# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (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

**1a** Name of plan
VF CORPORATION PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1957

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
VF CORPORATION

105 CORPORATE CENTER BLVD.
GREENSBORO, NC 27408

**2b** Employer Identification Number (EIN)
23-1180120

**2c** Plan Sponsor's telephone number
800-576-9501

**2d** Business code (see instructions)
315990

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/12/2026 | VICTORIA STANSBURY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

VF RETIREMENT PLANS COMMITTEE

105 COPORATE CENTER BLVD
GREENSBORO, NC 27408

**3b** Administrator's EIN
23-1180120

**3c** Administrator's telephone number
336-424-6000

**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** | 7019 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 96 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 16 |
| **b** | Retired or separated participants receiving benefits | **6b** | 3168 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1561 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 4745 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 412 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 5157 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A 1I

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

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

## 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

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

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
VF CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
VF CORPORATION

**D** Employer Identification Number (EIN)
23-1180120

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 902496271 |
| **b** Actuarial value | **2b** | 921006022 |

**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 | 3615 | 504661059 | 504661059 |
| **b** For terminated vested participants | 3277 | 196036555 | 196036555 |
| **c** For active participants | 96 | 20617905 | 20617905 |
| **d** Total | 6988 | 721315519 | 721315519 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **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** | 5.35 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 898723 |
| **c** Target normal cost | **6c** | 898723 |

**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

09/25/2026
Date

EMILY DONAVANT
Type or print name of actuary

26-08433
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

704-620-6480
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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) | 106848553 | 122687918 |
| 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) | 106848553 | 122687918 |
| 10 | Interest on line 9 using prior year's actual return of 0.18 % | 192327 | 220838 |
| 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 5.09 % | | 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) | 107040880 | 122908756 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 95.80 % |
| 15 | Adjusted funding target attainment percentage | 15 | 127.68 % |
| 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 | 123.54 % |
| 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: 5.07 % | 2nd segment: 5.31 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 60 |

**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** | 898723 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **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** | 898723 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 898723 | 0 | 898723 |

| | | |
|---|---|---|
| **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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
VF CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
VF CORPORATION

**D** Employer Identification Number (EIN)
23-1180120

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

AON HEWITT INVESTMENT CONSULTANT

27-2436452

**(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)

WILLIS TOWERS WATSON US LLC

53-0181291

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 11 12 13 15 17 38 50 | ACTUARY | 2169830 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

AON HEWITT INVESTMENT CONSULTING

27-2436452

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | INVESTMENT MANAGER | 830608 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(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? |
|---|---|---|---|---|---|---|
| 18 19 21 49 50 | TRUSTEE | 220065 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**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)

PARAMETRIC PORTFOLIO ASSOCIATE

20-0292745

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | INVESTMENT MANAGER | 142790 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

SEYFARTH SHAW LLP

36-2152202

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 29 50 | ATTORNEY | 111492 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

BDO USA, P.C.

13-5381590

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | AUDITOR | 40211 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

MMA SECURITIES LLC

22-3570392

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 50 | CONSULTING | 10000 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

COMPASS LPL FINANCIAL

7000 HARPS MILL ROAD
SUITE
RALEIGH, NC 27615

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 50 | CONSULTING | 10000 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(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 ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## 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:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## 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.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
VF CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
VF CORPORATION

**D** Employer Identification Number (EIN)
23-1180120

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIABILITY DRIVEN INVES

**b** Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

| **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) |
|---|---|---|
| 37-6543784-048 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

| **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) |
|---|---|---|
| 27-2436452-006 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NON-U.S. EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

| **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) |
|---|---|---|
| 27-2436452-010 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

| **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) |
|---|---|---|
| 27-2436452-009 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOVERNMENT BOND IND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

| **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) |
|---|---|---|
| 27-2436452-015 | C | 55815799 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOVERNMENT BOND INDEX FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

| **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) |
|---|---|---|
| 27-2436452-014 | C | 52672048 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE TRUST GOVT SHORT TERM IN

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

| **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) |
|---|---|---|
| 13-6154008-012 | C | 118320590 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

| **c** EIN-PN 27-2436452-007 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 357441263 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

| **c** EIN-PN 37-6543784-038 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219613040 |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
VF CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
VF CORPORATION

**D** Employer Identification Number (EIN)
23-1180120

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **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) | 11293380 | 3264082 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | 1888 | 1611 |
| **(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) | 896876038 | 803862740 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | -2575013 | 344211 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 905596293 | 807472644 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 370692 | 3197492 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 0 | 208954519 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 370692 | 212152011 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 905225601 | 595320633 |

## 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) | | 0 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 128860 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 109 | |
| **(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) | | 128969 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 635390 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | -2574718 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 3210108 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 344229 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 344229 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 53253687 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | 160 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 56937153 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 150386432 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 150386432 |
| 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) | 128621 | |
| (5) Investment advisory and investment management fees | 2i(5) | 1146442 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 336422 | |
| (7) Actuarial fees | 2i(7) | 4295983 | |
| (8) Legal fees | 2i(8) | 172180 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 126794233 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 132873881 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 283260313 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -226323160 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | 83581808 |

## 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)** [X] 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)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | 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.) | 4b | | 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.) | 4c | | 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.) | 4d | | X | |
| **e** Was this plan covered by a fidelity bond? | 4e | X | | 20000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | 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? | 4g | | 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? | 4h | | 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.) | 4i | 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.) | 4j | 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? | 4k | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| **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. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 125372711.

**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) |
|---|---|---|
| VF 401K SAVINGS PLAN | 23-1180120 | 002 |
| | | |
| | | |
| | | |

**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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 581781.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
VF CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
VF CORPORATION

**D** Employer Identification Number (EIN)
23-1180120

## Part I Distributions

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

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

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

EIN(s): 13-5160382

**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** 1236

## 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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 100.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % 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_____.

# VF Corporation Pension Plan

Financial Statements and
ERISA-Required Supplemental Schedules
As of December 31, 2025 (In Liquidation) and
December 31, 2024 (Ongoing) and for the Year
Ended December 31, 2025 (In Liquidation)

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

# VF Corporation Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2025 (In Liquidation) and December 31, 2024 (Ongoing)
and for the Year Ended December 31, 2025 (In Liquidation)

# VF Corporation Pension Plan

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*Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.*

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615 S. College Street
Suite 1200
Charlotte, NC 28202

## Independent Auditor's Report

The Plan Administrator
VF Corporation Pension Plan
Denver, Colorado

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

We have performed audits of the financial statements of the VF Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 (in liquidation) and December 31, 2024 (ongoing), and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025 (in liquidation), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

***Opinion***

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

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



*Basis for Opinion*

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

*Emphasis of Matter — Plan Termination and Liquidation Basis of Accounting*

As further discussed in Note 1 to the financial statements, VF Corporation approved a plan of liquidation on May 15, 2025, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

*Responsibilities of Management for the Financial Statements*

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

***Other Matter — Supplemental Schedules Required by ERISA***

The ERISA-required Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year) for the Year Ended December 31, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that

agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, P.C.

