617,816	3,617,816	3,617,816	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,282,206	2,282,206	2,282,206	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	967,589	967,589	967,589	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	594,478	594,478	594,478	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	694,848	694,848	694,848	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

(h)						(i)
Current Value						
(a)	(b)	(c)	(d)	(g)	of Asset on	Net
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Transaction Date	Gain/ (Loss)
* Northern Trust Asset Management	Common Short Term Investment Fund	—	817,415	817,415	817,415	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	463,209	463,209	463,209	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	694,061	694,061	694,061	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	577,353	577,353	577,353	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	549,821	549,821	549,821	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	4,122,849	4,122,849	4,122,849	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,567,727	1,567,727	1,567,727	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,166,387	1,166,387	1,166,387	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	916,110	916,110	916,110	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,064,942	1,064,942	1,064,942	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,896,815	2,896,815	2,896,815	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	517,701	517,701	517,701	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	582,154	582,154	582,154	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	438,930	438,930	438,930	—

See Independent Auditor's Report

Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/ Loss
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	527,208	527,208	527,208	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,914,803	1,914,803	1,914,803	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	997,558	997,558	997,558	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,151,720	1,151,720	1,151,720	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	596,704	596,704	596,704	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,462,321	1,462,321	1,462,321	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	742,099	742,099	742,099	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	903,981	903,981	903,981	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	623,727	623,727	623,727	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,289,100	1,289,100	1,289,100	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,386,912	1,386,912	1,386,912	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,856,977	1,856,977	1,856,977	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	597,134	597,134	597,134	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	288,069	288,069	288,069	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

(h)						(i)
Current Value						Net
(a)	(b)	(c)	(d)	(g)	of Asset on	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Transaction Date</u>	<u>Gain/ (Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	779,221	779,221	779,221	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,895,693	1,895,693	1,895,693	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	776,501	776,501	776,501	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	397,981	397,981	397,981	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,836,498	1,836,498	1,836,498	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	576,185	576,185	576,185	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	662,996	662,996	662,996	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,244,154	1,244,154	1,244,154	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	954,430	954,430	954,430	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	398,947	398,947	398,947	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	367,816	367,816	367,816	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	293,414	293,414	293,414	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	776,799	776,799	776,799	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	801,592	801,592	801,592	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on Transaction	(i) Net Gain/ (Loss)
(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>		
* Northern Trust Asset Management	Common Short Term Investment Fund	—	536,117	536,117	536,117	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	479,267	479,267	479,267	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	583,570	583,570	583,570	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	638,696	638,696	638,696	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	735,387	735,387	735,387	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	626,963	626,963	626,963	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,457,982	1,457,982	1,457,982	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	499,751	499,751	499,751	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,653,892	1,653,892	1,653,892	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,161,900	1,161,900	1,161,900	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
* Northern Trust Asset Management	Common Short Term Investment Fund	334,650,369	—	334,650,369	334,650,369	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	171,956,373	171,956,373	171,956,373	—
* The Prudential Trust Company	PGIM Core Bond Fund	—	1,241,444	1,319,341	1,241,444	(77,897)

