

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
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: NESTLE RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN
1b Three-digit plan number (PN): 609
1c Effective date of plan: 01/01/2014
2a Plan sponsor's name (employer, if for a single-employer plan): NESTLE USA, INC.
2b Employer Identification Number (EIN): 95-1572209
2c Plan Sponsor's telephone number: 440-264-7072
2d Business code (see instructions): 311900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5843
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)	1996
	6a(2)	1738
	6b	3780
	6c	
	6d	5518
	6e	
	6f	0
	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 4D 4E

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 NESTLE RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN	B Three-digit plan number (PN) ▶	609
C Plan sponsor's name as shown on line 2a of Form 5500 NESTLE USA, INC.	D Employer Identification Number (EIN) 95-1572209	

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 21 50 52	NONE	28204	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGAL & GENERAL INVST MGMT AMERICA

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	74868	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUSSELL INVESTMENTS CAPITAL, LLC

91-1659779

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	50515	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 NESTLE RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN	B Three-digit plan number (PN) ▶ 609
C Plan sponsor's name as shown on line 2a of Form 5500 NESTLE USA, INC.	D Employer Identification Number (EIN) 95-1572209

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	4270	4566
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	382066	650155
(2) U.S. Government securities	1c(2)	36669616	43616780
(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)	71820209	77005961
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	108876161	121277462
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	108876161	121277462

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)	28315468	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		28315468
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	55142	
(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)		55142
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1244956	
(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)		1244956
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10653880	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7071242	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3582638
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1927955	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1927955

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		369
d Total income. Add all income amounts in column (b) and enter total	2d		35126528

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22571640	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22571640
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	74867	
(6) Bank or trust company trustee/custodial fees	2i(6)	28205	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	50515	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		153587
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22725227

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12401301
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ERNST & YOUNG

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 _____.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Financial Statements

December 31, 2024 and 2023

(With Report of Independent Auditors)

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

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Report of Independent Auditors

To the Plan Administrator of Nestlé Retiree Medical Reimbursement Account Plan:

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

We have performed audits of the financial statements of Nestlé Retiree Medical Reimbursement Account Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and statements of benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and statement of changes in benefit obligations for the year ended December 31, 2024, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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



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Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



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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.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst + Young LLP

October 3, 2025

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investments, at fair value (note 5):	\$ <u>121,277,462</u>	\$ <u>108,876,161</u>
Net assets available for benefits	\$ <u>121,277,462</u>	\$ <u>108,876,161</u>

See accompanying notes to financial statements.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions:

Investment income:

Appreciation in fair value in investment	\$ 5,510,962
Dividends and interest	<u>1,300,098</u>
Total investment income	<u>6,811,060</u>

Contributions:

Employer contributions	<u>28,315,468</u>
Total contributions	<u>28,315,468</u>
Total additions	35,126,528

Deductions:

Claims paid to participants	22,571,640
Investment and administrative expenses	<u>153,587</u>
Total deductions	<u>22,725,227</u>
Net increase	12,401,301

Net assets available for benefits, beginning of year 108,876,161

Net assets available for benefits, end of year \$ 121,277,462

See accompanying notes to financial statements.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Statements of Benefit Obligations

December 31, 2024 and 2023

	2024	2023
Present value of post-retirement benefit obligations (note 2(c)):		
Participants currently receiving benefits	\$ 187,922,000	\$ 199,420,000
Other fully eligible participants	68,381,000	82,426,000
Other participants	<u>12,185,000</u>	<u>14,794,000</u>
Total actuarial present value of post-retirement benefit obligations	<u>\$ 268,488,000</u>	<u>\$ 296,640,000</u>

See accompanying notes to financial statements.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Statement of Changes in Benefit Obligations

Year ended December 31, 2024

Actuarial present value of post-retirement benefit obligations at beginning of year	\$ 296,640,000
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial losses	7,219,000
Decrease in the discount period	14,075,000
Claims paid	(22,572,000)
Other assumption changes (note 2(c))	<u>(26,874,000)</u>
Actuarial present value of post-retirement benefit obligations at end of year	\$ <u>268,488,000</u>