October 7, 2026

# Financial Statements

# VF Corporation Pension Plan

## Statements of Net Assets Available for Benefits

| *December 31,* | **2025 (In Liquidation)** | 2024 (Ongoing) |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | **$ 804,208,562** | $ 894,302,913 |
| Receivables: | | |
| Accrued income | **519,638** | 3,224,780 |
| Due from broker for securities sold | **605,718** | 8,068,600 |
| Accrued interest expected to be earned in liquidation | **2,138,726** | - |
| **Total Receivables** | **3,264,082** | 11,293,380 |
| **Total Assets** | **807,472,644** | 905,596,293 |
| **Liabilities** | | |
| Accrued expenses | **788,010** | 370,692 |
| Accrued expenses expected to be incurred in liquidation | **2,409,482** | - |
| Reimbursements to another qualified plan expected to be made in liquidation | **83,581,808** | - |
| Reimbursements to the Company expected to be made in liquidation | **125,372,711** | - |
| **Total Liabilities** | **212,152,011** | 370,692 |
| **Net Assets Available for Benefits** | **$ 595,320,633** | $ 905,225,601 |

*See accompanying notes to financial statements.*

# VF Corporation Pension Plan

## Statement of Changes in Net Assets Available for Benefits

| *Year ended December 31,* | | 2025 (In Liquidation) |
|---|---|---|
| **Additions** | | |
| Net investment income: | | |
| Interest and dividends | $ | 128,969 |
| Net appreciation in the fair value of investments | | 54,669,458 |
| **Total Additions** | | 54,798,427 |
| **Deductions** | | |
| Benefits paid to participants or beneficiaries | | 150,386,432 |
| Administrative expenses | | 5,091,688 |
| **Total Deductions** | | 155,478,120 |
| **Net Decrease,** before adjustments to liquidation basis | | (100,679,693) |
| Adjustments to Liquidation Basis | | (209,225,275) |
| **Net Assets Available for Benefits,** beginning of year | | 905,225,601 |
| **Net Assets Available for Benefits,** end of year | $ | 595,320,633 |

*See accompanying notes to financial statements.*

# VF Corporation Pension Plan

## Statements of Accumulated Plan Benefits

| *December 31,* | **2025 (In Liquidation)** | 2024 (Ongoing) |
|---|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits** | | |
| Vested benefits: | | |
| Active employees | **$ 1,825,000** | $ 23,324,971 |
| Participants with deferred benefits | **86,407,000** | 222,330,186 |
| Participants currently receiving benefits | **520,268,000** | 553,814,813 |
| **Total Vested Benefits** | **608,500,000** | 799,469,970 |
| Non-vested benefits | **-** | - |
| **Total Actuarial Present Value of Accumulated Plan Benefits** | **$ 608,500,000** | $ 799,469,970 |

*See accompanying notes to financial statements.*

# VF Corporation Pension Plan

## Statement of Changes in Accumulated Plan Benefits

| *Year ended December 31,* | 2025 (In Liquidation) |
|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits**, beginning of year (ongoing) | $ 799,469,970 |
| Increase (decrease) during the year attributable to: | |
| Decrease in discount period | 34,799,622 |
| Benefits paid to participants or beneficiaries | (150,386,432) |
| Assumption changes | (75,383,160) |
| **Net Decrease** | (190,969,970) |
| **Actuarial Present Value of Accumulated Plan Benefits,** end of year (in liquidation) | $ 608,500,000 |

*See accompanying notes to financial statements.*

## 1. Description of Plan

The following description of the VF Corporation Pension Plan (the Plan) provides only general information. Participants should refer to the comprehensive Plan document for a more complete description of the Plan's provisions.

***General***

The Plan is a noncontributory defined benefit pension plan that covers all domestic employees of VF Corporation and certain of its domestic subsidiaries (collectively, the Employer or VF) who were employed prior to January 1, 2005 and meet certain age and service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2005, the Plan was closed to new participants. Effective December 31, 2018, the Plan was amended to freeze and cease all future benefit accruals under the Plan. Effective June 24, 2022, the Plan was amended to permit the purchase of group annuity contracts in connection with the settlement of plan benefit obligations, and subsequently the Employer entered into a group annuity contract with The Prudential Insurance Company of America (Prudential) to settle certain participant benefit obligations.

On May 15, 2025, VF approved a resolution to terminate the Plan through a standard termination under ERISA. Effective July 31, 2025, the Plan was amended and restated to terminate. The amended and restated Plan defines the Plan Termination Distribution Date (PTDD) as December 1, 2025, or as soon as administratively feasible thereafter.

As part of the termination process, eligible participants not currently receiving benefit payments were offered a limited-time election window during which they could elect to receive their benefit as a lump-sum payment, commence an immediate annuity, or defer commencement in accordance with the terms of the Plan. Participants electing lump-sum distributions received payment during December 2025, which totaled approximately $100,200,000.

On June 9, 2025, the Plan filed an application with the Internal Revenue Service (IRS) for a determination regarding the Plan's tax-qualified status upon termination. The Plan also completed the required participant notices and regulatory filings associated with the standard termination process.

Subsequent to December 31, 2025, remaining benefit obligations for participants not deemed missing were transferred to Prudential through a group annuity contract in February 2026. See Note 10 for further discussion. Obligations associated with participants deemed missing are expected to be resolved through applicable Pension Benefit Guaranty Corporation (PBGC) missing participant procedures.

***Trustee and Administration of the Plan***

The trustee and recordkeeper of the Plan is The Bank of New York Mellon/BNY Mellon, N.A. (BNY Mellon or trustee). The trustee holds all assets of the Plan in accordance with the service provider contract with VF. The administrator of the Plan is the VF Retirement Plans Committee. The VF Retirement Plans Committee determines the appropriateness of the Plan's investments and

monitors performance. Willis Towers Watson US LLC is the Plan actuary. Aon Hewitt Inc. (the investment manager) provides investment management services to the Plan.

***Vesting***

Participants in the Plan generally became fully vested upon completion of five years of service. If employees terminated before attaining five years of service, they generally forfeited the right to receive the benefits they accrued.

***Pension Benefits***

The Plan provides for normal retirement benefits for participants beginning at the normal retirement age of 65, equal to specified amounts based on total years of credited service and pensionable earnings. Prior to the Plan's restatement, participants who have attained the age of 55 and completed at least ten years of service are qualified to receive reduced benefits at early retirement. Effective with the Plan's restatement, early retirement eligibility was amended to provide that participants who have attained the age of 55 and completed at least five years of service are qualified to receive reduced benefits at early retirement.

Prior to the Plan's restatement, participants could elect to receive the value of their accumulated plan benefits as a life annuity or ten-year certain and continuous life annuity payable monthly from retirement, as defined by the Plan, if the distribution is greater than $5,000 upon retirement or termination. Participants shall receive the value of their accumulated plan benefits as a lump-sum distribution if the distribution is $5,000 or less upon retirement or termination. As amended in the Plan's restatement, for annuities starting after the PTDD, the mandatory single-sum distribution threshold increased to $7,000. Certain participants may also elect to receive their retirement pension benefit in the form of a joint and survivor annuity.

***Funding Policy***

The Plan's funding policy is for the Employer to contribute an amount at least equal to the minimum required contribution under ERISA, as determined by the Plan's independent actuary, but no more than the maximum deductible contribution under the Internal Revenue Code (IRC). The Employer has met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024, and as such, no Employer contributions were required.

## 2. Summary of Accounting Policies

***Basis of Accounting***

The accompanying financial statements of the Plan as of and for the year ended December 31, 2025 have been prepared under the liquidation basis of accounting. This basis was adopted when liquidation was deemed imminent in accordance with Accounting Standards Update 2013-07, *Liquidation Basis of Accounting*. Plan management determined that liquidation was imminent upon adoption of the resolution to terminate the Plan on May 15, 2025.

Under the liquidation basis of accounting, investments are measured at their net realizable value, estimated by fair value reduced by surrender charges, penalties and redemption charges, and disposal expenses, to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process.

