

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic 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 VF 401K SAVINGS PLAN 1b Three-digit plan number (PN) 002 1c Effective date of plan 01/01/1985 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) VF CORPORATION 105 CORPORATE CENTER BLVD. GREENSBORO, NC 27408 2b Employer Identification Number (EIN) 23-1180120 2c Plan Sponsor's telephone number 800-576-9501 2d Business code (see instructions) 315990

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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>VF CORPORATION RETIREMENT PLANS COMMITTEE</p> <p>105 CORPORATE CENTER BLVD. GREENSBORO, NC 27408</p>	<p>3b Administrator's EIN 23-1180120</p> <p>3c Administrator's telephone number 336-424-6000</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 23432</p>
<p>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).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 16442</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 14211</p>
<p>b Retired or separated participants receiving benefits.....</p>	<p>6b 119</p>
<p>c Other retired or separated participants entitled to future benefits</p>	<p>6c 5703</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 20033</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e 93</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 20126</p>
<p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	<p>6g(1) 19524</p>
<p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	<p>6g(2) 17332</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h 0</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2J 2K 2O 2R 2S 2T 2E

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

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

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

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

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.
--	--	---

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

A Name of plan VF 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VF CORPORATION	D Employer Identification Number (EIN) 23-1180120	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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

(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

(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

(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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 37 50 64 65 71 99	RECORDKEEPER	618213	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FINANCIAL ENGINES

77-0473565

(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?
27 50	ADVISOR	304953	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)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	100000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AON CONSULTING, INC.

36-3109431

(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 27 50	CONSULTANT	87500	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)

BDO USA, P.C.

13-5381590

(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	ACCOUNTANT/A UDITOR	60765	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)

SEYFARTH SHAW LLP

36-2152202

(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	ATTORNEY/LEGAL	28686	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MMA SECURITIES LLC

22-3570392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	20000	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)

MMA SECURITIES LLC

52-2189187

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
	SEE ATTACHMENT	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>VF 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VF CORPORATION</u>	D Employer Identification Number (EIN) <u>23-1180120</u>	

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: <u>BTC EQUITY INDEX J</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>35-2439538-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>217553577</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC RUSSELL 2500 M</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>46-1431095-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57700561</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC ACWI EX US IMI M</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-4552994-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46004963</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC US DEBT INDEX M</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-4395752-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22600827</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC STR COMP NL M</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>46-3525011-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4846435</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMARTRETIREMENT PASSIVE BLEND INCOM</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>26-1164871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32982354</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SR PB 2025 CF-A</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>26-1165154-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41142900</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2030 CF-A		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 26-1165198-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69536926
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2035 CF-A		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 26-1165348-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79494903
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2040 CF-A		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 26-1165392-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99875667
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2045 CF-A		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 26-1165449-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91588880
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2050 CF-A		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 26-1165477-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88471239
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2055 CF-A		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 45-5590883-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63904889
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2060 CF-A		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 81-3239155-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36317763
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2065 CF-A		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 92-0285683-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5768072
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST CLASSB1		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 84-1142974-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38432461
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC TOTAL RETURN L		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 93-2706044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12633105

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan VF 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VF CORPORATION	D Employer Identification Number (EIN) 23-1180120

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	852341	0
(2) Participant contributions	1b(2)	1212597	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	12368401	13032264
(9) Value of interest in common/collective trusts	1c(9)	922160943	1008855522
(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)	14074832	1200325
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	22741130	24025807

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	13229515	14285509
(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	986639759	1061399427
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	986639759	1061399427

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)	33479788	
(B) Participants.....	2a(1)(B)	48962778	
(C) Others (including rollovers).....	2a(1)(C)	6142954	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		88585520
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	148279	
(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)	986993	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1135272
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	246496	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	967572	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1214068
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1696861	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1963431	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-266570
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1908124	
(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)		127038445
(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)		2415596
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		222030455

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146032580	
(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)		146032580
f Corrective distributions (see instructions)	2f		1810
g Certain deemed distributions of participant loans (see instructions)	2g		-2579
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	617072	
(4) IQPA audit fees	2i(4)	60765	
(5) Investment advisory and investment management fees	2i(5)	532453	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	28686	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1238976
j Total expenses. Add all expense amounts in column (b) and enter total	2j		147270787