See accompanying notes to financial statements.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

(1) Description of the Plan

The following description of the Nestlé Retiree Medical Reimbursement Account (RMRA) Plan (the Plan) is provided for general information only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan, effective January 1, 2014, reimburses eligible medical expenses to former non-union employees of Nestlé who: (i) were hired prior to January 1, 2003 and were continuously employed and eligible for NesCARE from no later than December 31, 2002 (March 1, 2010 for former Kraft employees who were designated as retiree medical eligible by Kraft) until termination of employment; (ii) terminated employment on or after January 1, 2014 (the last day worked must have been December 31, 2013 or later); and (iii) at termination of employment had at least ten (10) Years of Continuous Service.

Nestlé USA, Inc. (The Company or "Plan Sponsor") intends that the Plan continue to qualify as a "health reimbursement arrangement" as that term is defined under IRS Notice 2002-45 and a medical reimbursement plan under sections 105 and 106 of the Internal Revenue Code of 1986, as amended, and the Plan will be interpreted at all times in a manner consistent with such intent.

The Plan is a defined benefit health model plan and Plan assets are held in a Voluntary Employees' Beneficiary Association (VEBA) Trust called the Nestlé in the USA Retiree Welfare Benefit Trust to fund a portion of the RMRA benefits. In 2023, the Company established and funded the VEBA Trust with a \$100 million contribution. This funding of the trust triggered an audit requirement. Nestlé is the Plan Sponsor and Plan Administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Benefits

Retirees who have accumulated benefits are immediately eligible for reimbursement of medical expenses defined in Code Section 213(d), generally expenses related to the diagnosis care, mitigation, treatment or prevention of disease that are not otherwise reimbursed by any other plan or program. Participants may submit qualified medical expense claim forms along with the required documentation for reimbursement. In the event of the death of a participant, the dependent named on the account may submit qualified medical expenses for reimbursement until the benefit is exhausted or for up to 18 months after the participant's passing.

(c) Contributions

Participants do not make contributions to the plan. All benefit obligations are funded by the Company on a pay-as-you-go basis.

(d) Participant Accounts

An eligible retiree's RMRA account will be credited \$2,400 for each year of service. Service is counted from the later of the employee's date of hire or attainment of age 40. Partial years of service are credited with a pro rata addition of \$200 per month of service. If a participant does not use all of the amounts credited to their RMRA account during a plan year, those amounts will be carried over to subsequent plan years. Any balance left in the account at the end of the plan year will be credited with a 2.5% interest credit, which will be applied early in the following plan year.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(b) Investment Valuation

Plan assets are held in the VEBA Trust and is maintained by The Northern Trust Company (NT), as trustee.

The VEBA Trust investments are stated at fair value, in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*.

Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments represents both realized and unrealized gains and losses.

(c) Actuarial Present Value of Benefit Obligations

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. This benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from the Company and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service with the Company.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. This significant actuarial assumptions used in the valuations were as follows:

	2024	2023
Life expectancy of participants	Pri-2012, including separate assumptions for contingent survivors with unmodified MP-2021 projection	Pri-2012, including separate assumptions for contingent survivors with unmodified MP-2021 projection
Retirement age	Varying by age	Varying by age
ASC 965 discount rate and expected return on plan assets	5.35 %	4.93 %

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

In 2024 the annual RMRA drawdown assumption for Pre-Medicare and Post-Medicare participants was changed from \$4,600 and \$4,300 to \$3,800 and \$3,600, respectively, due to an updated experience study published in August 2025. This change accounted for approximately \$12.2M of the \$26.9M change in obligation attributable to other assumption changes in the current year.

Health care cost trend rates do not have a material impact on the benefit obligation due to the Plan being an account-based reimbursement plan where the account balance available to participants does not change with increases in healthcare costs.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of post-retirement benefit obligations.

