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
FOOT LOCKER RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

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

PENN1
1 PENNSYLVANIA PLAZA
NEW YORK, NY 10119

PENN1
1 PENNSYLVANIA PLAZA
NEW YORK, NY 10001-2406

2b Employer Identification Number (EIN)
13-3513936

2c Plan Sponsor's telephone number
212-720-3700

2d Business code (see instructions)
448210

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.	10/13/2026	GERARD MURRAY
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	9887
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)**	3046
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2613
b	Retired or separated participants receiving benefits	**6b**	1525
c	Other retired or separated participants entitled to future benefits	**6c**	4713
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8851
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	463
f	Total. Add lines **6d** and **6e**.	**6f**	9314
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**	81
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:

1C 3H 3J

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
FOOT LOCKER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOOT LOCKER, INC.

D Employer Identification Number (EIN)
13-3513936

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MET LIFE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65987	362	60	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	220493
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	4294		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	4294
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	224787
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	224787

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
FOOT LOCKER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FOOT LOCKER, INC.

D Employer Identification Number (EIN)
13-3513936

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**	359158176
b Actuarial value	**2b**	362625180

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	1631	135995398	135995398
b For terminated vested participants	5210	138732556	138732556
c For active participants	3046	94831838	95310590
d Total	9887	369559792	370038544

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**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2700000
c Target normal cost	**6c**	2700000

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

10/01/2026
Date

AMY POSTAL
Type or print name of actuary

26-08608
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-309-3434
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)	39166744	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3015000	0
9	Amount remaining (line 7 minus line 8)	36151744	0
10	Interest on line 9 using prior year's actual return of 1.50 %	542276	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		18499465
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 5.13 %		794353
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		45225
c	Total available at beginning of current plan year to add to prefunding balance		19339043
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)	36694020	0

Part III Funding Percentages

14	Funding target attainment percentage	14	88.08 %
15	Adjusted funding target attainment percentage	15	90.75 %
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	103.99 %
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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	2700000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	44107384	4065320
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**	6765320

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	6765320	0	6765320

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
FOOT LOCKER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOOT LOCKER, INC.

D Employer Identification Number (EIN)
13-3513936

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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?
21 28 31	NONE	690736	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	561839	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWERS WATSON

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	383528	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)

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	NONE	33700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MET LIFE

13-5581829

(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?
13 49	NONE	6455	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG

13-5565207

(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	NONE	1700	Yes [ ] No [X]	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
FOOT LOCKER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FOOT LOCKER, INC.

D Employer Identification Number (EIN)
13-3513936

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: BNY MELLON LONG DURATION BOND FUND

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)
25-6078093-329	C	35869985

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON DB SL SC GROWTH SIF

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)
25-6078093-179	C	23897980

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DLY VAL EMRGING MKT STK IDX FUND

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)
25-6078093-189	C	22036382

a Name of MTIA, CCT, PSA, or 103-12 IE: EB US INVES GRD CORP LNG DUR FUND

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)
25-6078093-220	C	35819181

a Name of MTIA, CCT, PSA, or 103-12 IE: EB LARGE CAP VAL STOCK INDEX FUND

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)
25-6078093-005	C	12576251

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DAILY VALUE STOCK INDEX FUND

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)
25-6078093-010	C	15168835

a Name of MTIA, CCT, PSA, or 103-12 IE: EB LGE CAP GROWTH STOCK INDEX FUND

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)
25-6078093-003	C	12468348

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

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

c EIN-PN 25-6078093-062	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35812289

a Name of MTIA, CCT, PSA, or 103-12 IE: EB GLOBAL REAL ESTATE SEC FUND

b Name of sponsor of entity listed in (a): 25-6078093

c EIN-PN 25-6078093-183	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9053919

a Name of MTIA, CCT, PSA, or 103-12 IE: EB INTERNATIONAL STOCK INDEX FUND

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

c EIN-PN 25-6078093-034	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32310314

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

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

c EIN-PN 25-6078093-023	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11458160

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM INSIGHT DB SL BOND INDEX FUND

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

c EIN-PN 25-6078093-336	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71647962

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
FOOT LOCKER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOOT LOCKER, INC.