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		74759668
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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.)		X	
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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 VF 401K SAVINGS PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 VF CORPORATION	D Employer Identification Number (EIN) 23-1180120	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**VF 401K SAVINGS PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
AS OF DECEMBER 31, 2024 AND 2023 AND FOR THE YEAR ENDED DECEMBER 31, 2024**

VF 401K SAVINGS PLAN
Table of Contents

	PAGE NUMBER
Independent Auditor's Report	3
Financial Statements:	
Statements of Net Assets Available for Benefits, December 31, 2024 and 2023	6
Statement of Changes in Net Assets Available for Benefits, For the Year Ended December 31, 2024	7
Notes to Financial Statements	8
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year), December 31, 2024	133



Tel: 704-887-4236
Fax: 704-887-4290
www.bdo.com

615 South College St., Suite 1200
Charlotte, NC 28202

Independent Auditor's Report

To the Plan Administrator
VF 401K Savings Plan
Denver, Colorado

Opinion

We have audited the financial statements of the VF 401K Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits 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 of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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 GAAP, 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

BDO USA, P.C.

Charlotte, North Carolina
June 18, 2025

**VF 401K SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
Assets		
Participant-directed investments at fair value		
Mutual funds	\$ 1,200,325	\$ 14,074,832
Collective investment trusts	1,008,855,522	922,160,943
Self-directed brokerage accounts	24,025,807	22,741,130
VF Corporation Common Stock fund	14,285,509	13,229,515
Total participant-directed investments at fair value	1,048,367,163	972,206,420
Receivables		
Participant contributions	—	1,212,597
Employer contributions	—	852,341
Notes receivable from participants	13,032,264	12,368,401
Total receivables	13,032,264	14,433,339
Net assets available for benefits	\$ 1,061,399,427	\$ 986,639,759

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

**VF 401K SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Year Ended December 31, 2024
Additions to net assets	
Investment income	
Interest and dividends	\$ 2,446,464
Net appreciation in fair value of investments	130,011,478
Total investment income	132,457,942
Interest income on notes receivable from participants	986,993
Contributions	
Participant	48,962,778
Employer	33,479,788
Rollover	6,142,954
Total contributions	88,585,520
Total additions	222,030,455
Deductions from net assets	
Benefits paid to participants	(146,031,811)
Administrative expenses	(1,238,976)
Total deductions	(147,270,787)
Net increase	74,759,668
Net assets available for benefits:	
Beginning of year	986,639,759
End of year	\$ 1,061,399,427

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

NOTE A — DESCRIPTION OF THE PLAN

The following description of the VF 401K Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan, which is sponsored by V.F. Corporation (“VF” or the “Company”), is a defined contribution plan under Section 401(k) of the Internal Revenue Code (“IRC”) covering substantially all U.S. employees of VF and its subsidiaries. Eligible employees may participate in the Plan upon attaining age 21 and completion of 3 months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan Administrator is the VF Retirement Plans Committee (the “Committee”).

Contributions

Eligible employees may elect to contribute between 1% and 50% of their annual compensation on a pre-tax or Roth 401K basis or any combination of the two, as defined in the Plan, subject to certain IRC limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan utilizes a safe harbor design under Internal Revenue Service (“IRS”) regulations in which employee pre-tax, Roth and employer matching contributions are not subject to discrimination testing. The Company matches 100% on the first 6% of eligible compensation that a participant contributes to the Plan on a pre-tax basis. The Plan includes an eligible automatic enrollment contribution arrangement. Participants are automatically enrolled at a 3% pre-tax deferral contribution upon attainment of the eligibility requirements, unless the Plan receives documentation from the participant before this date to do otherwise.

Participant Accounts

Individual accounts are maintained by the Plan’s record-keeper for each participant. Each participant’s account is credited with the participant’s contributions, the Company’s safe harbor matching contributions, and an allocation of investment funds’ earnings. Each participant’s account is charged with benefit payments, loan withdrawals, and an allocation of administrative expenses and investment funds’ losses. Allocations are based on participant earnings or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants immediately vest in their contributions, and in the Company’s safe harbor matching contributions, plus actual earnings thereon.