* Denotes party-in-interest

See Independent Auditor's Report

Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

Name of Plan Sponsor: Kraft Heinz Foods Company

Employer Identification Number: 25-0542520

Three Digit Plan Number: 512

					(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset		
Category (i): A single transaction in excess of 5% of the current value of Plan assets:						
* Northern Trust Asset Management	Common Short Term Investment Fund	\$ 500,000	\$ —	\$ 500,000	\$ 500,000	\$ —
* Northern Trust Asset Management	Common Short Term Investment Fund	150,000,000	—	150,000,000	150,000,000	—
* Northern Trust Asset Management	Common Short Term Investment Fund	353,691	—	353,691	353,691	—
* Northern Trust Asset Management	Common Short Term Investment Fund	15,931,826	—	15,931,826	15,931,826	—
* Northern Trust Asset Management	Common Short Term Investment Fund	3,257,181	—	3,257,181	3,257,181	—
* Northern Trust Asset Management	Common Short Term Investment Fund	13,977,440	—	13,977,440	13,977,440	—
* Northern Trust Asset Management	Common Short Term Investment Fund	9,324,908	—	9,324,908	9,324,908	—
* Northern Trust Asset Management	Common Short Term Investment Fund	11,239,402	—	11,239,402	11,239,402	—
* Northern Trust Asset Management	Common Short Term Investment Fund	521,103	—	521,103	521,103	—
* Northern Trust Asset Management	Common Short Term Investment Fund	312,150	—	312,150	312,150	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/ Net
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	4,596,666	—	4,596,666	4,596,666	—
* Northern Trust Asset Management	Common Short Term Investment Fund	901,044	—	901,044	901,044	—
* Northern Trust Asset Management	Common Short Term Investment Fund	14,308,378	—	14,308,378	14,308,378	—
* Northern Trust Asset Management	Common Short Term Investment Fund	406,893	—	406,893	406,893	—
* Northern Trust Asset Management	Common Short Term Investment Fund	7,294,463	—	7,294,463	7,294,463	—
* Northern Trust Asset Management	Common Short Term Investment Fund	1,893,544	—	1,893,544	1,893,544	—
* Northern Trust Asset Management	Common Short Term Investment Fund	907,934	—	907,934	907,934	—
* Northern Trust Asset Management	Common Short Term Investment Fund	3,627,148	—	3,627,148	3,627,148	—
* Northern Trust Asset Management	Common Short Term Investment Fund	11,673,441	—	11,673,441	11,673,441	—
* Northern Trust Asset Management	Common Short Term Investment Fund	1,935,457	—	1,935,457	1,935,457	—
* Northern Trust Asset Management	Common Short Term Investment Fund	2,770,168	—	2,770,168	2,770,168	—
* Northern Trust Asset Management	Common Short Term Investment Fund	9,271,855	—	9,271,855	9,271,855	—
* Northern Trust Asset Management	Common Short Term Investment Fund	2,129,522	—	2,129,522	2,129,522	—
* Northern Trust Asset Management	Common Short Term Investment Fund	14,947,077	—	14,947,077	14,947,077	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	8,438,213	—	8,438,213	8,438,213	—
* Northern Trust Asset Management	Common Short Term Investment Fund	1,598,014	—	1,598,014	1,598,014	—
* Northern Trust Asset Management	Common Short Term Investment Fund	8,809,532	—	8,809,532	8,809,532	—
* Northern Trust Asset Management	Common Short Term Investment Fund	1,443,372	—	1,443,372	1,443,372	—
* Northern Trust Asset Management	Common Short Term Investment Fund	13,972,387	—	13,972,387	13,972,387	—
* Northern Trust Asset Management	Common Short Term Investment Fund	769,728	—	769,728	769,728	—
* Northern Trust Asset Management	Common Short Term Investment Fund	3,568,448	—	3,568,448	3,568,448	—
* Northern Trust Asset Management	Common Short Term Investment Fund	12,193,356	—	12,193,356	12,193,356	—
* Northern Trust Asset Management	Common Short Term Investment Fund	463,461	—	463,461	463,461	—
* Northern Trust Asset Management	Common Short Term Investment Fund	499,801	—	499,801	499,801	—
* Northern Trust Asset Management	Common Short Term Investment Fund	715,269	—	715,269	715,269	—
* The Prudential Trust Company	Core Bond Non Qualified Fund	—	528,402	528,402	500,000	(28,402)
* The Prudential Trust Company	Core Bond Non Qualified Fund	—	769,328	769,328	722,478	(46,850)
* Northern Trust Asset Management	Common Short Term Investment Fund	—	500,629	500,629	500,629	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on Transaction	(i) Net Gain/ (Loss)
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset		
* Northern Trust Asset Management	Common Short Term Investment Fund	—	982,526	982,526	982,526	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,983,241	1,983,241	1,983,241	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,117,702	1,117,702	1,117,702	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	872,152	872,152	872,152	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	500,312	500,312	500,312	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,649,826	1,649,826	1,649,826	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,344,561	1,344,561	1,344,561	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,151,634	1,151,634	1,151,634	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,864,448	1,864,448	1,864,448	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,961,087	1,961,087	1,961,087	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	897,687	897,687	897,687	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	917,729	917,729	917,729	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	954,920	954,920	954,920	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,334,589	1,334,589	1,334,589	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/ Loss
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,303,315	1,303,315	1,303,315	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	320,857	320,857	320,857	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,392,097	1,392,097	1,392,097	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,647,018	2,647,018	2,647,018	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	604,479	604,479	604,479	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,120,225	1,120,225	1,120,225	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	500,000	500,000	500,000	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	598,884	598,884	598,884	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	397,330	397,330	397,330	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,431,853	2,431,853	2,431,853	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	986,544	986,544	986,544	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	500,666	500,666	500,666	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	681,182	681,182	681,182	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,397,984	1,397,984	1,397,984	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset		
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,868,961	1,868,961	1,868,961	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	540,550	540,550	540,550	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	349,883	349,883	349,883	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,210,296	2,210,296	2,210,296	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,217,922	1,217,922	1,217,922	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,233,535	1,233,535	1,233,535	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,259,229	1,259,229	1,259,229	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	811,876	811,876	811,876	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	571,996	571,996	571,996	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	762,081	762,081	762,081	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,581,653	1,581,653	1,581,653	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	514,392	514,392	514,392	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	776,675	776,675	776,675	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	445,536	445,536	445,536	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value	(i) Net
(a)	(b)	(c)	(d)	(g)	of Asset on	Gain/
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Transaction Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,387,253	2,387,253	2,387,253	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	706,867	706,867	706,867	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	727,905	727,905	727,905	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,890,383	1,890,383	1,890,383	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,550,262	2,550,262	2,550,262	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,064,180	1,064,180	1,064,180	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,645,310	1,645,310	1,645,310	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	915,626	915,626	915,626	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,652,516	1,652,516	1,652,516	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	339,116	339,116	339,116	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	410,105	410,105	410,105	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,371,389	1,371,389	1,371,389	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	463,183	463,183	463,183	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,675,061	1,675,061	1,675,061	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b)	(c)	(d)	(g)	Transaction	Gain/ (Loss)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Date</u>	
* Northern Trust Asset Management	Common Short Term Investment Fund	—	676,090	676,090	676,090	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	607,412	607,412	607,412	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	824,235	824,235	824,235	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	494,592	494,592	494,592	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,725,740	1,725,740	1,725,740	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	921,258	921,258	921,258	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,750,488	1,750,488	1,750,488	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	903,632	903,632	903,632	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,267,582	2,267,582	2,267,582	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	3,436,250	3,436,250	3,436,250	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,840,633	1,840,633	1,840,633	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	640,022	640,022	640,022	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	392,818	392,818	392,818	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	459,624	459,624	459,624	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

