

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE (specify)
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report...
C If the plan is a collectively-bargained plan, check here... [ ]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension...
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: HANESBRANDS INC. PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan): HANESBRANDS INC.
2b Employer Identification Number (EIN): 20-3552316
2c Plan Sponsor's telephone number: 336-519-8080
2d Business code (see instructions): 424300

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 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	117
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	3
	<b>6c</b>	111
	<b>6d</b>	114
	<b>6e</b>	3
	<b>6f</b>	117
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 3H

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

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

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

- a Pension Schedules**
- (1)  **R** (Retirement Plan Information)
  - (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
  - (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
  - (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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**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.

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>HANESBRANDS INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HANESBRANDS INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-3552316</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>12</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>4909372</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>5016079</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>2</u>	<u>103998</u>	<u>103998</u>
<b>b</b> For terminated vested participants .....	<u>115</u>	<u>3748362</u>	<u>3748362</u>
<b>c</b> For active participants .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>d</b> Total .....	<u>117</u>	<u>3852360</u>	<u>3852360</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.34 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>26000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>26000</u>	

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		<u>08/22/2025</u>	
	Signature of actuary	Date	
	<u>KYLE W. ANDERSON</u>	<u>23-05674</u>	
	Type or print name of actuary	Most recent enrollment number	
	<u>AON CONSULTING, INC.</u>	<u>952-886-8000</u>	
	Firm name	Telephone number (including area code)	
	<u>MSC# 17704 AON PO BOX 551343 ATLANTA, GA 30355</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>1.52</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	130.20 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	130.20 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	133.41 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	26000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	26000

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

<b>A</b> Name of plan <u>HANESBRANDS INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HANESBRANDS INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-3552316</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>HBI MASTER INV. TRUST FOR DB PLANS</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>HANESBRANDS INC.</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>20-3552316-101</u>	<u>M</u>		<u>5399754</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

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**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>12/01/2023</b> and ending <b>11/30/2024</b>	
<b>A</b> Name of plan <b>HANESBRANDS INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HANESBRANDS INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-3552316</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	4921740	5399754
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	4921740	5399754
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h	12368	13990
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	12368	13990
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	4909372	5385764

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)		
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		0
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		589492
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		589492

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	80124	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		80124
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	32976	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		32976
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		113100

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		476392
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		25000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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 564410.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

<b>A</b> Name of plan <u>HANESBRANDS INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HANESBRANDS INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-3552316</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 36-1561860

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

<b>a</b> 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) .....	<b>14a</b>	
<b>b</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) .....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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 \_\_\_\_\_.

**FINANCIAL STATEMENTS AND REPORT OF  
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS  
HANESBRANDS INC. PENSION PLAN  
November 30, 2024 and 2023**

**TABLE OF CONTENTS**

	<b>Page</b>
<a href="#">Report of Independent Certified Public Accountants</a> .....	<a href="#">3</a>
Financial Statements	
<a href="#">Statements of Net Assets Available for Benefits</a> .....	<a href="#">5</a>
<a href="#">Statements of Changes in Net Assets Available for Benefits</a> .....	<a href="#">6</a>
<a href="#">Statement of Accumulated Plan Benefits</a> .....	<a href="#">7</a>
<a href="#">Statement of Changes in Accumulated Plan Benefits</a> .....	<a href="#">8</a>
<a href="#">Notes to Financial Statements</a> .....	<a href="#">9</a>

## Independent Auditor's Report

Employee Benefits Administrative Committee and Participants of Hanesbrands Inc. Pension Plan  
Winston-Salem, North Carolina

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

We have performed audits of the financial statements of Hanesbrands Inc. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 1, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of November 30, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note G to the financial statements, is complete and accurate.

### ***Opinion***

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

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

### ***Basis for Opinion on the Financial Statements***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

**Forvis Mazars, LLP**

**Greensboro, North Carolina**

**August 29, 2025**

**Federal Employer Identification Number: 44-0160260**

**Hanesbrands Inc. Pension Plan**  
**Statements of Net Assets Available for Benefits**

	November 30, 2024	November 30, 2023
Assets		
Plan interest in Hanesbrands Inc. Master Investment Trust for Defined Benefit Plans . . .	\$ 5,399,754	\$ 4,921,740
Total assets . . . . .	<u>5,399,754</u>	<u>4,921,740</u>
Liabilities		
Accrued expenses . . . . .	13,990	12,368
Net assets available for benefits . . . . .	<u>\$ 5,385,764</u>	<u>\$ 4,909,372</u>

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

**Hanesbrands Inc. Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**

	Years Ended	
	November 30, 2024	November 30, 2023
Net investment income:		
Plan interest in Hanesbrands Inc. Master Investment Trust for Defined Benefit Plans net investment income	\$ 645,461	\$ 83,730
Net investment income	645,461	83,730
Benefits paid to participants	(80,124)	(275)
Plan expenses	(88,945)	(36,453)
Net increase before transfer	476,392	47,002
Transfer to Hanesbrands Legacy Pension Plan	—	(804,318,581)
Net assets available for benefits:		
Beginning of year	4,909,372	809,180,951
End of year	<u>\$ 5,385,764</u>	<u>\$ 4,909,372</u>

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

**Hanesbrands Inc. Pension Plan  
Statement of Accumulated Plan Benefits**

	<b>December 1, 2023</b>
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving payments	\$ 98,792
Other participants	3,445,167
	<u>3,543,959</u>
Nonvested benefits	—
Total actuarial present value of accumulated plan benefits	<u>\$ 3,543,959</u>

The accompanying notes are an integral part of this financial statement.

**Hanesbrands Inc. Pension Plan**  
**Statement of Changes in Accumulated Plan Benefits**

	December 1, 2023
Actuarial present value of accumulated plan benefits at December 1, 2022 .....	\$ 2,943,620
Increase (decrease) during the year attributable to:	
Benefits paid .....	(275)
Interest accumulation due to decrease in discount period .....	206,044
Change in actuarial assumptions .....	421,310
Other plan experience .....	(26,740)
Net increase .....	<u>600,339</u>
Actuarial present value of accumulated plan benefits at December 1, 2023 .....	<u>\$ 3,543,959</u>

The accompanying notes are an integral part of this financial statement.