Under the liquidation basis of accounting, liabilities are measured using the accrual basis of accounting, including any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

The accompanying financial statements of the Plan as of December 31, 2024 were prepared under the accrual basis of accounting.

***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Plan management determines the Plan's valuation policies utilizing information provided by the investment manager and the trustee. See Note 4 for a discussion on fair value measurements.

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

***Payment of Benefits***

Benefit payments to participants or beneficiaries are recorded when paid.

***Administrative Expenses***

The Plan's administrative expenses are paid by either the Plan or VF, as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Expenses that are paid directly by VF are excluded from these financial statements. In addition, certain investment related expenses are included in the net appreciation in the fair value of investments presented in these financial statements.

***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions at the date of the financial statements that affect certain reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes herein. Accordingly, actual results may differ from those estimates and assumptions.

***Due from Broker***

Due from broker may include cash or securities maintained with brokers and counterparties for margin account balances, collateral held in conjunction with the Plan's investment portfolio, and the amounts due from broker for the settlement of purchase and sale transactions. These balances are not considered cash or short-term investments of the Plan. Certain amounts due from brokers for unsettled securities transactions have been reported on a net-by-counterparty basis, where, in accordance with contractual rights and/or investment manager's opinion, there is a right of offset

in the event of bankruptcy or default by the broker. As of December 31, 2025 and 2024, the Plan's due from broker for unsettled securities sale and purchase transactions was $605,718 and $8,068,600, respectively.

***Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by employees. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who are deceased, and present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the freeze date. Benefits to be provided via 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 represents the estimated amount required to satisfy accumulated benefit obligations. The measurement is based on actuarial assumptions and valuation methodologies considered appropriate under the circumstances and may reflect either ongoing-plan assumptions or plan-termination settlement assumptions depending on the status of the Plan.

Historically, the Plan measured and presented the actuarial present value of accumulated plan benefits using a beginning-of-year benefit information date. During the year ended December 31, 2025, the Plan changed its method of measuring and presenting the actuarial present value of accumulated plan benefits to use an end-of-year benefit information date.

Management believes use of an end-of-year benefit information date is preferable because it aligns the accumulated plan benefit measurement with the financial statement reporting date and provides more current information regarding the Plan's benefit obligations.

In connection with this change in accounting principle, the actuarial present value of accumulated plan benefits as of December 31, 2024 was remeasured using an end-of-year benefit information date. The change did not affect the Plan's net assets available for benefits, statement of changes in net assets available for benefits, or total benefits payable under the Plan. The effect of remeasuring accumulated plan benefits as of December 31, 2024 using an end-of-year benefit information date was a decrease of $9,645,576, which is reflected in the beginning actuarial present value of accumulated plan benefits presented in the accompanying statement of changes in accumulated plan benefits for the year ended December 31, 2025 and the accompanying statement of accumulated plan benefits as of December 31, 2024.

As discussed in Note 1 and Note 7, the Plan is in the process of termination and liquidation. Accordingly, the actuarial present value of accumulated plan benefits as of December 31, 2025 was measured on a plan-termination basis and reflects management's estimate of the amounts expected to be required to settle remaining Plan obligations.

The significant valuation inputs used in determining the actuarial present value of accumulated plan benefits as of December 31, 2025 were as follows:

| Valuation Input | |
|---|---|
| Lump-sum settlements | Lump-sum elections paid in December 2025 were reflected as settled and removed from accumulated plan benefits. |
| Group annuity contract obligation | Obligation for participants not deemed missing based on insurance company pricing as of February 19, 2026 - $581,300,000 |
| Missing participant obligation | Estimated obligation for participants deemed missing based on PBGC missing participant methodologies - $7,500,000 |
| Benefit payments | Actual benefit payments made during January and February 2026 and estimated benefit payments for March and April 2026 - $16,900,000 |
| Estimated future Plan expenses | Estimated costs expected to be incurred through completion of the Plan termination process - $2,800,000 |

Actual settlement amounts may differ from the amounts reflected in the financial statements due to final annuity contract true-ups, participant data adjustments, timing of distributions, administrative costs, regulatory approvals, and other factors associated with completion of the Plan's termination process.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 were determined by an independent actuary. The December 31, 2025 valuation was prepared on a plan-termination basis, while the December 31, 2024 valuation was prepared using ongoing-plan actuarial assumptions and therefore the valuation inputs used for the December 31, 2025 accumulated plan benefit measurement differ significantly from the actuarial assumptions used in the December 31, 2024 valuation.

The December 31, 2024 actuarial present value of accumulated plan benefits 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 payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024 were as follows:

| Assumption | |
|---|---|
| Mortality | Life expectancy of participants using separate rates for non-annuitants, annuitants, and contingent survivors based on white-collar and sex-distinct Pri-2012 mortality tables adjusted for VF collar specific experience of -4.9% with generational improvements using MP-2021/Alternate Order-2 scales with Proxy SSA LTIR. |
| Investment return | 4.80% |
| Retirement age | Age 55 to 71 |
| Plan expenses | $1,200,000 |

## 3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by the trustee, a qualified institution.

## 4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, 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 ASC 820 are described as follows:

*Level 1* – This level consists of inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* - This level consists of inputs to the valuation methodology that 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* - This level consists of inputs to the valuation methodology that are unobservable and significant to the fair value measurement.

A financial instrument's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the valuation methodologies used at December 31, 2025 and 2024. For the year ended December 31, 2025, management considered whether any liquidation-basis adjustments were necessary to reflect amounts expected to be collected upon disposition of Plan investments. No material liquidation-basis adjustment to investment values was recorded at December 31, 2025.

The following is a description of the valuation methodologies used for assets measured at fair value:

*Derivatives* - The derivative futures contracts are valued at quoted prices reported in active markets.

*U.S. Government Securities* - U.S. government securities include U.S. agency debt securities and are valued at quoted prices reported in active markets and/or other market data for the same or comparable instruments and transactions, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures.

*Collective Trust Funds* - The collective trust funds are valued at the net asset value (NAV) per share, or its equivalent, of the funds, which is based on the fair value of the funds' underlying investments, less its liabilities. The NAV, as reported by the trustee, is used as a practical expedient to measure fair value. This practical expedient is not used when it is determined to be probable that the collective trust funds will sell for an amount different than the reported NAV. There are no redemption restrictions or unfunded commitments on these investments. The collective trusts are direct filing entities.

The preceding methods described may produce a fair value calculation which may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

***December 31, 2025***

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Derivatives, net | $ 344,211 | $ - | $ - | $ 344,211 |
| U.S. government securities | - | 1,611 | - | 1,611 |
| **Total** | $ 344,211 | $ 1,611 | $ - | 345,822 |
| Investments, measured at NAV: | | | | |
| Collective trust funds | | | | 803,862,740 |
| **Total Investments,** at fair value | | | | $ 804,208,562 |

*December 31, 2024*

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Derivatives, net | $ (2,575,013) | $ - | $ - | $ (2,575,013) |
| U.S. government securities | - | 1,888 | - | 1,888 |
| **Total** | $ (2,575,013) | $ 1,888 | $ - | (2,573,125) |
| Investments, measured at NAV: | | | | |
| Collective trust funds | | | | 896,876,038 |
| **Total Investments,** at fair value | | | | $ 894,302,913 |

## 5. Derivative Instruments

The Plan uses derivative contracts to manage interest rate risk. As interest rates fluctuate, the Plan enters into futures contracts to manage its exposure to interest rates based on the Plan's investments in fixed-income securities and changes in the discount rate used to value the accumulated plan benefits to participants. Derivatives are only used for risk management purposes and not for speculative trading.