(d) Administrative Expenses

Expenses of administering the Plan are paid by the Company. The Plan allows for administrative expenses such as trustee fees and investment management fees to be paid for by the VEBA trust.

(e) Payment of Claims

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefit.

(f) Use of Estimates

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

(3) Parties in Interest

During the year ended December 31, 2024, the Plan had parties in interest that included, trustee, investment advisory and legal service providers. The fees paid by the VEBA Trust to these parties in interest were \$153,587 for the year ended, . These transactions qualify as party- in-interest transactions; however, they are exempt from prohibited transaction rules under ERISA.

(4) Benefit Obligation

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to its postretirement benefit obligation. It is expected that the deficiency will be funded by the Company on a pay-as-you-go basis.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

(5) Investment in Trust

The Plan's investments consist of an undivided interest in investments held by the VEBA Trust. The net assets of the VEBA Trust as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>		<u>2023</u>
Investments, at fair value			
Equities	77,005,961	\$	71,820,209
Fixed income	43,616,780		36,669,616
Cash and cash equivalents	<u>654,721</u>		<u>386,336</u>
Net Investments available for plan benefits	<u>121,277,462</u>	\$	<u>108,876,161</u>

(6) Fair Value Measurements

The Plan has adopted the guidance in Accounting Standards Codification (ASC) 820, Fair Value Measurement, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The fair value framework requires the categorization of assets and liabilities into three levels based upon the assumptions (inputs) used to price the assets or liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant judgment. The three levels are defined as follows:

- Level 1 – Assets or liabilities that are valued based on quoted prices in active markets that are accessible at measurement date
- Level 2 – Assets and liabilities that are valued based upon inputs, other than those included in Level 1; based on quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, or financial instruments for which all significant inputs are observable, either directly or indirectly
- Level 3 – Assets or liabilities that are based on unobservable inputs, including the reporting entity's own analysis of the underlying economic data that market participants would factor into the pricing of the asset or liability

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

Investments in the VEBA Trust measured at fair value are categorized as follows:

December 31, 2024					
		Level 1	Level 2	Level 3	Total
Index fund	\$	77,005,961 (a)	—	—	77,005,961
Government bonds		43,616,780 (b)	—	—	43,616,780
Cash and cash equivalents		654,721 (c)	—	—	654,721
	\$	121,277,462	—	—	121,277,462

December 31, 2023					
		Level 1	Level 2	Level 3	Total
Index fund	\$	71,820,209 (a)	—	—	71,820,209
Government bonds		36,669,616 (b)	—	—	36,669,616
Cash and cash equivalents		386,336 (c)	—	—	386,336
	\$	108,876,161	—	—	108,876,161

The valuation methodologies utilized by the VEBA Trust for the above investments as of December 31, 2024 and 2023, is as follows:

(a) Based on quoted market prices in active markets.

(b) Government bonds are priced by obtaining feeds from various live data sources, including market makers and interdealer brokers.

(c) Cash equivalents include short term fixed income instruments whose valuations are determined based upon maturity date, issue date, and credit ratings.

(7) Tax Status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service dated July 22, 2024, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employees' Beneficiary Association. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income. The Plan and the trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan and trust's operations into compliance with the Code. Accounting principles generally accepted in the United States require 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. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

(8) Trustee Certifications

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and dividends and interest for the year ended December 31, 2024, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by NT, the trustee of the Plan.

(9) Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA and the Internal Revenue Code. Upon termination, the Plan's net assets will be allocated for payment in an order of priority determined in accordance with ERISA, applicable regulations, and the plan document. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

(10) Risks and Uncertainties

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

(11) Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the trustee and actuary. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses. All other administrative expenses such as professional fees are paid by the Company on behalf of the Plan.