**Hanesbrands Inc. Pension Plan  
Notes to Financial Statements  
November 30, 2024 and 2023**

**NOTE A - DESCRIPTION OF PLAN**

The following brief description of the Hanesbrands Inc. Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

***General***

The Plan is a defined benefit pension plan. Benefits under the Plan were frozen on December 31, 2005, so no further benefits are accruing and no participants can be added to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Prior to December 1, 2022, the Plan covered employees and former employees of Hanesbrands Inc. (“Hanesbrands”) and its participating divisions (the “Company”). Effective immediately with the Plan year beginning December 1, 2022, the Company spun-off the majority of participants in the Plan into a new, separate plan, the Hanesbrands Inc. Legacy Pension Plan. After this spin-off, the Plan continues to cover only certain employees and former employees with a Part B benefit under the former National Textiles, L.L.C. Pension Plan (i.e., participants with a cash balance plan benefit). The investments of both plans are held in the Hanesbrands Inc. Master Investment Trust for Defined Benefit Plans (the “HBI Investment Trust”).

On December 29, 2022, the SECURE 2.0 Act of 2022 (“SECURE 2.0”) became law. SECURE 2.0 makes various changes applicable to tax qualified retirement plans. Plan management is evaluating the impact of SECURE 2.0 and awaiting additional regulatory guidance from the Internal Revenue Service (“IRS”) and the Department of Labor. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

***Contributions***

The funding policy for the Plan is to make the necessary contributions to meet minimum funding requirements, as determined by the Plan’s independent actuary. There were no required Company contributions for the plan years ended November 30, 2024 and 2023. No voluntary employee contributions are permitted. The Plan was in compliance with applicable ERISA minimum funding requirements for the years ended November 30, 2024 and 2023.

***Retirement Benefits***

Participants in the Plan are provided frozen benefits based on the terms of the Plan, as set forth in the Plan document.

*Normal Retirement Benefits* - Normal retirement is at age 65. The amount of monthly retirement benefits payable to a participant who retires at the normal retirement date will be equal to the participant’s frozen accrued benefit under the Plan.

*Early Retirement Benefits* - An eligible participant who is at least age 55 and has completed 10 years of service may receive a pension equal to the frozen accrued benefit payable at the normal retirement date. However, if benefits commence before age 65, this amount is reduced based on the terms of the Plan to take into account the participant’s younger age and earlier commencement of the participant’s pension.

*Deferred Retirement Benefits* - An eligible participant who retires after the normal retirement date may receive a pension calculated in the same manner as for normal retirement, with an actuarial increase for benefits not paid upon normal retirement age. If a participant continues to work, benefit payments will commence following retirement date.

*Termination Benefits* - A vested participant who terminates employment prior to normal retirement age may receive a deferred monthly benefit payment at normal retirement age equal to the accrued benefit as of the date employment terminates (or as of the date benefits were frozen under the Plan, if earlier).

**Hanesbrands Inc. Pension Plan  
Notes to Financial Statements - Continued  
November 30, 2024 and 2023**

*Preretirement Death Benefits* - Following the death of a vested participant, the participant's spouse will receive a monthly benefit equal to the survivor portion of the age-65 frozen accrued benefit payable in the 50% joint and survivor form, with reduction for early commencement. For certain groups covered under the Plan, an enhanced death benefit is provided to the spouse or beneficiary of a participant who dies while actively employed with a vested benefit. If the participant is not fully vested, no benefits are payable.

Benefits under the Plan are subject to certain minimum and maximum amounts.

***Vesting***

Participants are fully vested upon completion of five years of service (three years of service for certain former National Textiles, L.L.C. Pension Plan participants) or, if earlier, at age 65, if they are still working for the Company.

**NOTE B - SUMMARY OF ACCOUNTING POLICIES**

***Basis of Accounting***

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP").

***Use of Estimates***

The preparation of financial statements requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from these estimates.

***Valuation of Investments***

The Plan maintains an investment in the HBI Investment Trust. The Plan's interest in the HBI Investment Trust is based on the Plan's relative aggregate contributions, benefit payments and other relevant factors. See Note E for a discussion of the fair value of investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded in the period earned. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes gains and losses on investments bought and sold as well as held during the year.

***Risks and Uncertainties***

The HBI Investment Trust and Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

***Plan Expenses***

Plan expenses including fees related to actuary, audit, investment and certain administration costs are paid by the HBI Investment Trust. In addition, certain investment related expenses are included in the net investment income.

**Hanesbrands Inc. Pension Plan  
Notes to Financial Statements - Continued  
November 30, 2024 and 2023**

***Payment of Benefits***

Benefit payments to participants are recorded when paid.

***Recent Accounting Pronouncements***

There were no recent accounting pronouncements that were applicable to the Plan.

**NOTE C - PLAN INTEREST IN HBI INVESTMENT TRUST**

At November 30, 2024 and 2023, all of the Plan’s investments are held in the HBI Investment Trust. The assets of the HBI Investment Trust are held by The Northern Trust Company (the “Trustee”).

The Plan’s interest in the HBI Investment Trust was approximately 0.716% and 0.651% as of November 30, 2024 and 2023, respectively. A summary of the net assets of the HBI Investment Trust as of November 30, 2024 and 2023 is as follows:

	Master Trust Balances		Plan's Interest in Master Trust Balances	
	November 30, 2024	November 30, 2023	November 30, 2024	November 30, 2023
Investments, at fair value:				
Collective trusts	\$ 704,681,983	\$ 593,711,679	\$ 5,046,006	\$ 3,864,257
Hedge fund of funds	894,755	74,546,856	6,407	485,199
Common stocks	—	29,038,221	—	188,999
Real estate - group trust	22,656,823	27,180,585	162,238	176,909
Real estate - limited partnership	25,697,558	27,153,193	184,012	176,730
Total investments	753,931,119	751,630,534	5,398,663	4,892,094
Non-interest bearing cash	143,266	4,489,355	1,026	29,220
Other receivables	8,970	65,342	65	426
Net assets of HBI Investment Trust at fair value	<u>\$ 754,083,355</u>	<u>\$ 756,185,231</u>	<u>\$ 5,399,754</u>	<u>\$ 4,921,740</u>

The aggregate net investment income of the HBI Investment Trust for the years ended November 30, 2024 and 2023 is as follows:

	Years Ended	
	November 30, 2024	November 30, 2023
Interest and dividend income	\$ 1,025,173	\$ 5,643,755
Net appreciation in fair value of investments	96,281,732	7,827,922
Net investment income	<u>\$ 97,306,905</u>	<u>\$ 13,471,677</u>

**NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits represent the estimated future periodic payments, including lump-sum distributions, under the Plan’s provisions that are attributable to services rendered by employees through the valuation date. Accumulated Plan benefits include benefits expected to be paid to the following: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent that they are deemed attributable to employee service rendered through the valuation date.