D Employer Identification Number (EIN)
13-3513936

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	0	180899
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29672	36874
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4845761	11458160
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	300078068	306661446
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	28792413	53879769
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	225517	186413
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	8616960	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	362588391	372403561
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	492877	416061
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2790576	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3283453	416061
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	359304938	371987500

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)	184188	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		184188
(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)	4219890	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4219890
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	193741392	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	176120466	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		17620926
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1936301	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1936301

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15153270
(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)		1599001
c Other income	2c		3837
d Total income. Add all **income** amounts in column (b) and enter total	2d		40717413
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24732669	
(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)		24732669
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)	35400	
(5) Investment advisory and investment management fees	2i(5)	726948	
(6) Bank or trust company trustee/custodial fees	2i(6)	1701524	
(7) Actuarial fees	2i(7)	838310	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3302182
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		28034851
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12682562
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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		10000000
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? [ ] Yes [X] No

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 579833.

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
FOOT LOCKER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOOT LOCKER, INC.

D Employer Identification Number (EIN)
13-3513936

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): _____ _____

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** 418

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: 28.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 57.0 %
High-Yield Debt: 5.0 % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: 10.0 %

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_____.

FOOT LOCKER RETIREMENT PLAN

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditor's Report Thereon)

FOOT LOCKER RETIREMENT PLAN

December 31, 2025 and 2024

Table of Contents

Independent Auditor's Report	1
Statements of Net Assets Available for Plan Benefits as of December 31, 2025 and 2024	5
Statements of Changes in Net Assets Available for Plan Benefits for the Years Ended December 31, 2025 and 2024	6
Statements of Accumulated Plan Benefits as of December 31, 2025 and 2024	7
Statements of Changes in Accumulated Plan Benefits for the Years Ended December 31, 2025 and 2024	8
Notes to Financial Statements	9
Supplemental Schedules*	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025	17
Schedule H, Line 4j – Schedule of Reportable Transactions for the Year ended December 31, 2025	18

* Schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, which are not applicable, have been omitted.

Tel: 212-885-8000
Fax: 212-697-1299
www.bdo.com

200 Park Avenue
38th Floor
New York, NY 10166

Independent Auditor's Report

To the Plan Administrator
Foot Locker Retirement Plan
New York, New York

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

We have performed audits of the financial statements of Foot Locker Retirement 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 plan benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for plan benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 years then ended, stating that the certified investment information, as described in Note 4 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.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 and the ERISA-required Supplemental 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 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.

October 9, 2026

FOOT LOCKER RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Cash and cash equivalents	$ 180,899	$ —
Investments, at fair value, as certified by the Trustee (note 4):		
Commingled trust funds	306,661,446	300,078,068
Mutual funds	53,879,769	28,792,413
Corporate stock	—	8,616,960
Short-term investment fund	11,458,160	4,845,761
Insurance contract	186,413	225,517
Total investments	372,185,788	342,558,719
Employer contribution receivable	—	20,000,000
Securities sold, as certified by the Trustee (note 4)	—	25,000
Accrued interest and dividends, as certified by the Trustee (note 4)	36,874	4,672
Total assets	372,403,561	362,588,391
Liabilities:		
Payable to payment administrator (note 2)	—	2,790,576
Accrued liabilities	416,061	492,877
Total liabilities	416,061	3,283,453
Net assets available for plan benefits	$ 371,987,500	$ 359,304,938

See accompanying notes to financial statements.

