

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LEVI STRAUSS & CO. PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>100</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LEVI STRAUSS & CO</u></p> <p><u>1155 BATTERY STREET</u> <u>SAN FRANCISCO, CA 94111-1203</u></p>	<p>1c Effective date of plan <u>12/31/1985</u></p> <p>2b Employer Identification Number (EIN) <u>94-0905160</u></p> <p>2c Plan Sponsor's telephone number <u>415-501-6000</u></p> <p>2d Business code (see instructions) <u>315220</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/13/2026	EDUARDO ZANATTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/13/2026	SCOTT WHITE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT PLANS ADMIN COMMITTEE OF LEVI STRAUSS & CO. 1155 BATTERY STREET SAN FRANCISCO, CA 94111-1203	3b Administrator's EIN 94-2387537 3c Administrator's telephone number 415-501-6000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 10978
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 320 6a(2) 211 6b 8003 6c 1316 6d 9530 6e 1122 6f 10652 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

▶ **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.

A Name of plan <u>LEVI STRAUSS & CO. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>100</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LEVI STRAUSS & CO</u>	D Employer Identification Number (EIN) <u>94-0905160</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>605441804</u>
	b Actuarial value	2b	<u>622148979</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>9241</u>	<u>439789126</u>
	b For terminated vested participants	<u>1417</u>	<u>74876065</u>
	c For active participants	<u>320</u>	<u>13739911</u>
	d Total	<u>10978</u>	<u>528405102</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	4b	
5	Effective interest rate	5	<u>5.41</u> %
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>2255000</u>
	c Target normal cost	6c	<u>2255000</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.

SIGN HERE			
	Signature of actuary	<u>01/30/2026</u>	Date
	<u>MICHELLE RAAD</u>	<u>23-06641</u>	Most recent enrollment number
	Type or print name of actuary	<u>213-346-2200</u>	Telephone number (including area code)
	<u>MERCER</u>		
	Firm name		
	<u>633 W. FIFTH STREET, SUITE 1200</u> <u>LOS ANGELES, CA 90071</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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>5.07</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	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>5.15</u> %		
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	117.69 %
15	Adjusted funding target attainment percentage	15	115.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	121.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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		
Totals ▶			18(b)		18(c)		

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	2255000
b Excess assets, if applicable, but not greater than line 31a	31b	2255000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan LEVI STRAUSS & CO. PENSION PLAN	B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 LEVI STRAUSS & CO	D Employer Identification Number (EIN) 94-0905160	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIDELITY MANAGEMENT TRUST CO

04-3275867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50	N/A	811061	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	N/A	91182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER HUMAN RESOURCES CONSULTING

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	N/A	84708	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MOSS ADAMS

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	N/A	23625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name: MOSS ADAMS, LLP	b EIN: 91-0189318
c Position: AUDITOR	
d Address: 6565 AMERICAS PARKWAY NE, SUITE 600 ALBUQUERQUE, NM 87110	e Telephone: 505-878-7200

Explanation: PERIODIC AUDITOR ROTATION

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>LEVI STRAUSS & CO. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>100</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LEVI STRAUSS & CO</u>	D Employer Identification Number (EIN) <u>94-0905160</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LS&CO RETIREMENT PLANS MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LEVI STRAUSS & CO.</u>		
c EIN-PN <u>94-0905160-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>581264366</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan LEVI STRAUSS & CO. PENSION PLAN	B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 LEVI STRAUSS & CO	D Employer Identification Number (EIN) 94-0905160

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	605441804	581264366
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	605441804	581264366
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	218235	136420
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	218235	136420
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	605223569	581127946

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	17435	
(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)		17435
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		32946921
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		32964356

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49696786	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	5250000	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		54946786
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	23625	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	84708	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	91182	
(11) Other expenses	2i(11)	1913678	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2113193
j Total expenses. Add all expense amounts in column (b) and enter total	2j		57059979

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-24095623
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568833.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan LEVI STRAUSS & CO. PENSION PLAN	B Three-digit plan number (PN)	100
C Plan sponsor's name as shown on line 2a of Form 5500 LEVI STRAUSS & CO	D Employer Identification Number (EIN) 94-0905160	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): **04-3275867**

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3** **67**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 14.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 83.4 %
 High-Yield Debt: 0.0 % Real Assets: 1.9 % Cash or Cash Equivalents: 0.3 % Other: 0.0 %

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 _____.

Report of Independent Auditors
and Financial Statements for

Levi Strauss & Co. Pension Plan

May 31, 2025 and 2024

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REPORT OF INDEPENDENT AUDITORS

Independent Auditor's Report

To the Administrative Committee of
Levi Strauss & Co. Pension Plan:

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

We have performed an audit of the financial statements of Levi Strauss & Co. Pension 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 statement of net assets available for benefits as of May 31, 2025, and the related statement of changes in net assets available for 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 audit of Levi Strauss & Co. Pension Plan's 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 audit 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 a certification from a qualified institution as of and for the year ended May 31, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit 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 Levi Strauss & Co. Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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 Levi Strauss & Co. Pension 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 Levi Strauss & Co. Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of Levi Strauss & Co. Pension Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated March 10, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and (b) the information in the 2024 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).

A handwritten signature in blue ink that reads "Withum Smith + Brown, PC". The signature is written in a cursive, flowing style.

March 13, 2026

LEVI STRAUSS & CO. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAY 31, 2025 AND 2024

	2025	2024
Assets:		
Investments – at fair value:		
Plan interest in Levi Strauss & Co. Master Trust	\$ 581,264,366	\$ 605,441,804
Total investments	581,264,366	605,441,804
 Liabilities:		
Advisory fees payable	136,420	218,235
Total liabilities	136,420	218,235
Net assets available for benefits	\$ 581,127,946	\$ 605,223,569

LEVI STRAUSS & CO. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED MAY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Investment income:		
Interest	\$ 17,435	\$ 60,601
Plan interest in Levi Strauss & Co. Master Trust investment income	<u>32,946,921</u>	<u>30,338,701</u>
Investment income	32,964,356	30,399,302
Deductions:		
Benefits paid directly to participants	49,696,786	47,866,216
Transfer to 401(h) account	5,250,000	0
Management fees and administrative expenses	<u>2,113,193</u>	<u>1,250,228</u>
	<u>57,059,979</u>	<u>49,116,444</u>
Decrease in net assets available for benefits	(24,095,623)	(18,717,142)
Net assets available for benefits:		
Beginning of year	<u>605,223,569</u>	<u>623,940,711</u>
End of year	<u>\$ 581,127,946</u>	<u>\$ 605,223,569</u>

LEVI STRAUSS & CO. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Plan Description

General – The Levi Strauss & Co. Pension Plan (the “Plan”), is a defined benefit pension plan sponsored by Levi Strauss & Co. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Plan participants should refer to the Plan Document for a complete description of the Plan’s provisions.