Actuarial information as of and for the year ended December 1, 2023, as reported on the Statement of Accumulated Plan Benefits and Statement of Changes in Accumulated Plan Benefits, is the most current information available to Plan management and is thus utilized for reporting.

The actuarial present value of accumulated plan benefits for the year ended December 1, 2023 is determined by the Plan’s actuary, Aon. The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial

**Hanesbrands Inc. Pension Plan**  
**Notes to Financial Statements - Continued**  
**November 30, 2024 and 2023**

assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment. Significant actuarial assumptions used in the valuation are as follows:

	December 1, 2023	December 1, 2022
Investment return	5.95%, compounded annually	7.00%, compounded annually
Mortality <sup>(1)</sup>	Pri-2012 Mortality Study	Pri-2012 Mortality Study
Normal retirement age	65	65

(1) The Pri-2012 Mortality Study utilized for December 1, 2023 and 2022 had a generational projection from 2012 using scale MP-2021 and reflecting Aon's Endemic scale adjustment.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**NOTE E - FAIR VALUE MEASUREMENTS**

Fair value is an exit price, representing 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. The HBI Investment Trust utilized market data or assumptions that market participants would use in pricing the asset or liability. A three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value, is utilized for disclosing the fair value of the HBI Investment Trust's assets and liabilities. These tiers include: Level 1, defined as observable inputs such as quoted prices in active markets; Level 2, defined as inputs other than quoted prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities measured at fair value are based on one or more of the following three valuation techniques:

- Market approach — prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- Cost approach — amount that would be required to replace the service capacity of an asset or replacement cost.
- Income approach — techniques to convert future amounts to a single present amount based on market expectations, including present value techniques, option-pricing and other models.

The HBI Investment Trust primarily applies the market approach for its investment assets and attempts to utilize valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs.

As of November 30, 2024 and 2023, the HBI Investment Trust held certain financial assets that are required to be measured at fair value on a recurring basis. These consisted of common stocks, collective trusts, hedge fund of funds and real estate. The fair value of common stocks is determined based on quoted prices in active public markets and are categorized as Level 1. There were no changes during the years ended November 30, 2024 and 2023 to the valuation techniques used to measure asset and liability fair values on a recurring basis. As of November 30, 2024 and 2023, the HBI Investment Trust held no financial assets that are required to be measured at fair value on a nonrecurring basis.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another.

**Hanesbrands Inc. Pension Plan  
Notes to Financial Statements - Continued  
November 30, 2024 and 2023**

The following tables set forth by level within the fair value hierarchy the HBI Investment Trust's assets accounted for at fair value on a recurring basis as of November 30, 2024 and 2023. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

	Investment Assets at Fair Value as of November 30, 2024			
	Level 1	Level 2	Level 3	Total
Investments measured at net asset value <sup>(1)</sup> :				
Collective trusts				704,681,983
Hedge fund of funds				894,755
Real estate - group trust				22,656,823
Real estate - limited partnership				25,697,558
Total investments at net asset value				753,931,119
Total investments at fair value	\$ —	\$ —	\$ —	\$ 753,931,119

	Investment Assets at Fair Value as of November 30, 2023			
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Common stocks	\$ 29,038,221	\$ —	\$ —	\$ 29,038,221
Total investments in the fair value hierarchy	29,038,221	—	—	29,038,221
Investments measured at net asset value <sup>(1)</sup> :				
Collective trusts				593,711,679
Hedge fund of funds				74,546,856
Real estate - group trust				27,180,585
Real estate - limited partnership				27,153,193
Total investments at net asset value				722,592,313
Total investments at fair value	\$ 29,038,221	\$ —	\$ —	\$ 751,630,534

(1) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the amounts presented within Note C and ultimately to the amounts presented in the Statements of Net Assets Available for Benefits.

The HBI Investment Trust has elected to use a practical expedient to estimate the fair value of the investments in collective trusts, hedge fund of funds and real estate. The net asset value ("NAV"), including member units or an ownership interest in partners' capital to which a proportionate share of net assets is attributed, is used for each investment as of the reporting date.

Investor transactions in the collective trusts (purchases and sales) may occur daily. If the HBI Investment Trust were to initiate a full redemption of the collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure the securities liquidations will be carried out in an orderly business manner.

Hedge fund of funds are primarily invested in hedge fund of fund accounts which are broadly diversified across investment managers, investment strategies, asset classes and geographies. Real estate, comprised of a group trust and limited partnership investments, is primarily invested in domestic public real estate investment trusts and private real estate which are broadly diversified across investment managers and property types. Terms for the redemption of the investments in the hedge fund of funds and real estate vary between monthly, quarterly and annually and the notification periods range from 45 days to 90 days. At November 30, 2024 and 2023, excluding required notification periods, there were no other redemption restrictions imposed by the investment managers for the hedge fund of funds. At November 30, 2024 and 2023, there were unfunded commitments of \$8,297,200 and \$8,347,200, respectively.

**NOTE F - PLAN TERMINATION**

Although Hanesbrands has not expressed any intention of terminating the Plan, Hanesbrands has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, distribution of the Plan assets shall be made to the participants according to the provisions for such distribution in the Plan document.

**Hanesbrands Inc. Pension Plan  
Notes to Financial Statements - Continued  
November 30, 2024 and 2023**

If the Plan terminates, a portion of the benefits under the Plan is insured by the Pension Benefit Guaranty Corporation (“PBGC”), a U.S. Government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**NOTE G - CERTIFIED INFORMATION**

The Plan administrator elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) as of and for the years ended November 30, 2024 and 2023. Accordingly, the Plan administrator received a certification from the Trustee that all investment information for the Plan and the HBI Investment Trust disclosed in the accompanying financial statements, including investments held at November 30, 2024 and 2023 and net appreciation in the fair value of investments and interest and dividends for the years ended November 30, 2024 and 2023, was obtained from information provided by the Trustee and certified as complete and accurate. The Plan's independent accountants did not perform auditing procedures with respect to the certified information, except for comparing such information to the related information disclosed in these financial statements.