FOOT LOCKER RETIREMENT PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Contributions	$ —	$ 20,000,000
Investment income, as certified by the Trustee (note 4):		
Interest	184,188	85,392
Dividends	4,219,890	900,993
Income from insurance contract	3,837	4,130
Net appreciation in fair value of investments	36,309,498	5,045,875
Total investment income	40,717,413	6,036,390
Total additions	40,717,413	26,036,390
Deductions:		
Benefit payments	24,732,669	28,619,531
Administrative expenses:		
Investment management fees	797,793	777,056
Other administrative expenses	2,504,389	3,257,554
Total deductions	28,034,851	32,654,141
Net increase (decrease) in net assets available for plan benefits	12,682,562	(6,617,751)
Net assets available for plan benefits, beginning of year	359,304,938	365,922,689
Net assets available for plan benefits, end of year	$ 371,987,500	$ 359,304,938

See accompanying notes to financial statements.

FOOT LOCKER RETIREMENT PLAN

Statements of Accumulated Plan Benefits

December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 129,650,339	$ 128,224,826
Other participants	220,255,131	233,247,826
Total vested benefits	349,905,470	361,472,652
Nonvested benefits	864,862	946,445
Total actuarial present value of accumulated plan benefits	$ 350,770,332	$ 362,419,097

See accompanying notes to financial statements.

FOOT LOCKER RETIREMENT PLAN

Statements of Changes in Accumulated Plan Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 362,419,097	$ 396,727,913
Decrease during the year attributable to:		
Benefits paid	(24,732,669)	(28,619,531)
Experience gain	(4,598,233)	(1,043,930)
Other administrative expenses	(2,504,389)	(3,257,554)
Interest due to decrease in discount period	22,672,037	21,895,389
Change in actuarial assumptions	(2,485,511)	(23,283,190)
Net decrease	(11,648,765)	(34,308,816)
Actuarial present value of accumulated plan benefits at end of year	$ 350,770,332	$ 362,419,097

See accompanying notes to financial statements.

1. Description of the Plan

The following provides only a general description of the Foot Locker Retirement Plan (the “Plan”). Participants should refer to the Plan document for a complete description of the Plan’s provisions.

(a) General

The Plan was established in 1946 and has been subsequently revised and amended in order to comply with the requirements of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Effective January 1, 1996, the Kinney Shoe Corporation Pension Plan for Manufacturing Employees (the “Kinney Plan”) merged with the Plan. The provisions and benefit payout formula of the Kinney Plan remain in effect for any former Kinney Shoe Corporation manufacturing employees who participate in the Plan subsequent to the merger. Foot Locker, Inc. (the “Company”) is the Plan sponsor. The Plan is a noncontributory defined benefit plan with a cash balance formula and is administered through the Retirement Committee (“RC”), which is responsible for the Plan’s investments and administrative matters.

The assets of the Plan are held in the Foot Locker Pension Trust (the “Trust”), with The Bank of New York Mellon (“BNY Mellon”) as the trustee. BNY Mellon is considered a “party-in-interest” as defined by ERISA. The Foot Locker Retirement Plan represents the only plan in the Trust. In addition, BNY Mellon is the Plan’s fiduciary advisor and investment management consultant for all of the Plan assets, including the insurance contract and the Company’s common stock (“Foot Locker shares”) prior to liquidation. BNY Mellon, as investment manager, has the ability to acquire and dispose of assets within the respective investment accounts as it deems to be acceptable within the needs of the Plan as designed by the RC. Principal Financial Group (“Principal”) performs the record keeping and payment administration duties for the Plan.

(b) Plan Sponsor Merger Transaction

As announced on May 15, 2025, Foot Locker, Inc. entered into an Agreement and Plan of Merger (the "Merger Agreement"), by and among the Company, DICK'S Sporting Goods, Inc. ("DICK'S") and RJS Sub LLC, a New York limited liability company and a wholly owned subsidiary of DICK'S ("Merger Sub"), pursuant to which, among other things, at the effective time of the Merger (the "Effective Time"), Merger Sub would merge with and into the Company (the "Merger"), with the Company continuing as the surviving entity, upon the terms and subject to the satisfaction or waiver of the conditions set forth in the Merger Agreement.