The estimated fair values of derivatives as of December 31, 2025 and 2024 are presented on a net basis and included within investments on the statements of net assets available for benefits. The estimated fair value of derivatives in an asset position at December 31, 2025 and 2024 was $458,646 and $15,844, respectively. The estimated fair value of derivatives in a liability position at December 31, 2025 and 2024 was $(114,435) and $(2,590,857), respectively.

For the year ended December 31, 2025, the Plan recognized net derivative gains of approximately $3,554,000. These gains were recognized in net appreciation in the fair value of investments in the statement of changes in net assets available for benefits.

Counterparty risk is limited because the exchange clearinghouse acts as the counterparty to both parties in a futures contract. To further reduce credit risk, margin is required to be posted as collateral and maintained as the futures contracts are marked-to-market daily. The Plan contributes collateral in the form of short-term investments in a segregated account. Collateral of approximately $935,000 and $5,923,000 was included within investments on the statements of net assets available for benefits at December 31, 2025 and 2024, respectively. The net notional amount of derivatives was $(11,144,977), representing a net short futures exposure, and $164,923,774 at December 31, 2025 and 2024, respectively.

## 6. Tax Status

The Plan has received a determination letter dated March 21, 2017 from the IRS indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the IRC. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In connection with the Plan's standard termination, the Plan filed an application with the IRS on June 9, 2025, requesting a determination regarding the Plan's tax-qualified status upon termination. Management believes the Plan has been operated in compliance with applicable requirements of the IRC through the date of termination. Therefore, no provision for income taxes has been included in the Plan's financial statements.

In accordance with ASC 740, *Income Taxes*, GAAP requires plan management to evaluate tax positions taken by a plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

## 7. Plan Termination

The Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. As described in Note 1, on

May 15, 2025, VF Corporation approved a resolution to terminate the Plan through a standard termination under ERISA. The Plan was amended to terminate effective July 31, 2025. Participants remained entitled to their accrued benefits in accordance with the terms of the Plan and applicable ERISA requirements.

Generally, once a plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to provide the following benefits in the order indicated:

a) 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.

b) Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.

c) All other vested benefits (that is, vested benefits not insured by the PBGC).

d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC. 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.

The Plan's termination is being completed as a standard termination under ERISA. In connection with the standard termination, Plan assets are expected to be sufficient to satisfy benefit obligations in accordance with applicable ERISA and PBGC requirements.

## 8. Related Party and Party-In-Interest Transactions

Certain Plan investments are managed by the trustee and investment manager, along with their subsidiaries and affiliates. Additionally, the Plan incurred professional fees for services provided by the trustee and investment manager. The Plan also pays for certain legal, audit, actuarial, and investment advisory fees. These transactions qualify as party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

## 9. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could be material to the financial statements.

As of both December 31, 2025 and 2024, the Plan held three investments that individually accounted for more than 10% of total investments. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

The actuarial present value of accumulated plan benefits is reported, based on certain assumptions that may include interest rates, inflation rates, participant demographics, settlement pricing, participant data, benefit payment timing, missing participant obligations, and estimated costs to complete the Plan termination, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

## 10. Subsequent Events

The Plan has evaluated subsequent events through October 7, 2026, the date the financial statements were available to be issued.

As discussed in Notes 1, 2, and 7, VF Corporation terminated the Plan through a standard termination under ERISA effective July 31, 2025. Subsequent to December 31, 2025, the Plan completed the purchase of a group annuity contract with Prudential. In February 2026, substantially all remaining benefit obligations for participants not deemed missing were transferred to Prudential through the purchase of the group annuity contract for approximately $581,300,000. Following the transfer, Prudential became responsible for the payment of benefits associated with those obligations.

Benefit obligations related to participants deemed missing were not included in the purchase of the group annuity contract and are expected to be transferred in accordance with applicable PBGC missing-participant procedures.

In June 2026, following completion of the annuity purchase and related settlement activities, the Plan distributed excess Plan assets of $208,954,519. Of this amount, $83,581,808 was transferred to the VF 401(k) Savings Plan as a qualified replacement plan transfer to fund future employer contributions to participant accounts, and $125,372,711 was reverted to VF Corporation in accordance with applicable Plan provisions and regulatory requirements.

The Plan expects to continue the administrative activities necessary to complete the standard termination process, including the resolution of matters related to participants deemed missing and the completion of final regulatory and administrative requirements. Management expects the Plan to be fully liquidated by the end of 2026.

# ERISA-Required Supplemental Schedules

# VF Corporation Pension Plan

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

**EIN: 23-1180120** **Plan Number: 001**

*December 31, 2025*

| (a) | (b) Identity of Issuer, Borrower Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Derivatives** | | | |
| | Chicago Board of Trade | ULTRA 10YR US TREAS NT FUT CBT EXP MAR 26 | $ - | $ (99,416) |
| | Chicago Board of Trade | US 10YR TREAS NTS FUTURE (CBT) EXP MAR 26 | - | (7,323) |
| | Chicago Board of Trade | US 2YR TREAS NTS FUT (CBT) EXP MAR 26 | - | (7,696) |
| | Chicago Board of Trade | US 5YR TREAS NTS FUTURE (CBT) EXP MAR 26 | - | 22,217 |
| | Chicago Board of Trade | US TREAS BD FUTURE (CBT) EXP MAR 26 | - | 56,769 |
| | Chicago Board of Trade | US ULTRA BOND (CBT) EXP MAR 26 | - | 379,660 |
| | **Total Derivatives** | | - | 344,211 |
| | **U.S. Government Securities** | | | |
| | Federal National Mortgage Association | FNMA POOL #0535300 6.500% 05/01/2030 DD 04/01/00 | 270 | 272 |
| | Government National Mortgage Association | GNMA II POOL #0003348 6.500% 02/20/2033 DD 02/01/03 | 1,323 | 1,339 |
| | **Total U.S. Government Securities** | | 1,593 | 1,611 |
| | **Collective Trust Funds** | | | |
| * | BNY Mellon | Collective U.S. Government STIF 15 BPS | 118,320,590 | 118,320,590 |
| * | Aon Hewitt | Aon U.S. Long Government Index | 73,231,730 | 52,672,048 |
| * | Aon Hewitt | Aon U.S. Intermediate Government | 54,353,416 | 55,815,799 |
| * | Aon Hewitt | Long Credit Bond | 372,840,659 | 357,441,263 |
| * | Aon Hewitt | Intermediate Credit Bond | 204,000,000 | 219,613,040 |
| | **Total Collective Trust Funds** | | 822,746,395 | 803,862,740 |
| | **Total** | | $ 822,747,988 | $ 804,208,562 |

* Represents a party-in-interest to the Plan as defined by ERISA.