**NOTE H - SECURITIES LENDING**

The HBI Investment Trust is authorized to engage in the lending of certain investments under the terms of a Securities Lending Authorization Agreement (“Lending Agreement”). Securities lending is an investment management enhancement that utilizes certain existing securities of the HBI Investment Trust to earn additional income. Securities lending involves the loaning of securities to approved banks and broker/dealers. In return for the loaned securities, the Trustee, prior to or simultaneous with delivery of the loaned securities to the borrower, receives collateral in the form of cash or U.S. government securities as a safeguard against possible default of any borrower on the return of the loan under terms that permit the HBI Investment Trust to repledge or sell the securities.

The Plan has the right under the Lending Agreement to recover the securities from the borrower on demand; if the borrower fails to deliver the securities on a timely basis, the Plan could experience delays or losses on recovery. Additionally, the Plan is subject to the risk of loss from investments that it makes with the cash received as collateral. The Plan manages credit exposure arising from these lending transactions by, in appropriate circumstances, entering into master netting agreements and collateral agreements with third party borrowers that provide the Plan, in the event of default (such as bankruptcy or a borrower's failure to pay or perform), the right to net a third-party borrower's rights and obligations under such agreements and liquidate and set off collateral against the net amount owed by the counterparty.

Each loan is initially collateralized, in the case of: (a) loaned securities denominated in US dollars or whose primary trading market is located in the US, or (b) loaned securities not denominated in US dollars or whose primary trading market is not located in the U.S. to the extent of 105% of the market value of the loaned securities. The collateral is marked to market on a daily basis. In the event the counterparty is unable to meet its contractual obligation under the securities lending arrangement, the HBI Investment Trust may incur losses equal to the amount by which the market value of the securities differ from the amount of collateral held. The HBI Investment Trust mitigates credit risk associated with securities lending arrangements by monitoring the fair value of the securities loaned on a daily basis, with additional collateral obtained or refunded as necessary.

The HBI Investment Trust maintains full ownership rights to the securities loaned and accordingly, classifies loaned securities as investments. Because the securities received as collateral may be repledged or sold, the HBI Investment Trust recognizes the amount of collateral received and a corresponding obligation to return such collateral on the statement of net assets. There was no securities obligation or securities collateral at November 30, 2024 and 2023. Securities lending income earned by the HBI Investment Trust is recorded on the accrual basis and was approximately \$0 and \$818,118 with rebates paid totaling \$0 and \$760,174 for the years ended November 30, 2024 and 2023, respectively.

**NOTE I - TAX STATUS**

By letter dated January 17, 2018, the IRS determined that the Plan and HBI Investment Trust met the qualification requirements set forth in Sections 401(a) and 501(a) of the Internal Revenue Code (“IRC”). The Plan has been subsequently amended since

**Hanesbrands Inc. Pension Plan  
Notes to Financial Statements - Continued  
November 30, 2024 and 2023**

the submission for determination, but the Plan's management believes the Plan remains in compliance with the applicable requirements of the IRC.

U.S. GAAP requires the Plan's management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no tax audits for any period in progress.

The Plan is intended to be tax-qualified under Section 1165(a) of the 1994 Puerto Rico IRC, as amended (the "1994 Code") and under Section 1081.01(a) of the 2011 Puerto Rico IRC, as amended (the "2011 Code") (the 1994 Code and 2011 Code are hereinafter collectively referred to as the "PR IRC") and was submitted to the Secretary of the Puerto Rico Department of Treasury for a determination to such end. The application is still pending a determination from the Secretary in a submission filed on December 9, 2016. The Plan's management believes the Plan remains compliant in form with the applicable requirements of the PR IRC.

**NOTE J - PARTY-IN-INTEREST TRANSACTIONS**

Assets of the HBI Investment Trust are invested in investments managed by the Trustee of the HBI Investment Trust; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the HBI Investment Trust to the Trustee totaled \$1,603,778 and \$805,343 for the years ended November 30, 2024 and 2023, respectively.

**NOTE K - SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through August 29, 2025, the date the financial statements were available to be issued.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

Schedule SB, Part V — Statement of Actuarial  
Assumptions/Methods

For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of August 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of August 2023), without regard to interest rate stabilization
1st Segment Rate	3.42%
2nd Segment Rate	4.33%
3rd Segment Rate	4.43%
<b>Optional Payment Form Election Percentage</b>	
Textiles Part B, Active and Terminated Vested Participants	Males: 60% elect the Lump Sum 22% elect the Joint and 50% Survivor Annuity 18% elect the Single Life Annuity  Females: 60% elect the Lump Sum 12% elect the Joint and 50% Survivor Annuity 28% elect the Single Life Annuity
All Other Active and Terminated Vested Participants not Included Above	Males: 55% elect the Joint and 50% Survivor Annuity 45% elect the Single Life Annuity  Females: 30% elect the Joint and 50% Survivor Annuity  70% Single Life Annuity
<b>Optional Payment Form Conversion Interest Rate</b>	4.70% for lump sums and certain only annuities. Basis in plan document for other forms of payment
<b>Optional Payment Form Conversion Mortality</b>	The mortality prescribed in IRC Revenue Ruling 2001-62 for lump sums and certain only annuities. Basis in plan document for other forms of payment.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Retirement Age**

Active Participants Not Applicable  
Terminated Vested Participants See Table 1

**Mortality Rates**

Healthy and Disabled 2023 static mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22

**Withdrawal Rates**

Not Applicable

**Disability Rates**

Not Applicable

**Decrement Timing**

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

**Surviving Spouse Benefit**

It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are two years older than their spouses.

**Benefit Limits**

Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

**Valuation of Plan Assets**

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

As a result of the plan spinoff, asset smoothing was restarted as of 12/1/2022.

**Cash Balance Interest Crediting Rate**

5.00%

**Cash Balance Annuity Conversion Rate**

5.50%

**Expected Return on Assets**

12/1/2021-11/30/2022 6.85%, limited to 6.11%

12/1/2022-11/30/2023 7.90%, limited to 5.92%

12/1/2023-11/30/2024 6.95%, limited to 5.74%

**Trust Expenses Included in Target Normal Cost**

Based on the average of the prior two years actual plan administrative expenses (excluding PBGC premiums),

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

plus the estimated PBGC premiums for the current year, rounded to the nearest \$1,000. \$26,000 for 12/1/2023.