Investment Options

Fidelity Management Trust Company (“Fidelity”) currently serves as trustee for all Plan investments. Participants may direct the investment of their contributions and the Company’s safe harbor matching contributions into one or more formal investment options offered by the Plan, including collective investment trusts and the VF Corporation Common Stock fund, or into various other mutual funds and exchange-traded funds available through a self-directed brokerage account. The terms of the Plan also contain certain Employee Stock Ownership Plan (“ESOP”) features that are not currently in use by the Plan.

If a participant does not direct the investment of contributions, they will be invested in the age-appropriate target date fund. Participants may change their deferral percentage and investment direction at any time.

Voting Rights

Each participant is entitled to exercise voting rights for shares of VF Corporation Common Stock credited to their accounts at all times that VF Corporation shareholders vote. The participant is notified by the VF shareholder agent prior to the time such voting rights are to be exercised. Fidelity shall vote shares for which it has not received direction in the same proportion as directed shares were voted.

Payment of Benefits

Participants may withdraw the vested value of their accounts upon retirement, disability, death or termination of employment. Participants may elect to receive distributions in a lump sum or installments, or accounts may be rolled over into another IRS-approved tax deferral account. The Plan provides for mandatory distribution of account balances less than \$7,000 following termination of employment with i) the automatic rollover to an Individual Retirement Account ("IRA") of any mandatory distributions exceeding \$1,000 but equal to or less than \$7,000 for which the participant does not elect a direct rollover to an IRA or another qualified plan; and ii) a direct payment to the participant of any mandatory distributions less than \$1,000. Hardship withdrawals are permitted on demonstration of financial hardship, and all fully vested balances are available for distribution after the participant reaches the age of 59 1/2.

Forfeitures

Upon a participant's termination of employment, amounts not fully vested are forfeited. During the year ended December 31, 2024, forfeitures of approximately \$317,000 were used to pay plan expenses. Unused forfeitures at December 31, 2024 and 2023 totaled approximately \$151,000 and \$117,000, respectively.

Notes Receivable from Participants

Participants may borrow the lesser of \$50,000 or 50% of their vested account balance. They may borrow only from their employee contribution and rollover account balances. They may not borrow from the Company's safe harbor matching or retirement contribution account balances. Notes receivable are collateralized by the participant's account balance. Participants are currently charged interest at the Reuters prime rate plus 1% on the first day of the month in which the loan is processed. Participants must repay the principal within 60 months, or 120 months if the loan is for the purchase of their primary residence. Repayments are made through payroll deductions. At termination of employment, a participant may elect to continue paying their outstanding loan directly through Fidelity. At December 31, 2024, loan interest rates ranged from 3.25% to 9.50%.

Regulatory Matters***SECURE 2.0 Act***

In 2019, Congress passed the Setting Every Community Up for Retirement Enhancement ("SECURE") Act to help individuals better prepare for retirement. On December 29, 2022, the SECURE 2.0 Act was signed into law to address additional issues related to retirement and savings. In 2023, the Plan increased the Minimum Required Distribution ("MRD") age from age 72 to 73 and reduced the penalty for failure to take an MRD. In 2024, the Plan increased the mandatory distribution limit for terminated account balances from \$5,000 to \$7,000. There are additional provisions included in the act that become effective in years 2025 and beyond which are being evaluated by the Plan.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES***Basis of Accounting***

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment Valuation and Income Recognition

The Plan's investments as of December 31, 2024 and 2023 are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for discussion of fair value measurements. Purchases and sales of securities, including gains and losses thereon, are recorded on the trade date. Dividends are recorded on the ex-dividend date, and interest is recorded on the accrual basis. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Contributions Receivable

Participants' contributions and the Company's safe harbor matching contributions are recorded in the period that the related payroll deductions are made.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan considers a loan as in default if any repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past due. Defaulted notes receivable from participants are deemed distributed and recorded as benefits paid to participants in the statement of changes in net assets available for benefits. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

Payment of Benefits

Benefits paid to participants are recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or VF, as provided by the Plan document. Expenses paid by VF are excluded from these financial statements. Certain administrative functions are performed by employees of the Company, however, no such employee receives compensation from the Plan. Expenses relating to specific participant transactions (notes receivable from participants and distributions) are charged directly to the participant's account. Investment management fees are recorded within net appreciation in fair value of investments in the statement of changes in net assets available for benefits. Refer to Note E for discussion of all other expenses paid by plan assets.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates and assumptions.