# VF Corporation Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

**EIN: 23-1180120** **Plan Number: 001**

*Year ended December 31, 2025*

| (a) Identity of Issuer, Borrower Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value | (c) Cost of Acquisition | (d) Current Value of Proceeds of Dispositions |
|---|---|---|---|
| **Derivatives** | | | |
| Chicago Board of Trade | US 10YR ULTRA FUTURE (CBT) EXP JUN 25 | $ - | $ (2,286,633) |
| Chicago Board of Trade | US 10YR ULTRA FUTURE (CBT) EXP SEP 25 | - | 2,164,344 |
| Chicago Board of Trade | US 10YR ULTRA FUTURE (CBT) EXP DEC 25 | - | 1,210,872 |
| Chicago Board of Trade | US TREAS BD FUTURE (CBT) EXP JUN 25 | - | 926,047 |
| Chicago Board of Trade | US TREAS BD FUTURE (CBT) EXP SEP 25 | - | (1,266,028) |
| Chicago Board of Trade | US TREAS BD FUTURE (CBT) EXP DEC 25 | - | (340,807) |
| Chicago Board of Trade | US 10YR NOTE FUTURE (CBT) EXP JUN 25 | - | 162,231 |
| Chicago Board of Trade | US 10YR TREAS NTS FUTURE (CBT) EXP SEP 25 | - | 70,960 |
| Chicago Board of Trade | US 10YR NOTE FUTURE (CBT) EXP DEC 25 | - | 61,230 |
| Chicago Board of Trade | US 5YR TREAS NTS FUTURE (CBT) EXP JUN 25 | - | 11,516 |
| Chicago Board of Trade | US 5YR TREAS NTS FUTURE (CBT) EXP SEP 25 | - | (37,561) |
| Chicago Board of Trade | US 5YR NOTE FUTURE (CBT) EXP DEC 25 | - | (36,159) |
| Chicago Board of Trade | US 2YR NOTE FUTURE (CBT) EXP JUN 25 | - | (13,479) |
| Chicago Board of Trade | US 2YR NOTE FUTURE (CBT) EXP SEP 25 | - | (14,056) |
| Chicago Board of Trade | US 2YR NOTE FUTURE (CBT) EXP DEC 25 | - | 6,706 |
| Chicago Board of Trade | US ULTRA BOND (CBT) EXP JUN 25 | - | 1,284,023 |
| Chicago Board of Trade | US ULTRA BOND (CBT) EXP SEP 25 | - | (691,846) |
| Chicago Board of Trade | US ULTRA BOND (CBT) EXP DEC 25 | - | (613,333) |
| **Alternative Investment Fund** | | | |
| Aon Hewitt | DIVERSIFYING ALTERNATIVES PORTFOLIO FUND | (2,835,357) | 2,835,357 |

# VF Corporation Pension Plan

## Schedule H, Line 4j – Schedule of Reportable Transactions

**EIN: 23-1180120** **Plan Number: 001**

*Year ended December 31, 2025*

| | (a) Identity of Party Involved | (b) Description of Assets | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on the Transaction Date | (i) Net Gain or Loss |
|---|---|---|---|---|---|---|---|---|---|
| **Category (i) - Single of Transactions in Excess of 5% of the Current Value of Plan Assets:** | | | | | | | | | |
| * | Aon Hewitt | LONG CR BD | $ - | $ 50,000,000 | $ - | $ - | $ 57,959,917 | $ 50,000,000 | $ (7,959,917) |
| * | Aon Hewitt | LONG CR BD | - | 47,000,000 | - | - | 54,931,529 | 47,000,000 | (7,931,529) |
| * | Aon Hewitt | INTERMEDIATE CR BD | 110,000,000 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 50,002,765 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 49,756,579 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 49,999,378 | - | - | 49,999,378 | 49,999,378 | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 47,000,000 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 164,957,986 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 118,999,823 | - | - | 118,999,823 | 118,999,823 | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 60,000,000 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 60,016,343 | - | - | 60,016,343 | 60,016,343 | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 100,219,074 | - | - | 100,219,074 | 100,219,074 | - |
| **Category (iii) - Series of Transactions in Excess of 5% of the Current Value of Plan Assets:** | | | | | | | | | |
| * | Aon Hewitt | AON US LONG GOVERNMENT INDEX | - | 61,100,000 | - | - | 89,706,853 | 61,100,000 | (28,606,853) |
| * | Aon Hewitt | AON US LONG GOVERNMENT INDEX | 25,000,000 | - | - | - | - | - | - |
| * | Aon Hewitt | LONG CR BD | - | 112,000,000 | - | - | 130,222,753 | 112,000,000 | (18,222,753) |
| * | Aon Hewitt | LONG CR BD | 94,000,000 | - | - | - | - | - | - |
| * | Aon Hewitt | INTERMEDIATE CR BD | 130,000,000 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 480,354,055 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 482,862,111 | - | - | 482,862,111 | 482,862,111 | - |

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

* Represents a party-in-interest to the Plan as defined by ERISA.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

| Attained Age | Years of Credited Service[1] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & Over |
| | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 - 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 - 34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 - 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40 - 44 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| 45 - 49 | 0 | 0 | 0 | 5 | 4 | 4 | 0 | 0 | 0 | 0 |
| 50 - 54 | 0 | 0 | 2 | 3 | 10 | 4 | 1 | 0 | 0 | 0 |
| 55 - 59 | 0 | 0 | 5 | 3 | 7 | 7 | 4 | 2 | 0 | 0 |
| 60 - 64 | 0 | 1 | 0 | 3 | 8 | 5 | 2 | 5 | 0 | 0 |
| 65 - 69 | 0 | 0 | 1 | 2 | 1 | 1 | 0 | 0 | 2 | 1 |
| 70 & Over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: VF Corporation Pension Plan
EIN / PN: 23-1180120/001
Plan Sponsor: VF Corporation
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

**Economic Assumptions**

**Interest rate basis:**

- Applicable month: September
- Interest rate basis: 3-Segment Rates from 4 Months Preceding Valuation Date

**Interest rates:**

| | Reflecting Corridors | Not Reflecting Corridors |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.35% | 5.32% |

**Annual rates of increase**

- Compensation: N/A
- Social Security wage base: N/A
- Statutory limits on compensation and benefits: N/A

**Plan-related expenses**: The target normal cost includes an expense load equal to the administrative expenses expected to be paid by the trust during the period January 1, 2025 through July 31, 2025.

Rates not reflecting stabilization are used to determine the PBGC FTAP and the PBGC 4010 FS

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date**

The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees**

It was assumed there will be no new or rehired employees; plan closed to new or rehired employees as of December 31, 2004.

**Mortality**

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

**Termination**

Rates varying by age

| Percentage leaving during the year | |
|---|---|
| *Attained Age* | *Rate* |
| Under 45 | 14.0% |
| 45-54 | 12.0% |

**Disability**

None assumed

**Retirement**

Rates varying by age

The rates at which eligible participants retire by age are shown below.

| Percentage retiring during the year | |
|---|---|
| *Attained Age* | *Rate* |
| 55 | 16.0% |
| 56-59 | 14.0% |
| 60-61 | 18.0% |
| 62-64 | 26.0% |
| 65-70 | 50.0% |
| 71 & over | 100.0% |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Benefit commencement date:** | |
| • Preretirement death benefit | The later of the death of the active participant or the date the participant would have attained age 55 with 10 years of service. Participants with less than 10 years of service commence at age 65. |
| • Deferred vested benefit | For current deferred vested benefits, age 65 or current age, if later<br>For future deferred vested benefits of currently active participants, age 62 or current age, if later |
| • Retirement benefit | Upon decrement due to retirement |
| **Form of payment** | For single participant, life annuity with ten years guaranteed; for married participants, 50% joint and survivor annuity |
| **Percent married** | 80% of males; 50% of females. Used to value the pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement |
| **Spouse age** | Wife three years younger than husband |
| **At-risk assumptions** | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 50% joint and survivor annuity form of payment. |
| **Cash flow** | |
| • Timing of benefit payments | Annuity payments are payable monthly at the beginning of the month. |
| • Timing of contributions | Assumed to be made no later than latest required date. |