The Plan is fully frozen and no longer permits new participants. All participants in the Plan no longer earn credit for service for purposes of accruing additional retirement benefits.

Effective June 1, 2023, the Plan established a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component [401(h) account]. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the Plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the Plan year must be transferred out of the account to the Plan. The related obligations for health benefits are not included in the Plan's obligations in the statement of accumulated plan benefits but are reflected as obligations in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Plan sponsor.

The Plan, except as to the investment and control of the Plan assets, is interpreted and administered by the Administrative Committee for the Retirement Plans of Levi Strauss & Co. (the Administrative Committee), which is appointed by the Chief Executive Officer of the Company. The Administrative Committee and the Investment Committee for the Retirement Plans of Levi Strauss & Co. are the named fiduciaries with respect to administration of the Plan and investment of Plan assets, respectively.

Assets of the Plan are held by and under the control of The Bank of New York Mellon/BNY Mellon N.A. (Mellon), the trustee, in the Levi Strauss & Co. Master Trust (Master Trust) pursuant to a Master Trust agreement for the Company’s defined benefit retirement plan (Note 11). Effective May 31, 2011, the Plan is the only plan participating in the master trust and, therefore, has 100% of the undivided interest in the net assets of the Master Trust and the investment loss and administrative expenses of the Master Trust.

**LEVI STRAUSS & CO. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

Note 1 – Plan Description (continued)

Pension benefits – For participants who had been members of the Revised Home Office Pension Plan of Levi Strauss & Co. (HOPP Members), beginning at normal retirement age (65), eligible employees with five or more years of service are entitled to annual pension benefits equal to the following:

- (a) 2.00% of compensation for each of the first 25 years of service, plus
- (b) 0.25% of compensation for each year of service in excess of 25, less
- (c) 2.00% of the primary Social Security benefit for each year of service not exceeding 25.

Compensation is taken as the average of the annual compensation over the five highest paid consecutive fiscal years out of the last ten fiscal years immediately preceding the earliest of (i) November 29, 2004, or May 31, 2011, for Transition Group members, (ii) the HOPP Member's Retirement Date, or (iii) the date such HOPP Member terminates Service.

For participants who had been members of the Levi Strauss & Co. Revised Employee Retirement Plan (ERP Members), employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The normal retirement benefit is a monthly benefit payable for life based on service as follows:

<u>Years of Service</u>	<u>Monthly Benefit for each year of service</u>	
	<u>Exempt</u>	<u>Nonexempt</u>
Prior to November 1, 1990	\$8	\$8
October 31, 1990 to January 1, 2003	\$32	\$20
December 31, 2002 to January 1, 2006	\$33	\$21
After December 31, 2005	\$34	\$22

The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, a straight life annuity, or a 10-year certain and life annuity. If the actuarial equivalent value of a participant's retirement benefit is \$5,000 or less at any time after the participant's termination date, but before the annuity starting date, the participant will receive a single sum distribution of his or her retirement benefit. If employees terminate before rendering 5 years of service, they forfeit the right to receive the unvested portion of their accumulated plan benefits. Employees may elect to receive the value of their vested accrued benefits upon retirement or termination as a life annuity payable monthly from retirement.

The Plan provides for automatic rollovers of mandatory distributions if the present value of the pension benefit is greater than \$1,000 but less than \$5,000 and an automatic single sum distribution if the present value of the pension benefit is \$1,000 or less.

LEVI STRAUSS & CO. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Plan Description (continued)

Death and disability benefits – If an active employee who has a vested benefit in the Plan dies, a survivor benefit may be payable to the employee’s beneficiary. Active employees who become totally disabled after having completed at least 5 years of vesting service and are receiving disability benefits under the Welfare Plan will continue to accrue vesting service through normal retirement age. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Note 2 – Summary of Significant Accounting Policies

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

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

Investment valuation and income recognition – Investments are reported at fair value. The Plan’s trustee, The Bank of New York Mellon/BNY Mellon N.A., certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

The Statement of Changes in Net Assets Available for Benefits presents the Plan’s share of the Master Trust’s net income (loss), which includes interest, dividends, realized gains or losses, the unrealized appreciation or depreciation of investments included in the Master Trust, investment management expenses, and administrative expenses allocable to the plans. Purchases and sales are reported on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. See Note 11 for Master Trust information.

Payment of benefits – Benefits paid directly to participants are recorded upon distribution.

Risks and uncertainties – The Plan may invest in various types of 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 change could materially affect the amounts reported in the financial statements.

LEVI STRAUSS & CO. PENSION PLAN NOTES TO FINANCIAL STATEMENTS

Note 2 – Summary of Significant Accounting Policies (continued)

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 such estimates and assumptions, based on more accurate future information, or different assumptions or conditions, could materially affect amounts reported on the financial statements.

Subsequent events – The Plan has evaluated subsequent events through March 13, 2026, the date the financial statements were available to be issued.

On November 24, 2025, the Plan transferred \$4.81 million to the 401(h) account to fund medical benefits and associated expenses paid during the year pursuant to Code Section 420(f)(2)(E).

Note 3 – Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

LEVI STRAUSS & CO. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3 – Fair Value Measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

All of the Plan's assets are held in the Levi Strauss & Co. Master Trust (Master Trust). See Note 11 for Master Trust information.