NOTE C — TAX STATUS

The IRS has determined and informed the Company by a letter dated September 20, 2017 that the Plan was designed in accordance with the applicable regulations of the IRC. The Plan has been restated since receiving the determination letter. However, Plan management believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, Plan management believes the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine income tax examinations. However, there are currently no audits for any tax periods in progress.

NOTE D — RISKS AND UNCERTAINTIES

The Plan provides for investment in mutual funds and collective investment trusts that in turn invest in equity, fixed income, or other securities. The Plan also provides for investment in self-directed brokerage accounts and the VF Corporation Common Stock fund. Investments are exposed to various risks, such as market, interest rate and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE E — RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The following are transactions paid by the Plan and considered to be exempt party-in-interest transactions:

- Certain plan investments are managed by Fidelity. Fidelity is the trustee as defined by the Plan. For the year ended December 31, 2024, total fees paid directly to Fidelity by the Plan for administrative services were approximately \$617,000.
- Audit fees for the Plan are paid to the independent registered public accounting firm by the Plan. For the year ended December 31, 2024, the Plan paid approximately \$61,000 to the independent registered public accounting firm, which represents the portion of the annual Plan audit fees that were not paid by the Company.
- The Plan consulted with external legal counsel who conducted plan document and operational reviews. For the year ended December 31, 2024, total fees paid to external legal counsel by the Plan were approximately \$29,000.
- Investment consultant and advisory fees for the Plan are paid to investment consultants and advisers by the Plan. For the year ended December 31, 2024, total fees paid to investment consultants and advisers by the Plan were approximately \$532,000.

Additionally, notes receivable from participants also qualify as exempt party-in-interest transactions. The Plan also invests in the common stock of the Company, and therefore transactions in these securities also qualify as exempt party-in-interest transactions. See Note F for additional information.

NOTE F — FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*, provides a three-level fair value hierarchy that prioritizes inputs to valuation techniques used to measure and report financial assets and financial liabilities at fair value. The FASB ASC 820 hierarchy is based on the observability and objectivity of pricing inputs, as follows:

- Level 1 – Quoted prices for identical assets or liabilities in active markets accessible by the Plan.

VF 401K SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

- Level 2 – Significant directly observable data (other than Level 1 quoted prices) or significant indirectly observable data through corroboration with observable market data. Inputs would normally be (i) quoted prices for similar assets or liabilities in active markets, (ii) quoted prices for identical or similar assets or liabilities in inactive markets, (iii) inputs other than quoted prices that are observable for the asset or liability, or (iv) information derived from or corroborated by observable market data.
- Level 3 – Significant unobservable inputs; therefore, requiring an entity to develop its own assumptions.

Financial assets and financial liabilities are classified within the hierarchy based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for the underlying assets of the Plan measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds – Mutual funds represent investments with investment managers. The mutual funds are valued at the daily closing net asset value (“NAV”) as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective investment trusts – These funds are valued at the NAV per share of each respective fund. The NAV, as provided by Fidelity, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund that are traded in an active market, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. These collective investment trusts are direct filing entities. As such, significant investment strategies have not been disclosed for these investments.

Self-directed brokerage accounts – These accounts may include mutual funds, common stock and exchange-traded funds, all of which are valued at the closing price reported in the active market in which the securities are traded.

VF Corporation Common Stock fund – This fund is a unitized fund which invests in VF Corporation Common Stock and a money market fund. The Plan owns units in the underlying investments of the fund. The VF Corporation Common Stock is valued at the closing price reported in the active market in which the security is traded. The money market fund is valued based on quoted market prices.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are 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.

