U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT															
CONSOLIDATED REPORT															
OES COMPANY ID	SECTION B - EMPLOYER IDENTIFICATION														
OFS COMPANY ID		EMPLOYER NAME													
GJ13730 KRAFT HEINZ COMPANY THE															
ADDRESS	ADDRESS					CITY/TOWN						STATE ZIP CODE			DE
1 PPG PLACE						PITTSBURGH						PA 15222			22
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADONA PEEDS OF ESTADIACH	MENTE LEX	ONTELEVEL ADDRESS.										STATE ZIP CODE			
HEADQUARTERS OR ESTABLISHM	ENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP C			DE
												i			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
462078182															
SECTION E – EMPLOYER FILING ELIGIBILITY VES. (Employer to Elicible to Elicibl															
YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): F8TYSNJDT5U6															
☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)															
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION															
311991 - Perishable Prepared Food Manufacturing															
SECTION H - WORKFORCE DEMOGRAPHIC DATA															
	Race/Ethnicity														
	Hispanic Not Hispanic or Latino														
or Latino											Fen	emale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		ے		Native Hawaiian or Other Pacific Islande	ō	Two or More Races	
100 0475000150				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	gc	Row
JOB CATEGORIES		<u>e</u>	o o	ck or Afric American	_	aii:	ndi. ati	e R	as a	o. Je	_	aii:	nerican Indian Alaska Native	e E	Total
	Male	Female	White	or A	Asian	aw	n a N	lor	White	Black or an Amer	Asian	aw	a Z	<u>5</u>	
	≥	Fe	>	호호	ĕ	E Se	ica sk	ŗ	>	3la an	¥	E S	ica	2	
				ac A		i i i	leri Ala	0 0		rië l		i i i	leri Na	0	
				<u> </u>		lat the	Am ,	Ž		Ąŧ		the the	Am /	Š	
						- 0	,	•				- 0	,	•	
Executive/Senior Level Officials and Managers	9	1	13	0	0	0	0	0	8	1	0	0	0	0	32
First/Mid-Level Officials and Managers	138	111	1039	80	125	4	3	18	812	89	103	2	2	22	2548
Professionals	70	79	503	47	107	2	1	14	527	86	98	2	2	26	1564
Technicians	30	23	69 31	20	14 4	0	1	0	50	15	6	0	0	0	232
Sales Workers Administrative Support Workers	27	32	64	9	9	0	0	0	28 78	2 25	2 8	1	1	4	75 258
Craft Workers	266	75	1494	220	55	2	11	32	197	89	13	1	0	9	2464
Operatives	886	607	2272	1451	330	28	31	68	930	706	324	22	17	26	7698
Laborers and Helpers	278	623	514	316	30	2	8	26	295	216	24	1	6	12	2351
Service Workers	34	5	3	2	1	1	0	0	1	1	1	0	1	0	50
CURRENT 2024 REPORTING YEAR TOTAL	1742	1558	6002	2146	675	39	58	160	2926	1230	579	29	29	99	17272
PRIOR 2023 REPORTING YEAR TOTAL	1724	1519	6047	2221	692	32	59	165	2898	1307	577	25	32	90	17388
	_					E SNAP	SHOT I	PERIOI				<u> </u>]		l .
						2/31/20									

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME GJ13730 KRAFT HEINZ COMPANY THE ADDRESS CITY/TOWN STATE ZIP CODE 1 PPG PLACE **PITTSBURGH** PA 15222 CERTIFICATION COMMENTS (optional) No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 6/24/2025 3:40 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Elizabeth Rice	Human Resources Compliance & Employment Counsel						
Email Address of Certifying Official	Telephone Number of Certifying Official						
elizabeth.rice@kraftheinz.com	847-646-4812						
PRIMARY POINT OF CONTACT (POO	C) FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
Elizabeth Rice	Human Resources Compliance & Employment Counsel						
	KRAFT HEINZ COMPANY THE						
Email Address of Primary POC	Telephone Number of Primary POC						
elizabeth.rice@kraftheinz.com	847-646-4812						