Under the terms and subject to the conditions set forth in the Merger Agreement, on September 8, 2025 (the “Closing Date”), each share of the Company's common stock, par value $0.01 per share (the “Company Common Stock”), issued and outstanding immediately prior to the Effective Time (other than any shares owned by DICK'S, the Company or any of their subsidiaries), was converted into the right to receive, at the election of each shareholder of Company Common Stock, (A) $24.00 in cash per share ("Cash Consideration") or (B) 0.1168 validly issued, fully paid and nonassessable shares of DICK'S common stock. Holders of Company Common Stock who did not make a cash or stock election received Cash Consideration.

The Company is now a wholly-owned subsidiary of DICK’S. Following the closing of the Merger, the shares of Company Common Stock were delisted from the New York Stock Exchange and deregistered under the Securities Exchange Act of 1934, as amended. The Plan elected cash and the Trust received Cash Consideration for the Foot Locker shares, which was invested in the short-term investment fund.

1. Description of the Plan (continued)

(c) Participation

In May 2019, the Plan was amended such that all employees who were not participants in the Plan as of December 31, 2019, would not become participants after such date. All benefit accruals were frozen as of December 31, 2019 for all plan participants with less than eleven years of service as of December 31, 2019. For participants with more than eleven years of service as of December 31, 2019, benefit accruals were frozen as of December 31, 2022. Participants continue to accrue interest in accordance with the Plan's provisions.

(d) Benefits

Effective January 1, 1996, the Plan changed from a career average defined benefit plan to a defined benefit plan with a cash balance formula. Under the cash balance formula, each participant has a book entry account that represents the value of the accrued benefit. Credits were allocated annually to the account balance through 2022, based upon a percentage of the participant's W-2 compensation as defined by the Plan, up to the applicable limit. This percentage was determined by the participant's years of service with the Company as of the beginning of each calendar year. In addition, a participant's account balance earns interest at a fixed rate of 6% per year.

For former manufacturing employees from the Kinney Plan who retired on or after January 1, 1988, the monthly retirement allowance is $6.75 for each year of credited service. Benefits for any person who retired or otherwise terminated employment prior to January 1, 1996, are determined in accordance with the provisions of the Plan in effect on the date of such retirement or termination.

In June 2018 due to the settlement of litigation, the court order required the Plan to be reformed to provide additional benefits as follows: (1) restatement of the initial account balances using a 6% discount rate; (2) the addition to each participant's initial account balance any one-time enhancement to which the participant was entitled applying the formula provided for under the terms of the Plan; (3) compensation credits; (4) interest credits at the annual 6% rate; (5) any adjustments required by federal law and IRS regulations; (6) for any participant who already retired and received benefits, prejudgment interest at the rate of 6% per annum, and (7) minus the participant's allocable share of court-approved attorneys' fees and expenses.

The maximum annual benefit payable from a defined benefit plan is the lesser of 100% of average compensation for the highest three years or the base amount, which is $280,000 and $275,000 for 2025 and 2024, respectively.

Terminated vested participants, as well as alternative payees or preretirement survivors, may elect to receive benefits under the following circumstances: (1) prior to early retirement date, if elected (six-month election period after termination was required through August 2022), (2) at early retirement date, age 55, (3) at normal retirement date, age 65, (4) after normal retirement date (does not apply to alternative payees or preretirement survivors), or (5) as a result of death.

At retirement or other termination of employment, an amount equal to the vested account balance then credited to the participant's account under the Plan is payable to the participant. Forms of payment available under the Plan include an immediate or deferred annuity and a lump sum distribution. The normal form of payment under the Plan is qualified 50% joint and survivor annuity, if married, or a single life annuity, if not married. A participant may elect, with the consent of his or her spouse, if married, to waive the normal form of payment and receive benefits under an optional form of payment.