**Beneficiaries of Current Retirees With  
Joint & Survivor Payment Forms**

Valuation reflects likelihood of beneficiary surviving to valuation date based on the current ASC 960 plan accounting mortality assumption. Assumption only applies when beneficiary status is currently unknown.

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

December 1, 2023

Schedule SB Attachment (Form 5500) –2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

Table 1

**Retirement Rates – Terminated Vested Participants**

<b>Age</b>	<b>Rate</b>
55	18.00%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	4.00%
61	4.00%
62	7.00%
63	5.00%
64	25.00%
65+	100.00%

<b>SCHEDULE SB</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small> <hr/> <b>2023</b> <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan HANESBRANDS INC. PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HANESBRANDS INC.	<b>D</b> Employer Identification Number (EIN) 20-3552316	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>12</u>	Day <u>01</u>	Year <u>2023</u>
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>		4,909,372
<b>b</b> Actuarial value.....	<b>2b</b>		5,016,079
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	2	103,998	103,998
<b>b</b> For terminated vested participants.....	115	3,748,362	3,748,362
<b>c</b> For active participants.....	0	0	0
<b>d</b> Total.....	117	3,852,360	3,852,360
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>		5.34%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>		0
<b>b</b> Expected plan-related expenses.....	<b>6b</b>		26,000
<b>c</b> Target normal cost.....	<b>6c</b>		26,000

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	Kyle W. Anderson <i>KWA</i> Signature of actuary	08/22/2025 Date
	Kyle W. Anderson Type or print name of actuary	2305674 Most recent enrollment number
	Aon Consulting, Inc. Firm name	952-886-8000 Telephone number (including area code)
	MSC# 17704 Aon PO Box 551343 Atlanta GA 30355 Address of the firm	

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>1.52</u> %.....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	130.20 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	130.20 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	133.41 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	26,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	26,000

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

## Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weigh	(d) Product (a) × (b) × (c)
55.5	6.00%	1.0000	3.33
56.5	6.00%	0.9400	3.19
57.5	6.00%	0.8836	3.05
58.5	6.00%	0.8306	2.92
59.5	6.00%	0.7807	2.79
60.5	6.00%	0.7339	2.66
61.5	13.00%	0.6899	5.52
62.5	20.00%	0.6002	7.50
63.5	13.00%	0.4801	3.96
64.5	20.00%	0.4177	5.39
65.5	32.00%	0.3342	7.00
66.5	20.00%	0.2272	3.02
67.5	20.00%	0.1818	2.45
68.5	20.00%	0.1454	1.99
69.5	20.00%	0.1163	1.62
70.5	25.00%	0.0931	1.64
71.5	25.00%	0.0698	1.25
72.5	25.00%	0.0524	0.95
73.5	25.00%	0.0393	0.72
74.5	25.00%	0.0295	0.55
75	100.00%	0.0221	1.66
Weighted Average			63.16

Schedule SB Attachment (Form 5500) –2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

## Schedule SB, Part V – Summary of Plan Provisions

### Hanesbrands, Inc. Pension Plan

This plan constitutes an amendment, continuation and complete restatement of the Sara Lee Corporation Consolidated Pension and Retirement Plan (the “SLC Plan”) for certain participants in that plan. The SLC Plan and two benefit parts: the SLC Benefits Part (referred to as the Pension Benefit) and the SLBA Benefits Part (referred to as the Retirement Benefit). Each part covered a different group of employees. Effective December 31, 2005, assets and liabilities in the SLC Plan were spun off to the Hanesbrands Inc. Pension and Retirement Plan. As of August 31, 2009, the National Textiles, L.L.C. Pension Plan and Playtex Apparel Inc. Pension Plan were merged into the Hanesbrands Inc. Pension and Retirement Plan, which was renamed as the Hanesbrands Inc. Pension Plan. As of December 31, 2013, the Maidenform LLC Retirement Plan (previously the Maidenform, Inc. Retirement Plan) was merged into the plan.

Effective December 1, 2022, nearly all participants in the Hanesbrands Inc. Pension Plan were spun off to the Hanesbrands Inc. Legacy Pension Plan. 118 deferred vested participants with a National Textiles cash balance account as identified by Hanesbrands remained in the Hanesbrands Inc. Pension Plan (this represents <1% of both the headcount and liability). Historical plan provisions are included here for documentation purposes, but only the National Textiles, L.L.C. Pension Plan section is applicable to participants remaining in this plan of December 1, 2022.

<b>Plan Effective Date</b>	January 1, 2006.
<b>Plan Freeze Date</b>	December 31, 2005.
<b>Plan Year</b>	December 1 to November 30 (effective December 1, 2018, previously calendar plan year).
<b>Plan Eligibility</b>	Plan participation was frozen December 31, 2005.
<b>Normal Retirement</b>	
Eligibility	Age 65.
Pension Benefit	Frozen benefit equal to: <ol style="list-style-type: none"><li>(1) 1.75% of Final Monthly Compensation x Credited Service not in excess of 35, less</li><li>(2) A percentage of Final 3-Year Monthly Compensation not in excess of Covered Compensation x Credited Service not in excess of 35. Percentage varies based on Social Security Retirement Age (SSRA).</li></ol>
Retirement Benefit	Frozen benefit as of December 31, 2005 accrued under the SLBA benefits part of the SLC Plan.

Schedule SB Attachment (Form 5500) — 2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Early Retirement**

Eligibility

Age 55 and 10 years of vesting service.

Pension Benefit

Normal Retirement Benefit adjusted as follows:

- (1) Part a described above is reduced 5/12 of 1% for each complete month actual retirement date precedes sixty-second birthday.
- (2) Percentages for offset described in part b above are adjusted based on SSRA and actual commencement age. See table on page 15 of plan document.

**Retirement Benefit**

Normal Retirement Benefit adjusted by the following factors:

Commencement Age	Factor
55	0.500
56	0.540
57	0.580
58	0.620
59	0.660
60	0.700
61	0.760
62	0.820
63	0.880
64	0.940
65	1.000

**Late Retirement**

Eligibility

Over age 65.

Pension and Retirement Benefits

Normal Retirement Benefit calculated as of late retirement date. With actuarial increases as applicable.