(12) Subsequent Events

The Plan has evaluated subsequent events through October 3, 2025, the date these financial statements were available for issuance.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

EIN: 95-1572209
Plan Number: 609

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

December 31, 2024

(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
*	Legal & General	MSCI World Fund; 335,022 Shares	\$ 59,328,348	\$ 77,005,961
*	Northern Trust	Common Short Term Fund; 652,545 Shares	654,719	654,719
	United States Treasury bond	Treasury bond stripped maturing 2052 with 4.854% yield	1,159,752	890,153
	United States Treasury bond	Treasury bond stripped maturing 2052 with 4.796% yield	1,170,741	893,371
	United States Treasury bond	Treasury bond stripped maturing 2048 with 5.005% yield	3,900,800	3,152,394
	United States Treasury bond	Treasury bond stripped maturing 2052 with 4.89% yield	3,728,970	2,873,568
	United States Treasury bond	Treasury zero coupon due maturing 2049 with 4.987% yield	4,714,690	3,767,657
	United States Treasury bond	Treasury zero coupon due maturing 2050 with 4.959% yield	4,022,419	3,168,289
	United States Treasury bond	Treasury zero coupon due maturing 2051 with 4.931% yield	4,884,970	3,807,257
	United States Treasury bond	Treasury zero coupon due maturing 2054 with 4.964% yield	3,019,216	2,649,341
	United States Treasury bond	Treasury zero coupon due maturing 2049 with 4.99% yield	4,657,716	3,674,662
	United States Treasury bond	Treasury zero coupon due maturing 2051 with 4.073% yield	4,911,823	3,852,231
	United States Treasury bond	Treasury zero coupon due maturing 2051 with 4.913% yield	6,630,624	5,127,020
	United States Treasury bond	Treasury zero coupon due maturing 2054 with 4.716% yield	10,013,530	9,760,839
			<u>\$ 112,798,318</u>	<u>\$ 121,277,462</u>

* Party in interest

Note: This schedule is based on information that has been certified as complete and accurate by The Northern Trust Company, the trustee.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

EIN: 95-1572209

Plan Number: 609

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (i) – A single transaction in excess of 5% of the fair value of plan assets					
United States Treasury Bond Zero Coupon due 2/15/54	9,858,352	—	9,858,352	9,858,352	—
NT Collective Govt Short Term Investment	10,000,000	—	10,000,000	10,000,000	—
NT Collective Govt Short Term Investment	10,000,000	—	10,000,000	10,000,000	—
NT Collective Govt Short Term Investment	6,378,969	—	6,378,969	6,378,969	—
Legal & General MSCI World Fund	—	10,000,000	8,068,179	10,000,000	1,931,821
NT Collective Govt Short Term Investment	—	10,012,500	10,012,500	10,012,500	—
Category (iii) – A series of transaction in excess of 5% of the fair value of plan assets					
United States Treasury Bond Zero Coupon due 2/15/54	\$ 10,013,530	\$ —	\$ 10,013,530	\$ 10,013,530	\$ —
Legal & General MSCI World Fund	—	10,653,880	7,071,242	10,653,880	3,582,638
Legal & General MSCI World Fund	4,243,456	—	4,243,456	4,243,456	—
NT Collective Govt Short Term Investment	—	33,263,712	33,263,712	33,263,712	—
NT Collective Govt Short Term Investment	33,531,754	—	33,531,754	33,531,754	—

There were no category (ii) or (iv) reportable transactions during 2024.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