Where death occurs prior to the commencement of benefits, a benefit will be payable to the participant's spouse if the participant was vested at the time of his or her death. Benefits begin at the earliest of (1) election, (2) the date the participant would have reached early retirement age, or (3) the date of normal retirement. Prior to August 2022, a six-month notice period was required for election.

1. Description of the Plan (continued)

The Plan requires lump sum distributions or payments to an individual retirement plan for a deceased or terminated participant whose benefit balance is $7,000 or less (increased from $5,000, effective January 1, 2024).

(e) Plan Termination

Although the Company has not expressed any intentions to do so, the Company has reserved the right to terminate the Plan at any time. If the Plan were to be terminated, all participants would become fully vested in their accrued benefits to the extent funded as of the date of such termination. Upon termination, the net assets of the Plan would be liquidated and distributed in accordance with ERISA and the Plan.

The net assets of the Plan would be allocated to provide the following benefits in the order indicated:

1) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees who were eligible to retire during that three-year period would have been receiving if they had retired with benefits in the formal form of annuity under the Plan.
2) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), up to applicable limitations.
3) All other vested benefits (that is, vested benefits not insured by the PBGC).
4) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

For Plan terminations occurring during 2025, that ceiling is $7,432 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or Plan termination (whichever comes later).

For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits in the event that the Plan terminates at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

(f) Federal Income Tax Status

On February 1, 2021, the Company received a favorable determination letter from the Internal Revenue Service, which included the amendments made through 2020. Further, by notice dated July 9, 2015, the Puerto Rico Department of Treasury determined that the Plan meets the qualification requirements of Section 1081.01 of the Puerto Rico Internal Revenue Code and is entitled to exemption from local income taxes. Management believes the Plan currently is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code and the Puerto Rico Internal Revenue Code.

1. Description of the Plan (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the 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 taxing authorities. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits in progress for any tax period.

(g) Funding Policy

The Plan is a noncontributory defined benefit pension plan and, therefore, employees do not contribute to the Plan. The Plan is funded solely by contributions made by the Company. The Company's contributions for 2025 and 2024 met the minimum funding requirements of ERISA. In 2024, the Plan recorded contributions of $20,000,000, which was included in employer contributions receivable as of December 31, 2024, and subsequently paid during 2025. No contributions were made to the Plan during 2025.

2. Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements are prepared in accordance with U.S. generally accepted accounting principles ("U.S. GAAP").

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates and assumptions.

(c) Investment Valuation and Income Recognition

Investment Valuation

The carrying amount of investments represents the fair value of the underlying assets held in the Trust.

Commingled trust funds primarily consist of the Plan's investment in equity and fixed income commingled trust funds. Commingled trust funds are valued at the net asset value of units held by the Plan at year-end. The Plan's mutual funds and Foot Locker shares are valued at the last reported sales price on the last business day of the year. The short-term investment fund is an investment fund that is valued at the net asset value of units held by the Plan at year-end.

The Immediate Participation Guarantee contract with Metropolitan Life Insurance Company ("MetLife") is valued at fair value, which approximates contract value and is included in the Statements of Net Assets Available for Plan Benefits as insurance contract. Contract value represents contributions made under the contract, less benefit payments and expenses, plus interest income. MetLife determines interest income by applying interest factors to the average amount of funds available for investment by MetLife. The crediting interest rates for 2025 and 2024 were 1.75% and 1.93%, respectively.

The carrying value of cash and cash equivalents, and receivables and payables is believed to approximate their fair value, given the immediate to short-term nature of these accounts.

2. Summary of Significant Accounting Policies (continued)

Income Recognition

Income on assets held by the Trust is recognized in the following manner: investment transactions are reflected on a trade-date basis; realized gains and losses on sales of securities are based on average cost and are a component of net appreciation (depreciation) in fair value of investments; dividend income is recorded on the ex-dividend date and includes capital gain distributions received from investment funds; and interest income is recorded as earned on an accrual basis.