**Vested Retirement**

Eligibility

Five years of vesting service.

Pension Benefit

Normal Retirement Benefit commencing at age 65 or actuarially reduced benefit commencing between age 55 and 65.

Retirement Benefit

Participants with less than 10 years of vesting service:

Normal Retirement Benefit commencing at age 65.

Participants with 10 or more years of vesting service:

Early Retirement Benefit commencing at age 55 or later.

# Schedule SB Attachment (Form 5500) —2023 Plan Year

## Hanesbrands, Inc. Pension Plan

EIN: 20-3552316 PN: 001

### **Preretirement Death**

Eligibility

Five years of vesting service or age 65.

Pension Benefit for Deaths  
After Termination

If retirement eligible at date of death, 50% of the benefit the participant would have received if they had retired on the date of death and elected the 50% J&S option. Beneficiary may elect to defer this benefit, but no later than participant's age 65.

If not retirement eligible at date of death, 50% of the benefit the participant would have received if the participant had terminated on date of death, commenced at age 55 and had elected the 50% J&S option. Benefits are actuarially reduced for commencement before participant's age 65. Beneficiary may elect to defer this benefit, but no later than participant's age 65.

Pension Benefit for Active  
Employee Deaths

50% of the participant's accrued Normal Retirement Benefit commencing immediately with no early retirement reductions applied. Benefit may be received as a lump sum, or in the case of a spouse, as a single life annuity.

Retirement Benefits for All  
Preretirement Deaths

If retirement eligible at date of death, 50% of the benefit the participant would have received if they had retired on the date of death and elected the 50% J&S option. Beneficiary may elect to defer this benefit, but no later than participant's age 65.

If not retirement eligible at date of death, 50% of the benefit the participant would have received if the participant had terminated on date of death, commenced at the earliest possible retirement age and had elected the 50% J&S option. Benefits are reduced by the plan's early retirement reduction factors for commencement before participant's age 65 (only applies to those with 10 or more years of vesting service). Beneficiary may elect to defer this benefit, but no later than participant's age 65.

Surviving spouse may elect to receive a lump sum in lieu of annuity payments. Other beneficiaries will receive an immediate lump sum.

### **Disability Retirement**

No special disability retirement benefits or provisions are defined.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Normal Form of Payment**

Married Participants 50% joint and survivor annuity.

Unmarried Participants Single life annuity.

**Optional Forms of Payment**

- Life annuity (if married)
- 5, 10, or 15 year certain and life annuity
- 50%, 66<sup>2</sup>/<sub>3</sub>%, 75% or 100% joint & survivor annuity payable to any beneficiary
- 5, 6, 7, 8, 9 or 10 year certain only annuity (Retirement Benefits only)
- Social Security leveling option (available for life annuities, certain and life annuities and joint & survivor annuities described above)
- Lump sums under \$5,000

For vested retirements, the only optional payment forms are the single life annuity, the 50% joint & survivor annuity, and small amount lump sums under \$5,000

**Actuarial Equivalence**

Lump Sums and Certain Only or Social Security Leveling Options:

30 year treasury rate from October of prior plan year and mortality table as prescribed by IRS Revenue Ruling 2001-62. Benefit amount is never less than the amount that would be determined if the interest rate described in Section 417(e)(3)(C) for the month of October was used in combination with the mortality table described in Section 417(e)(3)(B).

Other Payment Forms

Actuarial equivalence defined as 8.5% interest and 1984 Unisex Pension Mortality Table; however, the plan provides specific tables of adjustment factors for certain benefit forms. See pages 71 to 73 of the plan document (as amended by Amendment 3) and supplements to the plan document.

**Pannill Participants**

A portion of the frozen accrued benefit for these participants is the amount accrued under the Pannill Plan as of June 30, 1990. Some provisions, such as early retirement reductions and optional payment form factors, are different for these participants. See Supplement B in the plan document.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Champion Participants**

A portion of the frozen accrued benefit for these participants is the amount accrued under the Champion Plan as of June 30, 1993. Some provisions are different for these participants. See Supplement C in the plan document.

**Champion Hourly Participants**

The frozen accrued benefit for these participants is the amount accrued under the Champion Hourly Plan, which was frozen before being merged into this plan. See Supplement D in the plan document.

**Adams-Millis Participant**

A portion of the frozen accrued benefit for these participants is the amount accrued under the Adams-Millis Plan as of the merger date with the SLC Plan (appears to be as of December 31, 1996). Some provisions are different for these participants. See Supplements E and G in the plan document.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

## National Textiles, L.L.C. Pension Plan

The plan was originally established as of January 1, 1998. On March 31, 1998, assets and liabilities for certain participants in the Sara Lee Corporation Consolidated Pension and Retirement Plan were spun off to the National Textiles, L.L.C. Pension Plan. Benefits consisted of two parts: Part A was a career average pay formula and Part B was a cash balance plan formula. Participants who transferred into the plan also had frozen December 31, 1997 benefits. The frozen benefit is included as part of the Part A benefit. As of August 31, 2009, the plan was merged into the Hanesbrands Inc. Pension and Retirement Plan, which was renamed as the Hanesbrands Inc. Pension Plan.

<b>Plan Effective Date</b>	October 30, 1998.
<b>Plan Freeze Date</b>	Part A Benefit freeze effective December 31, 2003. Part B Benefit freeze effective December 31, 2002.
<b>Plan Year</b>	December 1 to November 30 (effective December 1, 2018, previously calendar plan year).
<b>Plan Eligibility</b>	Plan participation was frozen December 1, 2003.
<b>Normal Retirement</b>	
Eligibility	Age 65.
Benefit	Frozen benefit equal to the sum of Part A and Part B. Part A benefit frozen as of December 31, 2003.  Part B Cash balance stopped receiving benefit credits effective January 1, 2003.  Cash balance interest credits are applied the last day of each calendar year and are generally equal to the greater of:  (1) The greater of the annual rate of interest on 30-year Treasury securities published for the month of October or November in the immediately preceding calendar year; and  (2) 5.5%.  To comply with final hybrid plan regulations, beginning January 1, 2017, cash balance interest credits are further constrained to be no greater than the third segment rate described in Code section 430(h)(2)(c)(iii) for the month of September in the immediately preceding calendar year with stabilization described in Code section 430(h)(2)(c)(iv) and no less than 4%.  The cash balance account is converted to cash balance monthly annuity benefit using 5.5% interest rate and applicable mortality table defined in 417(e)(3). Cash

# Schedule SB Attachment (Form 5500) —2023 Plan Year

## Hanesbrands, Inc. Pension Plan

EIN: 20-3552316 PN: 001

balance benefit may not be less than what it would have been if determined on December 31, 2002.