(h)						(i)
Current Value						Net
(a)	(b)	(c)	(d)	(g)	of Asset on	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Transaction Date</u>	<u>Gain/ (Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	483,463	483,463	483,463	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	351,449	351,449	351,449	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,648,936	1,648,936	1,648,936	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	499,290	499,290	499,290	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	491,405	491,405	491,405	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	333,674	333,674	333,674	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	946,057	946,057	946,057	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	628,078	628,078	628,078	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,023,328	1,023,328	1,023,328	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	312,150	312,150	312,150	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,201,952	1,201,952	1,201,952	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	465,920	465,920	465,920	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,086,959	1,086,959	1,086,959	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	662,188	662,188	662,188	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/ Loss
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,153,294	2,153,294	2,153,294	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	450,916	450,916	450,916	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,600,304	1,600,304	1,600,304	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	3,293,973	3,293,973	3,293,973	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,532,182	1,532,182	1,532,182	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	935,637	935,637	935,637	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,096,209	1,096,209	1,096,209	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,599,425	1,599,425	1,599,425	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	614,755	614,755	614,755	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	3,617,816	3,617,816	3,617,816	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,282,206	2,282,206	2,282,206	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	967,589	967,589	967,589	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	594,478	594,478	594,478	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	694,848	694,848	694,848	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