Note 4 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that participants have rendered and are calculated using the projected unit credit actuarial cost method. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on a participant's highest paid five consecutive fiscal years of covered compensation, as defined by the Plan, out of the last ten fiscal years with the Company prior to November 28, 2004, except for the Transition Group participants whose covered compensation is through May 31, 2011, and on years of service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to participants' service rendered to the actuarial valuation date. Benefits to be provided in annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, termination, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of May 31, 2024 and 2023, were (a) PRI-2012 Mortality Table and projection scale Generational MSS-2024 and MSS-2023 for healthy participants (separate for healthy employees and annuitants, sex distinct with collar adjustments [white collar for Home Office and blue collar for Field]); and PRI-2012 Mortality Table and projection scale Generational MSS-2024 and MSS-2023 for disabled participants (separate for disabled annuitants, sex distinct with no collar adjustments), respectively, (b) retirement age of no later than 65, (c) investment rate of return of 4.80% and 5.36% for 2024 and 2023, respectively, and (d) current liability discount rate of 5.10% and 5.62% for 2024 and 2023, respectively. The foregoing actuarial assumptions were based on the presumption that the Plan will continue. If the Plan should terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

There was an increase in the present value of accumulated plan benefit obligations due to a change in actuarial assumptions in the amount of \$26,432,607 for the period from June 1, 2023 to May 31, 2024.

**LEVI STRAUSS & CO. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

Note 4 – Actuarial Present Value of Accumulated Plan Benefits (continued)

The increase in actuarial assumptions was primarily due to:

- an interest rate decrease from 5.36% to 4.80%
- the mortality projection scale was updated from MSS-2023 to MSS-2024
- withdrawal rates, retirement rates, benefit commencement age, form of payment, and spousal assumptions were updated based on the experience study undertaken in 2024 to better reflect plan experience.

The Plan's Adjusted Funding Target Attainment Percentage for the Plan year beginning June 1, 2024, is 115.93%.

A summary of the actuarial present value of accumulated plan benefits as of May 31, 2024, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants currently receiving payments	\$ 471,809,404
Other Participants	98,520,748
	<u>570,330,152</u>
Nonvested benefits	<u>196,643</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 570,526,795</u></u>

Changes in the actuarial present value of accumulated plan benefits for the period from June 1, 2023 to May 31, 2024, are as follows:

Actuarial present value of accumulated plan benefits -- beginning of period	\$ 560,270,113
Increase/(decrease) during the period attributable to:	
Benefits accumulated and other factors	3,049,529
Change in actuarial assumptions	26,432,607
Increase for interest due to the decrease in the discount period	28,640,762
Benefits paid	<u>(47,866,216)</u>
Net increase	<u>10,256,682</u>
Actuarial present value of accumulated plan benefits -- end of period	<u><u>\$ 570,526,795</u></u>

LEVI STRAUSS & CO. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5 – Funding Policy

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement.

The Administrative Committee retains an actuary on behalf of the Plan's participants and beneficiaries, as required by ERISA. Each year, the Company's policy is to contribute to the Plan at least the ERISA required minimum amount recommended by the actuary and may contribute up to the maximum deductible amount. The Company's contributions for the Plan years ended May 31, 2025 and 2024, met or exceeded the minimum funding requirements of ERISA. The Company did not make any contributions for the Plan years ended May 31, 2025 and 2024.

In November 2025 and 2024, the Plan transferred \$4,810,000 and \$5,250,000, respectively, to the 401(h) account to fund medical benefits and associated expenses paid during the year.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 6 – Administrative Expenses

Administrative expenses are generally paid by the Plan. During the Plan years ended May 31, 2025 and 2024, the Plan paid \$2,113,193 and \$1,250,228, respectively, in administrative expenses. Costs associated with managing the investments of the Master Trust are paid by the Master Trust and included in the Plan's interest in the Master Trust investment income. Certain administrative expenses are paid by the Company.

Note 7 – Information Certified by Trustee

The Administrative Committee has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Administrative Committee instructed the Plan's independent auditors not to perform any auditing procedures with respect to the annual/Form 5500 statements certified by BNY Mellon, the trustee of the Plan, except for comparing such information certified by the trustee to information included in the Plan's financial statements.

Note 8 – Related-Party Transactions

The Master Trust invests in funds managed by Mellon earning interest at rates that vary with market conditions. Mellon is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

LEVI STRAUSS & CO. PENSION PLAN NOTES TO FINANCIAL STATEMENTS

Note 9 – Federal Income Taxes

The Plan is designed to qualify as a tax-exempt plan under the appropriate section of the Internal Revenue Code (IRC). The Internal Revenue Service has determined and informed the Company by a letter dated February 7, 2017, that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 – Plan Termination

The Plan has been established with the intention and expectation that it will continue as amended; however, the Company retains the right to amend, curtail, or terminate any aspect of the Plan at any time, subject to the provisions of ERISA. Upon termination of the Plan and allocation of the assets of the Plan, the Administrative Committee may, in its sole and absolute discretion, direct the Trustee to convert the Trust Fund into cash and liquidate the Trust Fund by making retirement benefit distributions to participants and beneficiaries in accordance with the forms of benefit distribution, as provided in plan provisions. Alternately, with the consent of the Board of Directors, the Administrative Committee may direct the Trustee to postpone retirement benefit distributions to participants and beneficiaries until such participants or beneficiaries become eligible to receive a retirement benefit distribution under the terms and provisions of the Plan.

If the Plan is liquidated, the Administrative Committee will instruct the Trustee to purchase nontransferable deferred annuities for each participant or beneficiary entitled to receive retirement benefit distributions, with the monthly payment provided by the annuity, the form of the annuity, and the date which payments will commence under the annuity to be determined in accordance with plan provisions. In the event the Plan terminates and the assets held in the Trust Fund are insufficient to purchase all of such annuities, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- (b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

LEVI STRAUSS & CO. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

- (c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- (d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025, that ceiling is \$7,789.77 per month. That ceiling applies to those participants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger participants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

For those already retired, the age used to determine the maximum guarantee is the participant's age as of the date of plan termination. For those not yet retired, the maximum guarantee is based on their age when they do retire. There is also an adjustment to reflect a form of payment other than a single-life annuity. In the case of joint-and-50%-survivor annuity, for example, the adjustment reflects both the cost of the additional survivor benefit and the difference in ages of the participant and the spouse. PBGC does not guarantee benefit payments that exceed the amount of a participant's accrued plan benefit payable at normal retirement age. Benefit increases and new benefits are only partially covered by PBGC's guarantee if they have been in the plan less than five years on the date of plan termination. PBGC guarantees the larger of 20 percent or \$20 per month of the increase for each whole year since the benefit increase. Participants may receive the full benefit increase if the participant has been in the Plan more than five years. Generally, benefit increases occurring within one year of the Plan termination are not guaranteed.