Part A Minimum Annual Benefit:

\$480 multiplied by minimum of one and credited service divided by minimum of 20 or projected credited service at normal retirement date (note that credited service continues to accrue for purposes of this minimum).

### **Early Retirement**

Eligibility

Age 55 and 10 years of vesting service.

Benefit

Normal Retirement Benefit reduced 6% per year from 65 to 60 and 4% per year from 60 to 55.

### **Late Retirement**

Eligibility

Over age 65.

Benefit

Normal Retirement Benefit calculated as of late retirement date. With actuarial increases as applicable.

### **Vested Retirement**

Eligibility

Five years of vesting service.

Benefit

Participants with less than 10 years of vesting service:

Normal Retirement Benefit commencing at age 65.

Participants with 10 or more years of vesting service:

Early Retirement Benefit commencing at age 55 or later.

Participants with a Part B benefit may elect to receive an immediate benefit in either the normal form or as a lump sum. If Part B participant is electing a benefit that will commence prior to age 55, the reductions are 8% per year from 65 to 60, 4% per year from 60 to 55, 3% per year from 55 to 50, 2% per year from 50 to 45, 1% per year from 45 to 40, 0.50% per year from 40 to 30 and 0.25% per year prior to 30, however the reduction cannot exceed the reduction that would apply if the plan's definition of actuarial equivalence was used.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Preretirement Death**

Eligibility

Part A Benefit Five years of vesting service.

Part B Benefit Five years of vesting service.

Benefit

Part A Benefit If retirement eligible at date of death, 50% of the benefit the participant would have received if they had retired on the date of death and elected the 50% J&S option. Spouse may elect to defer this benefit, but no later than participant's age 65.

If not retirement eligible at date of death, 50% of the benefit the participant would have received if the participant had terminated on date of death survived to normal retirement date and had elected the 50% J&S option. If participant had more than 10 years of vesting service, spouse may elect earlier commencement but no earlier than participant's age 55 date. Benefits are reduced for early commencement as described above in the vested retirement section.

Non-spouse beneficiary immediately receives an actuarial equivalent lump sum.

Part B Benefit Unmarried participants receive cash balance account as an immediate lump sum payable to the estate.

Married participants receive the survivor benefit described above for Part A, but applied to the cash balance benefit. The surviving spouse may commence prior to the participant's age 55. If the spouse commences prior to age 55, the earlier retirement reductions described in the vested retirement benefit apply.

**Disability Retirement**

No special disability retirement benefits or provisions are defined.

**Normal Form of Payment**

Married participants: 50% joint and survivor annuity.  
Unmarried participants: Single life annuity.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Optional Forms of Payment**

- Life annuity (if married)
- 10-year certain and life
- 50%, 66 $\frac{2}{3}$ %, 75% or 100% joint & survivor annuity
- 5, 6, 7, 8, 9 or 10 year certain only annuity
- Lump sums under \$10,000 for Part A benefit
- Lump sum for entire Part B benefit

For vested retirements, the only optional payment forms are the single life annuity, the 50% joint & survivor annuity, lump sums under \$10,000 for the Part A benefit and lump sum for the entire Part B benefit.

**Actuarial Equivalence**

Varies and is not always based on a set mortality table and interest rate. See pages K-9 to K-11 (as amended by Amendment 3) of the plan document.

**Special Provisions**

There are four individuals who were participating in the “SLC Benefit Part” of the prior plan. These participants have additional optional forms available on their SLC benefit, different early retirement provisions, and different actuarial reduction factors. Since there are only four individuals, these special provisions will not be valued as part of the actuarial valuation.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

## Playtex Apparel Pension Plan

The plan was intended to be a continuation of the Playtex Pension Plan in effect immediately prior to January 1, 1989. Hanesbrands Inc. assumed and became the sponsoring employer of the plan effective January 1, 2006. As of August 31, 2009, the plan was merged into the Hanesbrands Inc. Pension and Retirement Plan, which was renamed as the Hanesbrands Inc. Pension Plan. Plan provisions applicable to former participants in the Playtex Apparel Pension Plan are in Supplement J of the plan document.

<b>Plan Effective Date</b>	January 1, 1989.
<b>Plan Freeze Date</b>	July 1, 1993.
<b>Plan Year</b>	December 1 to November 30 (effective December 1, 2018, previously calendar plan year).
<b>Plan Eligibility</b>	Plan participation was frozen July 1, 1993.
<b>Normal Retirement</b>	
Eligibility	Age 65.
Benefit	Career average pay benefit frozen at July 1, 1993.
<b>Early Retirement</b>	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	Normal Retirement Benefit reduced 1/4 of 1% for each complete month actual retirement precedes normal retirement date for the first 60 months, plus 5/12 of 1% for each complete month actual retirement date precedes sixtieth birthday.
<b>Late Retirement</b>	
Eligibility	Over age 65.
Benefit	Normal Retirement Benefit calculated as of late retirement date. With actuarial increases as applicable.
<b>Vested Retirement</b>	
Eligibility	Five years of vesting service.
Benefit	Participants with less than 10 years of vesting service:  Normal Retirement Benefit commencing at age 65 or actuarially reduced benefit commencing between age 55 and 65.  Participants with 10 or more years of vesting service:  Early Retirement Benefit commencing at age 55 or later.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Preretirement Death**

Eligibility

Married with five years of vesting service.

Benefit

Benefit as of date of separation or death payable at earliest possible retirement date assuming participant had elected a 50% joint & survivor benefit and immediately died. Reductions for commencement before participant's age 65 are the same as those for vested retirement.

Spouse may elect to defer this benefit, but no later than participant's age 65.

**Disability Retirement**

No special disability retirement benefits or provisions are defined.

**Normal Form of Payment**

Married Participants

50% joint and survivor annuity.

Unmarried Participants

Single life annuity.

**Optional Forms of Payment**

- Life annuity (if married)
- 50% joint & survivor annuity to any beneficiary
- 100% joint & survivor annuity to spouse
- Lump sums under \$5,000

Note: for preretirement death, the only optional payment form available is a lump sum under \$5,000.