# SCHEDULE SB ATTACHMENTS

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Actuarial value of assets** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 4.85% for 2023 and 4.80% for 2024 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with VF Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.<br><br>The plan pays small benefits (with a present value up to $5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above. |

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor or other persons designated by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data was not available, and the data was adjusted to reflect any significant events that occurred between the census date and the measurement date. In consultation with VF management, the following assumptions were made for missing or apparently inconsistent data elements:

- In the event that beneficiary birth dates or genders were missing, prior information was used, if available. Otherwise, it was assumed that the beneficiary will be the opposite sex as the participant, and that spouses are 3 years older for females and 3 years younger for males.
- In the event that a participant's gender was not provided, it was assumed that the gender and/or pay type is the same as the last valuation year in which it was provided. If there was no gender in the last valuation, they were assumed to be female.
- In the event that payment options or amounts were missing, it was assumed that the payment option/amount is equal to the same information as the last valuation year in which it was provided. If there was no payment option/amount in the last valuation, it was assumed that the amount was equal to the average payment amount based on valuation status with a 10-year certain and life payment option. If the payment option was provided as a J&S but with no survivor percentage, it was assumed to be 50%.
- In the event that a participant was supplied without a birth date, prior information was used, if available. Otherwise, it was assumed they were the same age as similar participants based on valuation status.
- For participants who were not valued in 2024 and were provided with a status to be valued in 2025, it was assumed that the current year information was correct.
- For beneficiaries who were not valued in 2024 and were provided with a status to be valued in 2025, we will assume no benefit due for those who were provided with a beneficiary date of death. For any beneficiaries provided with benefits with end dates prior to the valuation date, we will assume the certain period expired. Otherwise, we will assume a benefit is still due.
- For participants who were not valued in 2024 and were provided with a blank pension history status in 2025, it was assumed that the records are not pension participants and not valued.
- For participants who were valued in 2024 and were provided with a missing pension status in the 2025 data, it was assumed that the participant should continue to be valued consistent with as valued in the prior year.
- For participants provided with a payment end date and confirmed payments suspended due to returned checks and no date of death, it was assumed the benefit is still due and will be valued until death is officially confirmed. Similarly, for Vested Terms records who were valued in 2024 and now have a No Further Payable – Forfeiture status in 2025, we will continue to assume a benefit is due until the status has been confirmed otherwise.
- For participants missing payable date or with a normal retirement date of 1/2/1900, if the benefit was a lump sum, we assumed it was paid in the past, otherwise we assumed the normal retirement date was age 65.
- For beneficiaries provided with a payment end date, we will assume certain period has ended and no further benefits are due.

| | |
|---|---|
| Plan Name: | VF Corporation Pension Plan |
| EIN / PN: | 23-1180120/001 |
| Plan Sponsor: | VF Corporation |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

- For participants valued in the prior year and provided with a death status and no benefit due to a beneficiary in the 2025 data, we will assume a benefit is still due to a beneficiary for those with JS benefits in the prior data. For Vested Terms and Actives, we will assume the benefit is 50% of the current participant's benefit if the status is "Dead"; for those who were not valued in 2024 or were provided with status "Dead-0 Payable" we will assume no benefit is due to a beneficiary.
- For continuing in-pay participants whose only benefit has a payment end date in 2025, we will continue to value consistent with the prior year benefit information.
- For participants with a change in status to beneficiary and provided with payment end dates in 2024 or 2025 but with no new beneficiary payment information provided, we will assume the benefit is continuing to a beneficiary consistent with the participant's prior year form of payment.
- For beneficiaries provided with a "Relations" date of death, we will assume the date of death is for the original participant and that the beneficiary status and information provided is accurate.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

# VF Corporation Pension Plan

## Schedule H, Line 4j – Schedule of Reportable Transactions

**EIN: 23-1180120** **Plan Number: 001**

*Year ended December 31, 2025*

| | (a) Identity of Party Involved | (b) Description of Assets | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on the Transaction Date | (i) Net Gain or Loss |
|---|---|---|---|---|---|---|---|---|---|
| **Category (i) - Single of Transactions in Excess of 5% of the Current Value of Plan Assets:** | | | | | | | | | |
| * | Aon Hewitt | LONG CR BD | $ - | $ 50,000,000 | $ - | $ - | $ 57,959,917 | $ 50,000,000 | $ (7,959,917) |
| * | Aon Hewitt | LONG CR BD | - | 47,000,000 | - | - | 54,931,529 | 47,000,000 | (7,931,529) |
| * | Aon Hewitt | INTERMEDIATE CR BD | 110,000,000 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 50,002,765 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 49,756,579 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 49,999,378 | - | - | 49,999,378 | 49,999,378 | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 47,000,000 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 164,957,986 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 118,999,823 | - | - | 118,999,823 | 118,999,823 | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 60,000,000 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 60,016,343 | - | - | 60,016,343 | 60,016,343 | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 100,219,074 | - | - | 100,219,074 | 100,219,074 | - |
| **Category (iii) - Series of Transactions in Excess of 5% of the Current Value of Plan Assets:** | | | | | | | | | |
| * | Aon Hewitt | AON US LONG GOVERNMENT INDEX | - | 61,100,000 | - | - | 89,706,853 | 61,100,000 | (28,606,853) |
| * | Aon Hewitt | AON US LONG GOVERNMENT INDEX | 25,000,000 | - | - | - | - | - | - |
| * | Aon Hewitt | LONG CR BD | - | 112,000,000 | - | - | 130,222,753 | 112,000,000 | (18,222,753) |
| * | Aon Hewitt | LONG CR BD | 94,000,000 | - | - | - | - | - | - |
| * | Aon Hewitt | INTERMEDIATE CR BD | 130,000,000 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | 480,354,055 | - | - | - | - | - | - |
| * | BNY Mellon | COLLECTIVE US GOV'T STIF 15 BPS | - | 482,862,111 | - | - | 482,862,111 | 482,862,111 | - |

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

* Represents a party-in-interest to the Plan as defined by ERISA.

# 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

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
VF CORPORATION PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
VF CORPORATION

**D** Employer Identification Number (EIN)
23-1180120

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 902,496,271 |
| **b** Actuarial value | **2b** | 921,006,022 |

**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 | 3,615 | 504,661,059 | 504,661,059 |
| **b** For terminated vested participants | 3,277 | 196,036,555 | 196,036,555 |
| **c** For active participants | 96 | 20,617,905 | 20,617,905 |
| **d** Total | 6,988 | 721,315,519 | 721,315,519 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **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** | 5.35% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 898,723 |
| **c** Target normal cost | **6c** | 898,723 |

**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** Emily Donavant

Signature of actuary — 9/25/2026 Date

Emily Donavant
Type or print name of actuary

2608433
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

704-620-6480
Telephone number (including area code)

PO Box 674401
Houston TX 77267
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) | 106,848,553 | 122,687,918 |
| 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) | 106,848,553 | 122,687,918 |
| 10 | Interest on line 9 using prior year's actual return of 0.18 % | 192,327 | 220,838 |
| 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 5.09 % | | 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) | 107,040,880 | 122,908,756 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 95.80 % |
| 15 | Adjusted funding target attainment percentage | 15 | 127.68 % |
| 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 | 123.54 % |
| 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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | 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: 5.07 % | 2nd segment: 5.31 % | 3rd segment: 5.50% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 60 |