(h)						(i)
Current Value						
(a)	(b)	(c)	(d)	(g)	of Asset on	Net
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Transaction Date	Gain/ (Loss)
* Northern Trust Asset Management	Common Short Term Investment Fund	—	817,415	817,415	817,415	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	463,209	463,209	463,209	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	694,061	694,061	694,061	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	577,353	577,353	577,353	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	549,821	549,821	549,821	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	4,122,849	4,122,849	4,122,849	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,567,727	1,567,727	1,567,727	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,166,387	1,166,387	1,166,387	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	916,110	916,110	916,110	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,064,942	1,064,942	1,064,942	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	2,896,815	2,896,815	2,896,815	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	517,701	517,701	517,701	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	582,154	582,154	582,154	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	438,930	438,930	438,930	—

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Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/ Loss
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	527,208	527,208	527,208	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,914,803	1,914,803	1,914,803	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	997,558	997,558	997,558	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,151,720	1,151,720	1,151,720	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	596,704	596,704	596,704	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,462,321	1,462,321	1,462,321	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	742,099	742,099	742,099	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	903,981	903,981	903,981	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	623,727	623,727	623,727	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,289,100	1,289,100	1,289,100	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,386,912	1,386,912	1,386,912	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,856,977	1,856,977	1,856,977	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	597,134	597,134	597,134	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	288,069	288,069	288,069	—

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Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

(h)						(i)
Current Value						Net
(a)	(b)	(c)	(d)	(g)	of Asset on	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Transaction Date</u>	<u>Gain/ (Loss)</u>
* Northern Trust Asset Management	Common Short Term Investment Fund	—	779,221	779,221	779,221	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,895,693	1,895,693	1,895,693	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	776,501	776,501	776,501	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	397,981	397,981	397,981	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,836,498	1,836,498	1,836,498	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	576,185	576,185	576,185	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	662,996	662,996	662,996	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,244,154	1,244,154	1,244,154	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	954,430	954,430	954,430	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	398,947	398,947	398,947	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	367,816	367,816	367,816	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	293,414	293,414	293,414	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	776,799	776,799	776,799	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	801,592	801,592	801,592	—

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Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on Transaction	(i) Net Gain/ (Loss)
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset		
* Northern Trust Asset Management	Common Short Term Investment Fund	—	536,117	536,117	536,117	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	479,267	479,267	479,267	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	583,570	583,570	583,570	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	638,696	638,696	638,696	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	735,387	735,387	735,387	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	626,963	626,963	626,963	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,457,982	1,457,982	1,457,982	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	499,751	499,751	499,751	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,653,892	1,653,892	1,653,892	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	1,161,900	1,161,900	1,161,900	—

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Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2024

					(h) Current Value of Asset on	(i) Net
(a)	(b) Description of	(c) Purchase	(d) Selling	(g) Cost of	Transaction	Gain/
<u>Identity of Party Involved</u>	<u>Asset</u>	<u>Price</u>	<u>Price</u>	<u>Asset</u>	<u>Date</u>	<u>(Loss)</u>
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
* Northern Trust Asset Management	Common Short Term Investment Fund	334,650,369	—	334,650,369	334,650,369	—
* Northern Trust Asset Management	Common Short Term Investment Fund	—	171,956,373	171,956,373	171,956,373	—
* The Prudential Trust Company	PGIM Core Bond Fund	—	1,241,444	1,319,341	1,241,444	(77,897)

* Denotes party-in-interest

See Independent Auditor's Report

Kraft Heinz Company Group Benefits Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

Name of Plan Sponsor: Kraft Heinz Foods Company
Employer Identification Number: 25-0542520
Three Digit Plan Number: 512

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		<u>Collective Trust</u>		
*	Northern Trust Asset Management	Common Short Term Investment Fund	\$ 164,007,387	\$ 164,007,387
				<u>\$ 164,007,387</u>

* Denotes party-in-interest

See Independent Auditor's Report