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 for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

LEVI STRAUSS & CO. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 11 – Interest in Levi Strauss & Co. Master Trust

Investments in the Levi Strauss & Co. Master Trust are stated at fair value as certified by Mellon. The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. Securities traded on the national securities exchange are valued at the last reported sales price on the last business day of the plan year. Investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices. Investments for which exchange quotations are not readily available are valued at their estimated fair value based on information deemed appropriate by the investment manager, such as valuations of the underlying private investment funds or audited financial statements of underlying partnerships or pooled funds.

The following table presents the fair value of the net assets of the Master Trust and the Plan's share in the Master Trust:

	May 31	
	2025	2024
Investments at fair value:		
Collective trusts	\$ 581,325,469	\$ 605,436,456
Receivables:		
Interest receivable	6,727	5,348
Liabilities:		
Accrued management fees	(67,830)	0
Total net assets	<u>\$ 581,264,366</u>	<u>\$ 605,441,804</u>
Net assets allocated to Plan	\$ 581,264,366	\$ 605,441,804
Percentage	100%	100%

Investment income/(loss) for the Master Trust is as follows:

	Year ended May 31	
	2025	2024
Net appreciation in fair value of investments	\$ 33,868,614	\$ 30,338,706
Management fees and administrative expenses	(921,693)	(5)
Net income for the period	<u>32,946,921</u>	<u>30,338,701</u>
Net income allocated to Plan for the period:		
Amount	\$ 32,946,921	\$ 30,338,701
Percentage	100%	100%

LEVI STRAUSS & CO. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 11 – Interest in Levi Strauss & Co. Master Trust (continued)

Following is a description of the valuation methodologies used for assets held in the master trust reported at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

Collective trusts: Certain collective trusts are valued by the trustee at net asset value based on the quoted market values of the underlying investments held in the trust at year end. Certain trusts invest primarily in securities traded on nationally recognized securities exchanges and active dealer markets.

All investments remaining in the Master Trust as of May 31, 2025 and 2024, were valued at NAV practical expedient and therefore no fair value table is presented. There are no unfunded commitments or redemption restrictions on current investments.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions****Former Levi Strauss & Co. Revised Employee Retirement Plan (ERP)**

Effective date and plan year	Original plan: December 30, 1985 Restated plan: June 1, 2010 Plan year: June 1 – May 31 Last amended and restated effective June 1, 2020 Most Recent Amendment: Amendment 1 effective May 23, 2023
Status of the plan	The Plan is frozen effective May 31, 2011. No Employee is eligible to become a Member in the Plan on and after June 1, 2011. Effective May 31, 2011, ERP merged into HOPP and the newly merged plan is renamed the Levi Strauss & Co. Pension Plan.
Definitions	
• Participation	An employee who was a participant of the plan as of November 27, 1989 shall continue to be a participant of the plan. Each employee who was not a participant as of November 27, 1989 shall become a participant on the later of the Entry Date next following the completion of one year of service or the date on which they become an eligible employee. “Entry date” means June 1 and December 1 of each plan year. An employee who was not a participant prior to December 31, 2007 and is covered by a collective bargaining agreement with UNITE HERE, may not become a participant. No employee is eligible to become a participant in the plan on or after June 1, 2011.
• Employee contributions	None
• Type of Plan	Flat dollar plan
• Service Considered	One month of service is credited for each calendar month in which at least one hour of service is performed. One year of service is credited for each twelve-month period of service earned, regardless of whether such periods were completed consecutively. If a participant is covered by a collective bargaining agreement with UNITE HERE, the participant stopped accruing service as of December 31, 2007. All other members shall not accrue Service on and after June 1, 2011. Service will continue to accrue for the purposes of early retirement eligibility.
• Annuity buyout	Levi Straus & Co. executed an annuity buyout as of May 23, 2023 for certain retirees with monthly benefits lower than \$750.
• Vesting	Five (5) years of service
• Account B contributions	No further contributions are made by the Company to Account B. The participant’s excess Account B amount determined as of January 1, 1986 will be increased with interest at 9% per annum to date of payment. Upon termination of employment, the participant may elect to receive this amount in cash or to receive an annuity based on that amount. This payment or annuity will be provided under the Transamerica Annuity Contract and is in

Schedule SB, Part V — Summary of Plan Provisions

addition to whatever other benefits are provided under that contract or under the Revised Employee Retirement Plan.

Normal retirement

- Eligibility Later of attainment of age 65 or 5 years of service
- Benefit
 - A monthly benefit payable for life equal to:
 - A. \$8 for each year of service prior to November 1, 1990, plus
 - B. \$32 (for exempt employees) or \$20 (for non-exempt employees) for each year of service after October 31, 1990 and before January 1, 2003, plus
 - C. \$33 (for exempt employees) or \$21 (for non-exempt employees) for each year of service after December 31, 2002 and before January 1, 2006, plus
 - D. \$34 (for exempt employees) or \$22 (for non-exempt employees) for each year of service after December 31, 2005.

Effective as of December 31, 2007, employees covered by a collective bargaining agreement with UNITE HERE are no longer eligible to participate in the plan or receive additional accruals after January 1, 2008.

Effective May 31, 2011, no participants shall be eligible to accrue additional benefits under the plan on or after June 1, 2011. The Plan is frozen effective May 31, 2011.

Early retirement

- Eligibility
 - First day of any month after attainment of age 55 and completion of at least fifteen (15) years of service.
 - Or
 - Any time after age 55 when total age plus years of service equals or exceeds 80 (“Rule of 80”).
- Benefit Eligible for early retirement benefit, if participant terminates service on or after early retirement age. Benefit is the normal retirement benefit multiplied by the following early retirement factors:

Age	Percentage Factor
55	70%
56	74%
57	78%
58	82%
59	86%
60	90%
61	92%
62	94%
63	96%
64	98%
65	100%