EIN: 95-1572209
Plan Number: 609

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

December 31, 2024

(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
*	Legal & General	MSCI World Fund; 335,022 Shares	\$ 59,328,348	\$ 77,005,961
*	Northern Trust	Common Short Term Fund; 652,545 Shares	654,719	654,719
	United States Treasury bond	Treasury bond stripped maturing 2052 with 4.854% yield	1,159,752	890,153
	United States Treasury bond	Treasury bond stripped maturing 2052 with 4.796% yield	1,170,741	893,371
	United States Treasury bond	Treasury bond stripped maturing 2048 with 5.005% yield	3,900,800	3,152,394
	United States Treasury bond	Treasury bond stripped maturing 2052 with 4.89% yield	3,728,970	2,873,568
	United States Treasury bond	Treasury zero coupon due maturing 2049 with 4.987% yield	4,714,690	3,767,657
	United States Treasury bond	Treasury zero coupon due maturing 2050 with 4.959% yield	4,022,419	3,168,289
	United States Treasury bond	Treasury zero coupon due maturing 2051 with 4.931% yield	4,884,970	3,807,257
	United States Treasury bond	Treasury zero coupon due maturing 2054 with 4.964% yield	3,019,216	2,649,341
	United States Treasury bond	Treasury zero coupon due maturing 2049 with 4.99% yield	4,657,716	3,674,662
	United States Treasury bond	Treasury zero coupon due maturing 2051 with 4.073% yield	4,911,823	3,852,231
	United States Treasury bond	Treasury zero coupon due maturing 2051 with 4.913% yield	6,630,624	5,127,020
	United States Treasury bond	Treasury zero coupon due maturing 2054 with 4.716% yield	10,013,530	9,760,839
			<u>\$ 112,798,318</u>	<u>\$ 121,277,462</u>

* Party in interest

Note: This schedule is based on information that has been certified as complete and accurate by The Northern Trust Company, the trustee.

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

Notes to Financial Statements

December 31, 2024

NESTLÉ RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN

EIN: 95-1572209

Plan Number: 609

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (i) – A single transaction in excess of 5% of the fair value of plan assets					
United States Treasury Bond Zero Coupon due 2/15/54	9,858,352	—	9,858,352	9,858,352	—
NT Collective Govt Short Term Investment	10,000,000	—	10,000,000	10,000,000	—
NT Collective Govt Short Term Investment	10,000,000	—	10,000,000	10,000,000	—
NT Collective Govt Short Term Investment	6,378,969	—	6,378,969	6,378,969	—
Legal & General MSCI World Fund	—	10,000,000	8,068,179	10,000,000	1,931,821
NT Collective Govt Short Term Investment	—	10,012,500	10,012,500	10,012,500	—
Category (iii) – A series of transaction in excess of 5% of the fair value of plan assets					
United States Treasury Bond Zero Coupon due 2/15/54	\$ 10,013,530	\$ —	\$ 10,013,530	\$ 10,013,530	\$ —
Legal & General MSCI World Fund	—	10,653,880	7,071,242	10,653,880	3,582,638
Legal & General MSCI World Fund	4,243,456	—	4,243,456	4,243,456	—
NT Collective Govt Short Term Investment	—	33,263,712	33,263,712	33,263,712	—
NT Collective Govt Short Term Investment	33,531,754	—	33,531,754	33,531,754	—

There were no category (ii) or (iv) reportable transactions during 2024.

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> 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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for: <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a single-employer plan B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report C If the plan is a collectively-bargained plan, check here <input type="checkbox"/> D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	<input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program

Part II Basic Plan Information - enter all requested information											
1a Name of plan NESTLE RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN 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) NESTLE USA, INC. 30500 BAINBRIDGE ROAD SOLON, OH 44139-2216	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1b Three-digit plan number (PN) ▶</td> <td style="width:50%; text-align: center;">609</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">01/01/2014</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">95-1572209</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">440-264-7072</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">311900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	609	1c Effective date of plan	01/01/2014	2b Employer Identification Number (EIN)	95-1572209	2c Plan Sponsor's telephone number	440-264-7072	2d Business code (see instructions)	311900
1b Three-digit plan number (PN) ▶	609										
1c Effective date of plan	01/01/2014										
2b Employer Identification Number (EIN)	95-1572209										
2c Plan Sponsor's telephone number	440-264-7072										
2d Business code (see instructions)	311900										

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		10-8-25	Kevin Theissen
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 95-1572209
	3c Administrator's telephone number 440-264-7072

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 5843
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1996
a(2) Total number of active participants at the end of the plan year	6a(2) 1738
b Retired or separated participants receiving benefits	6b 3780
c Other retired or separated participants entitled to future benefits.	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 5518
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D 4E

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____