**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** | 898,723 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **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** | 898,723 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 898,723 | 0 | 898,723 |

| | | |
|---|---|---|
| **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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| (A) | (B) | (C) | (D) | (A)*(D) |
|---|---|---|---|---|
| Age | Retirement Rate | Hypothetical Number of Employees | Number Retiring | |
| 55 | 0.160 | 100,000 | 16,000 | 880,000 |
| 56 | 0.140 | 84,000 | 11,760 | 658,560 |
| 57 | 0.140 | 72,240 | 10,114 | 576,498 |
| 58 | 0.140 | 62,126 | 8,698 | 504,484 |
| 59 | 0.140 | 53,428 | 7,480 | 441,320 |
| 60 | 0.180 | 45,948 | 8,271 | 496,260 |
| 61 | 0.180 | 37,677 | 6,782 | 413,702 |
| 62 | 0.260 | 30,895 | 8,033 | 498,046 |
| 63 | 0.260 | 22,862 | 5,944 | 374,472 |
| 64 | 0.260 | 16,918 | 4,399 | 281,536 |
| 65 | 0.500 | 12,519 | 6,260 | 406,900 |
| 66 | 0.500 | 6,259 | 3,130 | 206,580 |
| 67 | 0.500 | 3,129 | 1,565 | 104,855 |
| 68 | 0.500 | 1,564 | 782 | 53,176 |
| 69 | 0.500 | 782 | 391 | 26,979 |
| 70 | 0.500 | 391 | 196 | 13,720 |
| 71 | 1.000 | 195 | 195 | 13,845 |
| | | | Total: | 5,950,933 |
| | | | Average Retirement Age: | 60 |

Plan Name: VF Corporation Pension Plan
EIN / PN: 23-1180120/001
Plan Sponsor: VF Corporation
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## 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 |
|---|---|---|---|---|
| 2025 | 158,060 | 2,529,776 | 49,186,199 | 51,874,035 |
| 2026 | 457,645 | 5,454,874 | 48,106,631 | 54,019,150 |
| 2027 | 713,135 | 6,903,886 | 46,937,593 | 54,554,614 |
| 2028 | 918,728 | 8,436,313 | 45,689,190 | 55,044,231 |
| 2029 | 1,094,622 | 9,674,458 | 44,347,307 | 55,116,387 |
| 2030 | 1,244,023 | 10,931,452 | 42,945,000 | 55,120,475 |
| 2031 | 1,357,257 | 12,057,835 | 41,501,843 | 54,916,935 |
| 2032 | 1,445,805 | 13,106,587 | 39,973,094 | 54,525,486 |
| 2033 | 1,516,501 | 14,065,073 | 38,367,517 | 53,949,091 |
| 2034 | 1,573,405 | 14,791,714 | 36,679,308 | 53,044,427 |
| 2035 | 1,619,496 | 15,377,165 | 34,947,095 | 51,943,756 |
| 2036 | 1,650,134 | 15,945,764 | 33,201,322 | 50,797,220 |
| 2037 | 1,685,207 | 16,342,849 | 31,406,904 | 49,434,960 |
| 2038 | 1,713,216 | 16,401,638 | 29,571,316 | 47,686,170 |
| 2039 | 1,712,651 | 16,499,503 | 27,703,547 | 45,915,701 |
| 2040 | 1,703,805 | 16,534,899 | 25,814,276 | 44,052,980 |
| 2041 | 1,704,174 | 16,460,240 | 23,915,858 | 42,080,272 |
| 2042 | 1,693,885 | 16,351,199 | 22,022,130 | 40,067,214 |
| 2043 | 1,669,863 | 16,124,008 | 20,148,025 | 37,941,896 |
| 2044 | 1,644,648 | 15,876,251 | 18,308,881 | 35,829,780 |
| 2045 | 1,611,333 | 15,591,892 | 16,519,869 | 33,723,094 |
| 2046 | 1,571,585 | 15,201,681 | 14,795,484 | 31,568,750 |
| 2047 | 1,525,244 | 14,744,813 | 13,148,978 | 29,419,035 |
| 2048 | 1,475,186 | 14,232,103 | 11,592,163 | 27,299,452 |
| 2049 | 1,422,027 | 13,652,309 | 10,135,050 | 25,209,386 |
| 2050 | 1,365,240 | 13,036,908 | 8,785,589 | 23,187,737 |
| 2051 | 1,304,434 | 12,394,605 | 7,549,408 | 21,248,447 |
| 2052 | 1,240,496 | 11,719,004 | 6,429,548 | 19,389,048 |
| 2053 | 1,173,833 | 11,021,928 | 5,426,567 | 17,622,328 |
| 2054 | 1,104,394 | 10,306,452 | 4,538,574 | 15,949,420 |
| 2055 | 1,032,989 | 9,579,128 | 3,761,510 | 14,373,627 |

Plan Name: VF Corporation Pension Plan
EIN / PN: 23-1180120/001
Plan Sponsor: VF Corporation
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

| | | | | |
|---|---|---|---|---|
| 2056 | 960,121 | 8,850,166 | 3,089,517 | 12,899,804 |
| 2057 | 886,559 | 8,125,360 | 2,515,223 | 11,527,142 |
| 2058 | 812,972 | 7,411,283 | 2,030,223 | 10,254,478 |
| 2059 | 740,160 | 6,715,542 | 1,625,485 | 9,081,187 |
| 2060 | 668,929 | 6,043,454 | 1,291,697 | 8,004,080 |
| 2061 | 600,024 | 5,400,494 | 1,019,614 | 7,020,132 |
| 2062 | 534,120 | 4,792,003 | 800,324 | 6,126,447 |
| 2063 | 471,789 | 4,221,998 | 625,478 | 5,319,265 |
| 2064 | 413,462 | 3,693,308 | 487,476 | 4,594,246 |
| 2065 | 359,468 | 3,207,792 | 379,578 | 3,946,838 |
| 2066 | 310,006 | 2,766,220 | 295,916 | 3,372,142 |
| 2067 | 265,149 | 2,368,393 | 231,509 | 2,865,051 |
| 2068 | 224,867 | 2,013,266 | 182,201 | 2,420,334 |
| 2069 | 189,030 | 1,699,050 | 144,574 | 2,032,654 |
| 2070 | 157,458 | 1,423,435 | 115,882 | 1,696,775 |
| 2071 | 129,911 | 1,183,771 | 93,948 | 1,407,630 |
| 2072 | 106,119 | 977,173 | 77,081 | 1,160,373 |
| 2073 | 85,785 | 800,653 | 63,998 | 950,436 |
| 2074 | 68,585 | 651,192 | 53,724 | 773,501 |

# SCHEDULE SB ATTACHMENTS

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

### Plan Provisions – VF Corporation Qualified Plan

The most recent amendment reflected in the following plan provisions was effective June 24, 2022 to reflect the purchase of one or more group annuity contracts from insurance company to fully satisfy the Plan's obligations with respect to certain retirees.

The plan was amended and restated effective July 31, 2025 due to the expected Plan termination. The liabilities disclosed herein do not reflect plan termination or the associated lump sum window.

Other than above, the below amendment was the last substantial amendment prior to this date.