For retirement under the “Rule of 80,” the factor shall be 100% regardless of age.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement																									
• Eligibility	A participant remains in employment past their Normal Retirement Date.																								
• Benefit	From January 1, 1967 through December 31, 1979, and on or after January 1, 1988, benefits are accrued beyond a participant’s normal retirement date. Benefits do not accrue beyond a participant’s normal retirement date for the period January 1, 1980 through December 31, 1987 unless the participant was credited with at least one hour of service on or after January 1, 1988. During that period (and also through December 31, 1990), accrued benefits are increased by 6 2/3% for each year between normal and delayed retirement dates, offset by any benefits accrued during that period and after the participant’s normal retirement date.																								
Deferred vested																									
• Eligibility	A participant who has completed five years of service and who terminates for reasons other than death, disability or retirement.																								
• Benefit	Normal Retirement Benefit accrued to the date of termination multiplied by the following early retirement factors																								
	<table border="1"> <thead> <tr> <th>Age</th> <th>Percentage Factor</th> </tr> </thead> <tbody> <tr><td>55</td><td>42%</td></tr> <tr><td>56</td><td>45%</td></tr> <tr><td>57</td><td>49%</td></tr> <tr><td>58</td><td>53%</td></tr> <tr><td>59</td><td>58%</td></tr> <tr><td>60</td><td>63%</td></tr> <tr><td>61</td><td>69%</td></tr> <tr><td>62</td><td>76%</td></tr> <tr><td>63</td><td>83%</td></tr> <tr><td>64</td><td>91%</td></tr> <tr><td>65</td><td>100%</td></tr> </tbody> </table>	Age	Percentage Factor	55	42%	56	45%	57	49%	58	53%	59	58%	60	63%	61	69%	62	76%	63	83%	64	91%	65	100%
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60	63%																								
61	69%																								
62	76%																								
63	83%																								
64	91%																								
65	100%																								
Disability																									
• Eligibility	<p><u>Unreduced Benefit</u> Any participant who (i) was age 55 or older as of November 27, 1989, or (ii) has completed five years of service in the plan, and who terminated employment due to total and permanent disability.</p> <p><u>Reduced Benefit</u> Any participant who was not age 55 or older as of November 27, 1989, who terminates employment due to total and permanent disability and who has not completed five years of service in the plan. Any participant who attained age 55, who terminates employment due to total and permanent disability and who has not completed five years of service in the plan.</p>																								
• Benefit	<p><u>Unreduced Benefit</u> The participant is entitled to receive benefits immediately equal to the benefits earned to the date of disability without reduction.</p> <p><u>Reduced Benefit</u></p>																								

Schedule SB, Part V — Summary of Plan Provisions

The participant is entitled to receive benefits immediately equal to the actuarial equivalence of the benefits earned to the date of disability. The participant is entitled to receive benefits immediately equal to the benefits earned to the date of disability reduced by the termination benefit early retirement factors.

Alternatively, any Participant may elect to defer receipt of his or her benefits until normal retirement date, at which time the retirement benefit will be computed using benefit service accrued from date of disability to normal retirement date.

Effective as of December 31, 2007, service for employees covered by a collective bargaining agreement with UNITE HERE is frozen.

Effective as of May 31, 2011, service for all employees is frozen.

Pre-retirement death

- Eligibility Death of a participant who has vested benefits.
- Benefit prior to early retirement The surviving spouse or domestic partner will receive a pension equal to the continuance piece of the Qualified Joint and Survivor Annuity (QJSA) annuity determined as if he terminated on the date of death and retired on the first possible retirement date. A deceased participant’s beneficiary will receive the current value of excess Account B, in addition to other death benefits.

Enhanced Benefits

- Eligibility Available to certain employees laid off under Levi Strauss & Co. 2006, 2003, and 2002 Facility Closure Programs.
- Benefit
 - 80 and Out Benefit
 Unreduced retirement benefit for those who attained age 50 and total attained age plus service exceeds 80.
 - 15 Years of Service Benefit
 70% of the retirement benefit is paid for those who attained age 50, but not yet 55, with at least 15 years of service.
 - 25 Years of Service Benefit
 Retirement benefit beginning at age 55 reduced by the Early Retirement Factors listed under early retirement benefit for those who had at least 25 years of service.

Form of benefits

- Automatic form for unmarried participants Life Annuity
- Automatic form for married participants 100% Joint and Survivor annuity, actuarially equivalent to the life annuity.
- Optional forms A participant with spousal consent (except for (c)), may elect one of the following:
 - (a) benefit payable during the participant’s lifetime only;
 - (b) 100% Joint and Survivor annuity;
 - (c) 50% Joint and Survivor annuity;
 - (d) a monthly benefit for life with 120 payments guaranteed;

Schedule SB, Part V — Summary of Plan Provisions

	(e) unlimited single sum for participants who are active as of September 24, 2020 and subsequently terminate.
<ul style="list-style-type: none"> Actuarial equivalence to determine optional forms 	<p><u>Normal Retirement:</u> Mortality table: Applicable mortality table defined in section 417(e)(3)(B) of the Code. Interest rate: 7%.</p> <p><u>Active and Current Vested Term that terminated or retired on or after Early Retirement Date:</u> Mortality table: Applicable mortality table defined in section 417(e)(3)(B) of the Code. Interest rate: 5%.</p> <p><u>Current Vested Term that terminated before Early Retirement Date:</u> Mortality table: 1951 Group Annuity Table, assuming a relevant population that consists of 100% females. Interest rate: 6%.</p> <p><u>Lump sum:</u> Mortality table: Applicable mortality table defined in section 417(e) of the Code. Interest rates under 417(e) of the Code using a lookback to October prior to the Calendar Year</p>
Miscellaneous	
<ul style="list-style-type: none"> Maximum benefits 	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Former Revised Home Office Pension Plan of Levi Strauss & Co. (HOPP)