The following table sets forth the underlying investments in the Plan as of December 31, 2024:

	Total Investments	Fair Value Measurements		
		Level 1	Level 2	Level 3
Investments at fair value				
Mutual funds	\$ 1,200,325	\$ 1,200,325	\$ —	\$ —
Self-directed brokerage accounts	24,025,807	24,025,807	—	—
VF Corporation Common Stock fund	14,285,509	14,285,509	—	—
Total plan investments in the fair value hierarchy	\$ 39,511,641	\$ 39,511,641	\$ —	\$ —
Fair value measured at net asset value				
Collective investment trusts ^(a)	1,008,855,522			
Total plan investments measured at fair value	\$ 1,048,367,163			

VF 401K SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

The following table sets forth the underlying investments in the Plan as of December 31, 2023:

	Total Investments	Fair Value Measurements		
		Level 1	Level 2	Level 3
Investments at fair value				
Mutual funds	\$ 14,074,832	\$ 14,074,832	\$ —	\$ —
Self-directed brokerage accounts	22,741,130	22,741,130	—	—
VF Corporation Common Stock fund	13,229,515	13,229,515	—	—
Total plan investments in the fair value hierarchy	\$ 50,045,477	\$ 50,045,477	\$ —	\$ —
Fair value measured at net asset value				
Collective investment trusts ^(a)	922,160,943			
Total plan investments measured at fair value	\$ 972,206,420			

^(a) Participant transactions (purchases and sales) may occur daily. Redemptions for collective investment trusts are permitted with no other restrictions or notice periods and there are no unfunded commitments.

At December 31, 2024, the Plan held 663,518 shares of VF Corporation Common Stock, with a fair value of \$14,239,096 and a cost basis of \$17,338,514, comprising 1% of total net assets available for benefits. At December 31, 2023, the Plan held 701,731 shares of VF Corporation Common Stock, with a fair value of \$13,192,543 and a cost basis of \$19,237,104, comprising 1% of total net assets available for benefits. In addition, the VF Corporation Common Stock fund included \$46,413 and \$36,972 of investments in a money market fund as of December 31, 2024 and 2023, respectively.

NOTE G — PLAN TERMINATION

Although it has not expressed any intention to do so, VF has the right under the Plan to discontinue its contributions at any time and to terminate or modify the Plan at any time subject to the Plan provisions of applicable law. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE H - SUBSEQUENT EVENTS

The Plan evaluated subsequent events from the date of the statement of net assets available for benefits to June 18, 2025, the date the financial statements were available to be issued. During this period, no material recognizable subsequent events were identified.

VF 401K Savings Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
Employer Identification Number: 23-1180120
Plan Number: 002
December 31, 2024

(a)(b)	(c)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
Mutual funds:		
Vanguard	Vanguard Federal Money Market Fund	\$ 1,200,325
Collective investment trusts:		
Blackrock	Blackrock Total Return Fund	\$ 12,633,105
Blackrock	Blackrock U.S. Equity Index Fund	217,553,577
Blackrock	Blackrock Russell 2500 Index Fund	57,700,561
Blackrock	Blackrock MSCI ACWI ex-US IMI Index Fund	46,004,963
Blackrock	Blackrock U.S. Debt Index Fund	22,600,827
Blackrock	Blackrock Strategic Completion Fund	4,846,435
JP Morgan	JP Morgan Blend Income Fund	32,982,354
JP Morgan	JP Morgan Retirement 2025 Fund	41,142,900
JP Morgan	JP Morgan Retirement 2030 Fund	69,536,926
JP Morgan	JP Morgan Retirement 2035 Fund	79,494,903
JP Morgan	JP Morgan Retirement 2040 Fund	99,875,667
JP Morgan	JP Morgan Retirement 2045 Fund	91,588,880
JP Morgan	JP Morgan Retirement 2050 Fund	88,471,239
JP Morgan	JP Morgan Retirement 2055 Fund	63,904,889
JP Morgan	JP Morgan Retirement 2060 Fund	36,317,763
JP Morgan	JP Morgan Retirement 2065 Fund	5,768,072
Invesco	Invesco Stable Value Trust	38,432,461
		\$ 1,008,855,522
Self-directed brokerage accounts:		
*Fidelity National Financial Services	Self-directed brokerage account investment	\$ 24,025,807
VF Corporation Common Stock Fund:		
*VF Corporation	VF Corporation Common Stock	\$ 14,239,096
*Fidelity National Financial Services	Fidelity Investments Money Market Government Portfolio	46,413
		\$ 14,285,509
Total investments		\$ 1,048,367,163
*Participants	Participant loans - rates 3.25% - 9.50%	\$ 13,032,264

* Party-in-Interest to the Plan.

(d) Cost is omitted in accordance with Department of Labor 29 CFR2520.103-10, as investments are participant directed.