The Qualified Plan's monthly benefit was frozen for all active employees effective December 31, 2018. An Acceleration of "pop-up" and enhanced early retirement factors provided in conjunction with the freeze as applicable to all pension-eligible associates still active on December 31, 2018 is reflected.

| | |
|---|---|
| **Covered Employees** | Employees of VF Corporation and its controlled group members who elect to participate in the Plan, except for any such employees who are covered by a collective bargaining agreement that does not provide for participation or who are non-resident aliens. Employees hired after December 31, 2004 are not eligible to participate in the Plan. |
| **Participation Date** | January 1 or July 1 following the attainment of age 21 and completion of one year of Vesting Service. |

### Definitions

| | |
|---|---|
| **Vesting Service** | Elapsed period of employment in which a participant is credited with at least 1,000 hours per Anniversary Year. |
| **Credited Service** | Years and months of service as a covered employee. Credited service for certain highly paid participants was frozen as of December 31, 2014. |
| **Normal retirement date (NRD)** | First of the month coincident with or next following the later of:<br>(a) the participant's 65th birthday and<br>(b) the earlier of:<br>(i.) the 5th anniversary of the Participant's participation commencement date or<br>(ii.) the Participant's completion of 5 years of service. |
| **Monthly pension benefit** | Plan benefits were frozen at December 31, 2014 for a select group of highly compensated participants. Benefit accruals for all other participants were frozen as of December 31, 2018.<br><br>Effective January 1, 2019 the monthly accrued benefits for each participant are provided by the plan sponsor, through its third-party administrator, for purpose of the valuation. |

| | |
|---|---|
| Plan Name: | VF Corporation Pension Plan |
| EIN / PN: | 23-1180120/001 |
| Plan Sponsor: | VF Corporation |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Monthly preretirement spouse benefit** | 50% of the monthly pension benefit as of the date of death, reduced for payment as early as the Participant's 55th birthday if the Participant had completed ten years of Vesting Service. |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 55 and completing ten years of Vesting Service |
| **Postponed retirement** | Retirement after NRD |
| **Deferred vested** | Termination for reasons other than death or retirement after completing five years of Vesting Service |
| **Preretirement spouse** | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | Monthly pension benefit determined as of NRD |
| **Early retirement** | Monthly pension benefit determined as of early retirement date |
| **Postponed retirement** | Monthly pension benefit determined as of actual retirement date |
| **Termination with deferred vested benefit** | Monthly pension benefit determined as of termination date, payable at NRD. If Participant had ten years Vesting Service, benefit may start as early as 55, actuarially reduced. |
| **Death with preretirement spouse benefits** | Monthly preretirement spouse benefit is payable. |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

**Forms of payment**

Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid on a ten-years certain and life basis, if the Participant has no spouse as of the date payments begin, or if the Participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the Participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Actuarial equivalence is determined using a 7% interest rate and the TPF&C Forecast Mortality Table for females set forward four years for participants and two years for beneficiaries.

**Maximum on benefits and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

## Changes in Plan Provisions Since Prior Year

None.

## Future Plan Changes

The plan was amended and restated effective July 31, 2025 due to the expected Plan termination. The liabilities disclosed herein do not reflect plan termination or the associated lump sum window.

# VF Corporation Pension Plan

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

**EIN: 23-1180120** **Plan Number: 001**

*December 31, 2025*

| (a) | (b) Identity of Issuer, Borrower Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Derivatives** | | | |
| | Chicago Board of Trade | ULTRA 10YR US TREAS NT FUT CBT EXP MAR 26 | $ - | $ (99,416) |
| | Chicago Board of Trade | US 10YR TREAS NTS FUTURE (CBT) EXP MAR 26 | - | (7,323) |
| | Chicago Board of Trade | US 2YR TREAS NTS FUT (CBT) EXP MAR 26 | - | (7,696) |
| | Chicago Board of Trade | US 5YR TREAS NTS FUTURE (CBT) EXP MAR 26 | - | 22,217 |
| | Chicago Board of Trade | US TREAS BD FUTURE (CBT) EXP MAR 26 | - | 56,769 |
| | Chicago Board of Trade | US ULTRA BOND (CBT) EXP MAR 26 | - | 379,660 |
| | **Total Derivatives** | | - | 344,211 |
| | **U.S. Government Securities** | | | |
| | Federal National Mortgage Association | FNMA POOL #0535300 6.500% 05/01/2030 DD 04/01/00 | 270 | 272 |
| | Government National Mortgage Association | GNMA II POOL #0003348 6.500% 02/20/2033 DD 02/01/03 | 1,323 | 1,339 |
| | **Total U.S. Government Securities** | | 1,593 | 1,611 |
| | **Collective Trust Funds** | | | |
| * | BNY Mellon | Collective U.S. Government STIF 15 BPS | 118,320,590 | 118,320,590 |
| * | Aon Hewitt | Aon U.S. Long Government Index | 73,231,730 | 52,672,048 |
| * | Aon Hewitt | Aon U.S. Intermediate Government | 54,353,416 | 55,815,799 |
| * | Aon Hewitt | Long Credit Bond | 372,840,659 | 357,441,263 |
| * | Aon Hewitt | Intermediate Credit Bond | 204,000,000 | 219,613,040 |
| | **Total Collective Trust Funds** | | 822,746,395 | 803,862,740 |
| | **Total** | | $ 822,747,988 | $ 804,208,562 |

* Represents a party-in-interest to the Plan as defined by ERISA.

# VF Corporation Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

**EIN: 23-1180120** **Plan Number: 001**

*Year ended December 31, 2025*

| (a) Identity of Issuer, Borrower Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value | (c) Cost of Acquisition | (d) Current Value of Proceeds of Dispositions |
|---|---|---|---|
| **Derivatives** | | | |
| Chicago Board of Trade | US 10YR ULTRA FUTURE (CBT) EXP JUN 25 | $ - | $ (2,286,633) |
| Chicago Board of Trade | US 10YR ULTRA FUTURE (CBT) EXP SEP 25 | - | 2,164,344 |
| Chicago Board of Trade | US 10YR ULTRA FUTURE (CBT) EXP DEC 25 | - | 1,210,872 |
| Chicago Board of Trade | US TREAS BD FUTURE (CBT) EXP JUN 25 | - | 926,047 |
| Chicago Board of Trade | US TREAS BD FUTURE (CBT) EXP SEP 25 | - | (1,266,028) |
| Chicago Board of Trade | US TREAS BD FUTURE (CBT) EXP DEC 25 | - | (340,807) |
| Chicago Board of Trade | US 10YR NOTE FUTURE (CBT) EXP JUN 25 | - | 162,231 |
| Chicago Board of Trade | US 10YR TREAS NTS FUTURE (CBT) EXP SEP 25 | - | 70,960 |
| Chicago Board of Trade | US 10YR NOTE FUTURE (CBT) EXP DEC 25 | - | 61,230 |
| Chicago Board of Trade | US 5YR TREAS NTS FUTURE (CBT) EXP JUN 25 | - | 11,516 |
| Chicago Board of Trade | US 5YR TREAS NTS FUTURE (CBT) EXP SEP 25 | - | (37,561) |
| Chicago Board of Trade | US 5YR NOTE FUTURE (CBT) EXP DEC 25 | - | (36,159) |
| Chicago Board of Trade | US 2YR NOTE FUTURE (CBT) EXP JUN 25 | - | (13,479) |
| Chicago Board of Trade | US 2YR NOTE FUTURE (CBT) EXP SEP 25 | - | (14,056) |
| Chicago Board of Trade | US 2YR NOTE FUTURE (CBT) EXP DEC 25 | - | 6,706 |
| Chicago Board of Trade | US ULTRA BOND (CBT) EXP JUN 25 | - | 1,284,023 |
| Chicago Board of Trade | US ULTRA BOND (CBT) EXP SEP 25 | - | (691,846) |
| Chicago Board of Trade | US ULTRA BOND (CBT) EXP DEC 25 | - | (613,333) |
| **Alternative Investment Fund** | | | |
| Aon Hewitt | DIVERSIFYING ALTERNATIVES PORTFOLIO FUND | (2,835,357) | 2,835,357 |