Effective date and plan year	Original plan: December 30, 1985 Restated plan: June 1, 2010 Plan year: June 1 – May 31 Last amended and restated effective June 1, 2020 Most Recent Amendment: Amendment 1 effective May 23, 2023
Status of the plan	The Plan is frozen effective May 31, 2011. No Employee is eligible to become a participant in the Plan on and after June 1, 2011. Effective May 31, 2011, ERP merged into HOPP and the newly merged plan is renamed the Levi Strauss & Co. Pension Plan.
Definitions	
• Participation	Plan is closed to all new entrants who did not meet plan’s prior eligibility requirements as of November 28, 2004.
• Social security offset	Estimated age 65 Social Security benefit. The following assumptions are made in determining the estimated amount: <ul style="list-style-type: none"> • There are no increases in Social Security benefit after age 65; • If the member retires on or after his/her early retirement date, there is no compensation assumption after that date; and • If the member terminates prior to early retirement age, assume level earning up to the member’s 65th birthday. The Social Security benefit was frozen as of November 28, 2004.
• Participant contributions	None.
• Transition Group	Participants who are within 5 years of early retirement age as of November 28, 2004, and whose earnings during the plan year ending May 31, 2006 are less than \$125,000, subject to non-discrimination requirements.
• Service considered	An employee will earn one-twelfth (1/12) of a year of benefit service for every calendar month in which the employee is credited with at least one-hour of service. Service was frozen for all participants, effective November 28, 2004. Service continues to accrue for early retirement eligibility.
• Earnings considered	Base Salary, commissions, bonuses and incentive compensation and overtime pay earned during the fiscal year before November 29, 2010 and during the Plan Year beginning June 1, 2010 and ending May 31, 2011. Annual earnings taken into consideration for determination of the accrued benefit are limited by Internal Revenue Code Section 401(a)(17).
• Final average earnings	Highest average annual compensation for the five consecutive fiscal years out of the last 10 years. Only full years are considered. Final average earnings are frozen for all participants, except the Transition Group participants, effective November 28, 2004. Effective May 31, 2011, the Transition Group participant’s final average earnings is the greater of highest average earnings based on a fiscal year basis immediately preceding November 29, 2010 or the four consecutive fiscal years ending November 25, 2007, November 30, 2008, November 29, 2009 and November 28, 2010 and the Plan Year beginning June 1, 2010 and ending May 31, 2011.

Schedule SB, Part V — Summary of Plan Provisions

	Final average earnings is frozen as of May 31, 2011 for all Transition Group participants.
• Annuity contract	Annuity contract that was purchased by the plan from Transamerica Occidental Life Insurance Company in conjunction with the spin-off of this plan from the Terminated Plan on December 30, 1985.
• Annuity buyout	Levi Straus & Co. executed an annuity buyout as of May 23, 2023 for certain retirees with monthly benefits lower than \$750.
• Vesting	Five (5) years of service.

Normal retirement

• Eligibility	Later of attainment of age 65 or 5 years of service.
• Benefit	<p>2% of final average earnings times years of benefit service (not in excess of 25 years), less</p> <p>2% of Social Security benefit times years of benefit service (not in excess of 25 years), plus</p> <p>0.25% of final average earnings times years of benefit service in excess of 25 years.</p> <p>Effective May 31, 2011, the HOPP transition group member shall not accrue any additional benefits under the HOPP plan on or after June 1, 2011.</p> <p>The above amount will be reduced by any annuity contract.</p>

Early retirement

• Eligibility	Attainment of age 55 with 15 years of service.
• Benefit	Eligible for early retirement benefit, if participant terminates service on or after early retirement age. Benefit is the normal retirement benefit multiplied by the following early retirement factors:

Age	Percentage Factor
55	70%
56	74%
57	78%
58	82%
59	86%
60	90%
61	92%
62	94%
63	96%
64	98%
65	100%

Deferred vested

• Eligibility	Eligible for a deferred vested benefit if terminate service prior to early retirement age with at least 5 years of service.
• Benefit	The earliest payments can begin is age 55. If elect to commence prior to age 65 and on or after age 55, the normal retirement benefit is multiplied by the following factors:

Schedule SB, Part V — Summary of Plan Provisions

Age	Percentage Factor
55	42%
56	45%
57	49%
58	53%
59	58%
60	63%
61	69%
62	76%
63	83%
64	91%
65	100%

Disability	
<ul style="list-style-type: none"> • Eligibility 	<p>Eligible for a disability benefit if terminated service as a result of becoming Totally and Permanently Disabled with at least 5 years of service and receiving disability benefits under the Levi Strauss & Co. Comprehensive Welfare Plan.</p>
<ul style="list-style-type: none"> • Benefit 	<p>Members will continue to accrue benefit service and vesting service until the earliest of the following:</p> <ul style="list-style-type: none"> • No longer Totally and Permanently Disabled; • Date on or after member attains age 55 and elects to begin receiving a retirement benefit; or • Date member is no longer entitled to receive disability benefits under the Welfare Plan. <p>Once a member retires and begins receiving a retirement benefit, the reduction factors used to determine the retirement benefit will be based on member’s service as of retirement and in accordance with either an early retirement benefit or deferred vested benefit, which ever applies.</p> <p>Benefit service for disabled participants was frozen as of November 28, 2004.</p>
Pre-retirement death	
<ul style="list-style-type: none"> • Eligibility 	<p>Member’s surviving spouse or domestic partner is eligible for a Qualified Joint and Survivor Annuity (QJSA) if the member dies prior to retirement with a vested benefit. The QJSA is the continuance piece of the 100% J&S Annuity.</p>
<ul style="list-style-type: none"> • Benefit prior to early retirement 	<p>If the member dies on or before age 55, QJSA is determined as if the member has terminated on date of death, survived until age 55, elected to receive QJSA and died the next day. The member’s normal retirement benefit will be reduced using factors from the deferred vested retirement benefit.</p>
<ul style="list-style-type: none"> • Benefit prior to after retirement 	<p>If member dies after reaching age 55, the QJSA is determined as if the member has retired on his/her date of death and elected to receive a QJSA and died the next day. The reduction factors used to determine the QJSA will be based on the member’s service on his/her date of death and if</p>

Schedule SB, Part V — Summary of Plan Provisions

	eligible for an early retirement benefit or a deferred vested retirement benefit.
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	100% Joint and Survivor annuity, actuarially equivalent to the life annuity.
• Optional forms	<ul style="list-style-type: none"> Contingent annuity option (50% or 100%, with designated beneficiary). The 100% is only available if the beneficiary is a spouse or no more than 10 years younger than the member. 10-year certain and life. Social Security level income option. Unlimited single sum for participants who are active as of September 24, 2020 and subsequently retire.
• Actuarial equivalence to determine optional forms	<p><u>Normal Retirement:</u> Mortality table: Applicable mortality table defined in section 417(e)(3)(B) of the Code. Interest rate: 7%.</p> <p><u>Active and Current Vested Term that terminated or retired on or after Early Retirement Date:</u> Mortality table: Applicable mortality table defined in section 417(e)(3)(B) of the Code. Interest rate: 5%.</p> <p><u>Current Vested Term that terminated before Early Retirement Date:</u> Mortality table: 1951 Group Annuity Table, assuming a relevant population that consists of 100% females. Interest rate: 6%.</p> <p><u>Lump sum and Social Security level income option:</u> Mortality table: Applicable mortality table defined in section 417(e) of the Code. Interest rates under 417(e) of the Code using a lookback to October prior to the Calendar Year</p>
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended effective June 1, 2011 are included in this valuation:

Most recent plan amendments included: Amendment #3: Effective September 24, 2020, an unlimited single sum distribution option was added for employees who were active as of September 24, 2020 and subsequently retire.