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL	99	\$0	FINANCIAL ENGINES	77-0473565	(1) .13% first \$500 M (2) .065% next \$500 M no add \$975 000
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AQR LRG CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GQG PARTNERS EMERG MARKETS EQ INSTL	1 FREEDOM VALLEY DR OAKS PA US 19456	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	INVESCO OPPENHEIMER INTL GROWTH A	11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AVANTIS US SM CAP VALUE FD	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.04%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ARTISAN SUSTAINABLE EMERG MRKTS INV	875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ASHMORE EMERGING MRKTS FRONTIER EQ	801 S. CANAL ST CHICAGO IL US 60607	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BNY MELLON MIDCAP INDEX INVT	144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BAIRD AGGREGATE BOND FD INSTL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.03%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BAIRD AGGREGATE BONDFD INVT C	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.27%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BAIRD CORE PLUS BOND FD INVT CL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.27%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLACKROCK ADVANTAGE SM CAP GROWTH I	40 EAST 52ND ST NEW YORK NY US 10022	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLACKROCK TECHNOLOGYOPPORTUNITIES C	40 EAST 52ND ST NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CALVERT US MID CAP CORE RSPNSBL IND	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CAUSEWAY INTERNATNALVALUE INSTL	P. O. BOX 1100 OAKS PA US 19456	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	COLUMBIA DIVIDEND INC FD CL I	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	COLUMBIA EMERGING MARKETS CL I	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CULLEN EMERGING MRKTHIGH DIVIDEND C	645 FIFTH AVE NEW YORK NY US 10022	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA INTERNATIONAL SM COMPANY POR	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US SM CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US LRG CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DRIEHAUS EMERGING MARKETS	25 EAST ERIE ST CHICAGO IL US 60611	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FPA QUEENS ROAD SM CAP VALUE INVSTR	11601 WILSHIRE BLVD STE 1200 LOS ANGELES CA US 90025	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FMI COMMON STOCK FD	777 EAST WISCONSIN AVE MILWAUKEE WI US 53202	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FIRST EAGLE GLOBAL CL A	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK NY US 10105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FIRST EAGLE GLOBAL CL I	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK NY US 10105	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FRANKLIN SM CAP VALUE ADVISOR CL	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	\$16.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GOLDMAN SACHS GQG PARTNERS INTL OPP	71 S. WACKER DR 4TH FL CHICAGO IL US 60606	0.17%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GREEN CENTURY BALANCED	114 STATE ST. STE. 200 BOSTON MA US 02111	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GREEN CENTURY EQUITY	114 STATE ST. STE. 200 BOSTON MA US 02111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GREEN CENTURY MSCI INTL INDEX INVES	114 STATE ST. STE. 200 BOSTON MA US 02111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GUGGENHEIM TOTAL RETURN BOND FD INS	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GUGGENHEIM MACRO OPPORTUNITIES INS	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARDING LOEVNER INTL EQUITY PORT IN	PO BOX 4766 CHICAGO IL US 60680	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	OAKMARK FD INVT CL	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	OAKMARK INTERNAT L SM CAP INVEST	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARTFORD SCHRODERS INTL STOCK CL I	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HENNESSY GAS UTILITY INVT CL	7250 REDWOOD BLVD. STE 200 NOVATO CA US 94945	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN SHORT DURATION CORE PLUS I	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JENSEN QUALITY GROWTH FD CL J	811 E. WISCONSIN AVE 8TH FL MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MFS MID CAP VALUE FD CL I	111 HUNTINGTON AVE BOSTON MA US 021997632	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MATTHEWS CHINA FD	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO CA US 94111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TCW METWEST TOTAL RETURN BOND CL M	865 S FIGUEROA ST 1400 LOS ANGELES CA US 90071	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STA INST INC. INCEPTION PORT	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STANLEY INSIGHT A	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN NEW PERSPECTIVE CL C	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	\$18.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	OBERWEIS INTERNATNL OPPORTUNITIES I	3333 WARRENVILLE RD STE. 500 LISLE IL US 60532	0.08%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARNASSUS VALUE EQUITY INVT	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	IMPAX SUSTAINABLE ALLOCATION INVEST	1290 BROADWAY STE 1100 DENVER CO US 80203	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO INVESTMENT GR CREDIT BOND FUN	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO INC FD CL A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO RAE US SM FD A	1633 BROADWAY NEW YORK NY US 10019	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THE OSTERWEIS STRATEGIC INC FD	777 E. WISCONSIN AVE 4TH FL MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PUTNAM INC FD CL A	1 POST OFFICE SQ MAILZONE G3C BOSTON MA US 02109	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE MID CAP GROWTH	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE ALL CAPOPPORTUNITIES I	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE MID CAP VALUE	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE INTRTD US SM CAP GR EQ	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE REAL ESTATE FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ROYCE PREMIER FD INVESTMENT CL	745 FIFTH AVE STE 2400 NEW YORK NY US 10151	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	RYDEX BIOTECHNOLOGY INV CL	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	SMEAD VALUE INSTL SHARE CL	1290 BROADWAY STE 1100 DENVER CO US 80203	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TCW EMERGING MARKETS INC CL N	865 S FIGUERA ST 22ND FL LOS ANGELES CA US 90071	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TEMPLETON GLOBAL BOND CL A	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	\$16.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PERFORMANCE TRUST TOTAL RETRN BND I	500 WEST MADISON STE 470 CHICAGO IL US 60661	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY CORE PLUS INTERMEDIATE BOND	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY INC FD CL A	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY NASDAQ 100 INDEX FD	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DEAN MID CAP VALUE FD	3500 PENTAGON BLVD. STE 200 BEAVERCREEK OH US 45431	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY SYCAMORE ESTABLISHED VALUE	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY SYCAMORE ESTABLISHED VALUE	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY TRIVALENT INTL SM CAP A	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY GLOBAL ENERGY TRANSITION Y	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WASATCH CORE GROWTH INSTITUTIONAL	505 WAKARA WAY STE 300 SALT LAKE CITY UT US 84108	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WASATCH EMERGING INDIA FD	505 WAKARA WAY STE 300 SALT LAKE CITY UT US 84108	0.40%