**Actuarial Equivalence**

Lump Sums

30 year treasury rate from October of prior plan year and 417(e) mortality.

Other Payment Forms

7% interest and 1984 Unisex Pension Mortality Table. Beneficiaries are assumed to be three years older than member for joint & survivor forms.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

## Maidenform LLC Retirement Plan

The Maidenform LLC Retirement Plan (previously, the Maidenform, Inc. Retirement Plan) was maintained by Maidenform LLC (previously, Maidenform, Inc.) prior to Maidenform's acquisition by Hanesbrands Inc. Effective upon the close of business on December 31, 2013, the Maidenform LL Retirement Plan was merged into the Hanesbrands Inc. Pension Plan. Plan provisions applicable to former participants in the Maidenform LLC Retirement Plan are in Supplement L of the plan document.

<b>Plan Effective Date</b>	December 1, 1971.
<b>Plan Freeze Date</b>	December 31, 2006.
<b>Plan Year</b>	December 1 to November 30 (effective December 1, 2018, previously calendar plan year).
<b>Plan Eligibility</b>	Plan participation was frozen December 31, 2006.
<b>Normal Retirement</b>	
Eligibility	The first day of the calendar month coincident with or next following the later of age 65 and the fifth anniversary of the effective date of participation.
Retirement Benefit	<p>The accrued benefit is the sum of the basic benefit and the supplemental benefit (the Maidenform accrued benefit) and the NCC accrued benefit.</p> <p>Basic Benefit (non-contributory): From January 1, 1989 on, 1.75% of covered compensation not in excess of \$26,000 for each year of credited service.</p> <p>Supplemental Benefit (contributory):</p> <p>For each year of credited service after January 1, 1989, 1.75% of covered compensation greater than \$26,000.</p> <p>NCC Accrued Benefit:</p> <p>\$2.00 per year of benefit service before December 1, 1971 limited to 10 years of benefit service plus \$5.00 per year of benefit service from November 30, 1971 to December 31, 1991. The maximum benefit is \$100.</p> <p>Credited service is limited to 40 years.</p> <p>Accrued benefits are frozen as of January 1, 2007.</p>

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Early Retirement**

Eligibility

The first day of any calendar month coincident with or next following the date a member (i) attains age 55 and the completion of five years of vesting service, with respect to the member's Maidenform accrued benefit, and (ii) attains age 60 and the completion of 15 years of vesting service with respect to the member's NCC accrued benefit.

Benefit

For the Maidenform accrued benefit, the benefit is reduced  $6\frac{2}{3}\%$  for each of the first five years and  $3\frac{1}{3}\%$  for each of the next five years by which early retirement date precedes normal retirement date. For the NCC accrued benefit, the benefit is reduced using actuarial equivalence (Unisex Mortality Table UP-84 and 7% interest).

**Late Retirement**

Eligibility

Over age 65.

Benefit

Accrued benefit payable at age 65. With actuarial increases as applicable.

**Vested Retirement**

Eligibility

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his or her accrued benefit.

Benefit

Normal Retirement Benefit payable at age 65.

Participant may commence their Maidenform accrued benefit as early as age 55. The Maidenform benefit will be reduced  $6\frac{2}{3}\%$  for each of the first five years and  $3\frac{1}{3}\%$  for each of the next five years by which early retirement date precedes normal retirement date.

If the participant has 15 years of vesting service, the participant may commence their NCC accrued benefit as early as age 60. The benefit will be reduced using actuarial equivalence (Unisex Mortality Table UP-84 and 7% interest).

**Preretirement Death**

Eligibility

Five years of vesting service.

Benefit

50% of the amount that would have been payable to the participant under the 50% joint and survivor option.

# Schedule SB Attachment (Form 5500) —2023 Plan Year

## Hanesbrands, Inc. Pension Plan

EIN: 20-3552316 PN: 001

### Disability Retirement

#### Eligibility

Ten years of vesting service and entitled to receive disability insurance benefits under Title II of the Federal Social Security Act.

#### Benefit

Upon determination of disability, payment shall commence six months following the date of total disability. Participant may commence the Maidenform benefit unreduced. The NCC accrued benefit may not commence until the participant reaches early retirement age for purposes of the NCC accrued benefit.

### Normal Form of Payment

Married participants: 50% joint and survivor annuity with return of employee contributions guaranteed.

Unmarried participants: single life annuity with return of employee contributions guaranteed.

### Optional Forms

- Life annuity (if married)
- 50%, 75%, or 100% joint and survivor annuity
- Level income to age 62 (not available for deferred retirement on the Maidenform accrued benefit)
- Certain and life annuity with any fixed number of guaranteed payments (applies only to NCC accrued benefit)
- Joint and survivor annuity with any percentage continued to survivor (applies only to NCC accrued benefit)
- Certain only annuity with any period of time (applies only to NCC accrued benefit)

### Actuarial Equivalence

Varies depending on the optional form and the benefit (i.e. Maidenform or NCC). See pages 16 and 17 of amendment 3.

### Employee Contributions

2.0% of compensation in excess of \$26,000, accumulated with interest compounded annually at 120% of the Federal mid-term rate. No employee contributions for periods of service after January 1, 2007.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

**Other Information to Fully and Fairly Disclose the Actuarial Position of  
the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2023 Plan Year  
Hanesbrands, Inc. Pension Plan  
EIN: 20-3552316 PN: 001

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The optional payment form conversion rate for lump sums and certain-only annuities was changed from 4.00% to 4.70% to reflect the most recent 30-year Treasury rates.
- A change in the cash balance interest crediting rate from 5.50% through 2025, 5.40% for 2026 and thereafter, to 5.50%.
- A change in the expected rate of return on assets from 7.90% (limited to 5.92%) for the 2022 plan year to 6.95% (limited to 5.74%) for the 2023 plan year. Note that this change had no impact on the results presented in the report.

The rationales for selecting each of the assumptions used in the funding valuation and for the assumption changes summarized above are described in more detail in the Accounting Assumption Methodology document issued in January 2024 and the Assumption Support section of the December 31, 2023 Global Year-End Disclosure Report issued in January 2024. The general impact of the changes listed above is shown in the December 1, 2023 Actuarial Report issued in December 2024.

The assumption changes listed above (excluding those prescribed or indexed) did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.