Plan amendments excluded: None

Schedule SB, Part V — Summary of Plan Provisions

Late retirement increases:

Active participants: Current active participants over normal retirement age are valued without including a late retirement increase as suspension notices are provided and there are only a few active participants over age 70.5. Active participants expected to retire after their normal retirement age are valued without including a late retirement increase as suspension notices are provided and all are expected to retire by age 70.

Deferred vested participants: Current deferred vested participants over normal retirement age are valued with retroactive annuity payments from normal retirement age with interest equal to the first segment rate as defined in Code Section 417(e)(C) as in effect in the October preceding the calendar year in which the distribution is to commence.

IRC Section 416 rules for top-heavy plans: We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

IRC Section 436 benefit restrictions:

Unpredictable contingent event benefits: This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

Plan amendments: See above.

Prohibited payments: Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

Benefit accruals: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Unpredictable contingent event benefits: The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34											
35–39	2	2									4
40–44		3	3								6
45–49		14	7	5							26
50–54	2	20	24	8	4	1					59
		\$2,881	\$4,895								
55–59	2	16	33	22	14	3					90
			\$5,519	\$6,708							
60–64	2	16	25	19	13	13	5				93
			\$6,518								
65–69	2	5	7	3	3	3	6	4			33
70 & up		2	4		1		2				9
Total	10	78	103	57	35	20	13	4			320

In each cell, the top number is the count of active participants (excluding duplicate records) for each age/service combination and the bottom number is average annual accrued frozen benefit including total benefits payable to active employees who have been part of HOPP and ERP groups during their employment. Average annual accrued frozen benefit is not shown for cells fewer than 20 participants.

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

Actuarial assumptions for June 1, 2024 funding valuation

Discount rate sponsor elections				
Segment rates or full yield curve	PPA Full yield curve			
Mortality sponsor elections				
Healthy participants	PPA separate generational annuitant and non-annuitant mortality tables.			
Pre-1995 disabilities	Same as healthy.			
Post-1994 disabilities	Same as healthy.			
Other economic assumptions				
Expected Return on assets	5.23% per year for plan year beginning 2024			
	5.19% per year for plan year beginning 2023			
	3.46% per year for plan year beginning 2022			
Expenses	\$2,255,000 added to current year normal cost			
Demographic assumptions				
Withdrawal	See table of sample rates.			
Disability incidence				
- Home Office	1985 Pension Disability Table (Class 1)			
- Field	1985 Pension Disability Table (Class 2)			
Retirement rates				
- Home Office	Attained Age		Percentage	
	55-59		10%	
	60-63		15%	
	64-69		25%	
	70 and over		100%	
	- Field	Attained Age	Eligible for “80 and out”	Not eligible for “80 and out”
		55-58	5%	3%
		59-61	5%	10%
		62-64	13%	10%
		65-69	25%	100%
70 and over		100%	100%	
Benefit commencement age for current and future vested deferred				
- Home Office	Age 65			
- Field	Immediate if disabled; otherwise age 61			
Spouse assumptions	Male participants	Female participants		
Percentage married	80%	65%		
Spouse age difference	3 years younger	2 years older		

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

Form of payment	Single life	100% J&S	Lump sum
Active			
- Early retirement eligible	45%	30%	25%
- Not early retirement eligible	10%	10%	80%
Future deaths	0%	100%	0%
Current vested deferred	60%	40%	0%
Unpredictable contingent event assumptions	Not applicable.		

Table of sample rates

	Withdrawal	
	Nearest Age	Home Office
30	12.2	12.2
40	6.9	4.1
50	2.8	3.7
55	2.2	2.6
56 and over	0	0

Rationale for economic assumptions

Interest rates – This assumption was prescribed by IRS. The plan sponsor elected to use the full yield curve starting with the June 1, 2022 valuation.

Long-term rate of return on assets – Based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s current target asset mix.

Administrative Expenses – Administrative expenses are based on the three-year average of prior year expenses, adjusted to reflect the expected change in PBGC premiums, rounded to the nearest \$1,000.

Rationale for demographic assumptions

Mortality tables for funding purposes – This assumption is prescribed by the IRS.

Disability incidence – The disability incidence tables are based on Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates for Home Office participants and Class 2 rates for Field participants with the expectation that the future disability incidence will be similar to that of Social Security, which was the basis of that study.

Other demographic assumptions – The following assumptions were updated based on the 2024 experience study results for the experience period from June 1, 2019 to June 1, 2023:

- Withdrawal rates
- Retirement rates
- Benefit commencement age
- Percent married
- Spouse age difference

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

- Forms of payment

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

Participants included: The plan sponsor provides us with data on all participants as of the valuation date.

Participants excluded: No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.

Insurance contracts: The Transamerica insurance contracts are excluded from both assets and liabilities.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, line 24 — Change in Actuarial Assumptions

Non-prescribed actuarial assumption changes since prior valuation

- The expense component of normal cost changed from \$2,217,000 to \$2,255,000.
- The rate of return on assets changed from 5.19% (for the 2023 plan year) to 5.23% (for the 2024 plan year).
- Withdrawal rates, retirement rates, benefit commencement age, form of payment, and spousal assumptions were updated based on the experience study undertaken in 2024 to better reflect plan experience.

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

Each employee is assumed to retire in accordance with the table of retirement rates for the corresponding prior plan, namely, the former Levi Strauss & Co. Revised Employee Retirement Plan (ERP) or the former Revised Home Office Pension Plan of Levi Strauss & Co. (HOPP). For each of the Prior Plans, the proportion of employees expected to retire at each potential retirement age is shown below.