VF 401K Savings Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
Employer Identification Number: 23-1180120
Plan Number: 002
December 31, 2024

(a)(b)	(c)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
Mutual funds:		
Vanguard	Vanguard Federal Money Market Fund	\$ 1,200,325
Collective investment trusts:		
Blackrock	Blackrock Total Return Fund	\$ 12,633,105
Blackrock	Blackrock U.S. Equity Index Fund	217,553,577
Blackrock	Blackrock Russell 2500 Index Fund	57,700,561
Blackrock	Blackrock MSCI ACWI ex-US IMI Index Fund	46,004,963
Blackrock	Blackrock U.S. Debt Index Fund	22,600,827
Blackrock	Blackrock Strategic Completion Fund	4,846,435
JP Morgan	JP Morgan Blend Income Fund	32,982,354
JP Morgan	JP Morgan Retirement 2025 Fund	41,142,900
JP Morgan	JP Morgan Retirement 2030 Fund	69,536,926
JP Morgan	JP Morgan Retirement 2035 Fund	79,494,903
JP Morgan	JP Morgan Retirement 2040 Fund	99,875,667
JP Morgan	JP Morgan Retirement 2045 Fund	91,588,880
JP Morgan	JP Morgan Retirement 2050 Fund	88,471,239
JP Morgan	JP Morgan Retirement 2055 Fund	63,904,889
JP Morgan	JP Morgan Retirement 2060 Fund	36,317,763
JP Morgan	JP Morgan Retirement 2065 Fund	5,768,072
Invesco	Invesco Stable Value Trust	38,432,461
		\$ 1,008,855,522
Self-directed brokerage accounts:		
*Fidelity National Financial Services	Self-directed brokerage account investment	\$ 24,025,807
VF Corporation Common Stock Fund:		
*VF Corporation	VF Corporation Common Stock	\$ 14,239,096
*Fidelity National Financial Services	Fidelity Investments Money Market Government Portfolio	46,413
		\$ 14,285,509
Total investments		\$ 1,048,367,163
*Participants	Participant loans - rates 3.25% - 9.50%	\$ 13,032,264

* Party-in-Interest to the Plan.

(d) Cost is omitted in accordance with Department of Labor 29 CFR2520.103-10, as investments are participant directed.