Former Levi Strauss & Co. Revised Employee Retirement Plan (ERP)

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	100,000	5,000	275,000
56	5.0%	95,000	4,750	266,000
57	5.0%	90,250	4,513	257,213
58	5.0%	85,738	4,287	248,639
59	5.0%	81,451	4,073	240,279
60	5.0%	77,378	3,869	232,134
61	5.0%	73,509	3,675	224,203
62	13.0%	69,834	9,078	562,860
63	13.0%	60,755	7,898	497,586
64	13.0%	52,857	6,871	439,771
65	25.0%	45,986	11,496	747,268
66	25.0%	34,489	8,622	569,073
67	25.0%	25,867	6,467	433,272
68	25.0%	19,400	4,850	329,804
69	25.0%	14,550	3,638	250,990
70	100.0%	10,913	10,913	763,884
Total			100,000	6,337,977
Weighted Average Retirement Age (ERP)				63.38

The weighted average retirement age is the total for column E divided by the total for column D. While only the integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

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

Former Revised Home Office Pension Plan of Levi Strauss & Co. (HOPP)

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.0%	100,000	10,000	550,000
56	10.0%	90,000	9,000	504,000
57	10.0%	81,000	8,100	461,700
58	10.0%	72,900	7,290	422,820
59	10.0%	65,610	6,561	387,099
60	15.0%	59,049	8,857	531,441
61	15.0%	50,192	7,529	459,254
62	15.0%	42,663	6,399	396,765
63	15.0%	36,263	5,440	342,690
64	25.0%	30,824	7,706	493,183
65	25.0%	23,118	5,779	375,667
66	25.0%	17,338	4,335	286,085
67	25.0%	13,004	3,251	217,815
68	25.0%	9,753	2,438	165,799
69	25.0%	7,315	1,829	126,178
70	100.0%	5,486	5,486	384,020
Total			100,000	6,104,515
Weighted Average Retirement Age (HOPP)				61.05

The weighted average retirement age is the total for column E divided by the total for column D. While only the integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

The overall retirement age of 63 is calculated as follows:

	(A) Average Retirement Age	(B) Number of actives on June 1, 2024	(C) Total (1) x (2)
ERP	63.38	201	12,739.33
HOPP	61.05	119	7,264.37
Total		320	20,003.71
Average			62.51

The weighted average retirement age is the total for column C divided by total for column B.

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	198,396	4,993,324	44,917,529	50,109,249
2025	365,093	2,436,128	43,785,841	46,587,062
2026	509,470	2,990,465	42,557,384	46,057,319
2027	641,804	3,546,947	41,315,697	45,504,448
2028	759,646	4,003,039	39,986,875	44,749,560
2029	863,615	4,514,406	38,580,635	43,958,656
2030	952,085	4,942,444	37,096,024	42,990,553
2031	1,023,545	5,259,925	35,540,610	41,824,080
2032	1,085,746	5,487,431	33,923,607	40,496,784
2033	1,132,171	5,733,769	32,245,070	39,111,010
2034	1,164,299	5,873,271	30,514,693	37,552,263
2035	1,186,739	5,992,090	28,744,726	35,923,555
2036	1,196,716	6,055,079	26,942,414	34,194,209
2037	1,199,429	6,076,851	25,119,013	32,395,293
2038	1,196,098	6,042,370	23,286,890	30,525,358
2039	1,186,402	5,951,948	21,459,261	28,597,611
2040	1,172,070	5,843,919	19,650,024	26,666,013
2041	1,153,986	5,726,878	17,873,516	24,754,380
2042	1,130,318	5,590,934	16,144,106	22,865,358
2043	1,103,010	5,436,430	14,475,685	21,015,125
2044	1,071,720	5,270,772	12,881,239	19,223,731
2045	1,037,564	5,085,787	11,372,531	17,495,882
2046	1,000,196	4,886,832	9,959,699	15,846,727
2047	959,602	4,673,830	8,650,942	14,284,374
2048	916,213	4,446,969	7,452,224	12,815,406
2049	870,176	4,206,836	6,367,038	11,444,050
2050	821,729	3,954,525	5,396,326	10,172,580
2051	771,186	3,691,731	4,538,485	9,001,402
2052	718,994	3,420,713	3,789,580	7,929,287
2053	665,481	3,144,243	3,143,696	6,953,420
2054	611,118	2,865,529	2,593,312	6,069,959
2055	556,650	2,588,073	2,129,778	5,274,501
2056	502,738	2,315,497	1,743,769	4,562,004
2057	450,080	2,051,331	1,425,740	3,927,151
2058	399,305	1,798,839	1,166,300	3,364,444
2059	350,997	1,560,874	956,506	2,868,377
2060	305,636	1,339,755	788,100	2,433,491
2061	263,601	1,137,202	653,647	2,054,450
2062	225,158	954,312	546,628	1,726,098
2063	190,456	791,544	461,471	1,443,471
2064	159,529	648,773	393,524	1,201,826
2065	132,315	525,357	338,979	996,651
2066	108,668	420,216	294,779	823,663
2067	88,372	331,951	258,519	678,842
2068	71,166	258,936	228,334	558,436
2069	56,751	199,420	202,805	458,976
2070	44,817	151,618	180,861	377,296
2071	35,051	113,789	161,696	310,536
2072	27,151	84,291	144,717	256,159
2073	20,831	61,631	129,495	211,957

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

▶ **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.

A Name of plan LEVI STRAUSS & CO. PENSION PLAN		B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LEVI STRAUSS & CO.		D Employer Identification Number (EIN) 94-0905160	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	605,441,804	
b Actuarial value	2b	622,148,979	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	9,241	439,789,126	439,789,126
b For terminated vested participants	1,417	74,876,065	74,876,065
c For active participants.....	320	13,739,911	13,929,319
d Total.....	10,978	528,405,102	528,594,510
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5 Effective interest rate.....	5	5.41%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	2,255,000	
c Target normal cost	6c	2,255,000	

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.

**SIGN
HERE**

MCR

Signature of actuary

1/30/2026

Date

MICHELE RAAD

Type or print name of actuary

2306641

Most recent enrollment number

MERCER

Firm name

213-346-2200

Telephone number (including area code)

633 W. FIFTH STREET, SUITE 1200

LOS ANGELES CA 90071

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.07%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) 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>5.15%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	117.69%
15	Adjusted funding target attainment percentage	15	115.93%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	121.22%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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	
Totals ▶			18(b)	0	18(c)	0

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

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

a Segment rates:

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

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

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 2,255,000

b Excess assets, if applicable, but not greater than line 31a **31b** 2,255,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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
35 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)

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 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