(d) 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 the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on participants' book entry account balances as described in Note 1(d). The accumulated plan benefits for active employees are based on their book entry account balances on the date of which the benefit information is presented (the valuation date).

Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the actuary of the Plan, and 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, withdrawal, or retirement) between the valuation date and the expected dates of payment.

The significant assumptions underlying the actuarial computations are as follows:

Discount rate	6.60% and 6.50% per annum, compounded annually for 2025 and 2024, respectively. The discount rate is based on the long term expected return on plan assets.
Mortality basis table	For 2025 and 2024, Pri-2012 with Contingent Survivor Mortality with MP-2021 RPEC report COVID adjustment for both male and females and terminated vested participants.
Retirement age	Retirement is assumed in varying percentages starting at age 55 with full retirement at age 70.

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

(e) Payment of Benefits

Benefit payments to participants are recorded when paid. As of December 31, 2024, the Plan had disbursed payments to participants but the payment administrator had not yet received funding from the trustee. As a result, the Plan reflected a payable to payment administrator as of December 31, 2024, which was fully funded on January 2, 2025.

2. Summary of Significant Accounting Policies (continued)

(f) Administrative Expenses

Costs associated with Plan administration are generally paid by the Plan and are recorded on the accrual basis.

3. Concentration of Risks and Uncertainties

The Plan's investments consist of various investment securities. Investment securities are exposed to various risks such as interest rate risk, market risk, and credit risk. Due to the 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 such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

The Plan may invest indirectly in securities, through common collective trusts, with contractual cash flows, such as asset-back securities, collateralized mortgage obligations, and commercial mortgage-backed securities, including securities backed by sub-prime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The RC has diversified the net assets of the Plan with the intention of appropriately and prudently addressing significant concentrations of risk. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in estimates and assumptions in the near term could be material to the financial statements.

4. Summary of the Plan's Investments Certified by The Bank of New York Mellon

Financial Data Certified by the Trustee

In accordance with Section 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, BNY Mellon has certified to be complete and accurate, the investments, accrued interest and dividends, and securities purchased and sold contained in the Statements of Net Assets Available for Plan Benefits. In addition, BNY Mellon has certified the investment income amounts included in the Statements of Changes in Net Assets Available for Plan Benefits and the investment information contained in the supplemental schedules. Accordingly, as permitted by the method of compliance under 29 CFR 2520.103-8 of the Department of Labor's Rule and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the information certified as complete and accurate, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedules.

5. Fair Value Measurements

The Plan categorizes its financial instruments into a three-level fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument. Fair value is determined based upon the exit price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants exclusive of any transaction costs.

5. Fair Value Measurements (continued)

The Plan's financial assets recorded at fair value are categorized as follows:

Level 1 – Quoted prices for identical instruments in active markets

Level 2 – Observable inputs other than quoted prices included within Level 1, including quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs or significant value-drivers are observable in active markets.

Level 3 – Model-derived valuations in which one or more significant inputs or significant value-drivers are unobservable.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Plan management 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. There were no changes in the valuation techniques nor were there any transfers between levels for the years ended December 31, 2025 and 2024.

The following tables provide a summary by level, within the fair value hierarchy, of the Plan's invested assets at fair value as of December 31, 2025 and 2024:

Fair Value Measurements at December 31, 2025

Description	Level 1	Level 2	Level 3	Total
Commingled trust funds:				
Equity securities	$ —	$ 118,458,110	$ —	$ 118,458,110
Fixed-income securities	—	179,149,417	—	179,149,417
Real estate securities	—	9,053,919	—	9,053,919
Mutual funds	53,879,769	—	—	53,879,769
Insurance contract	—	186,413	—	186,413
Short-term investment fund	—	11,458,160	—	11,458,160
	$ 53,879,769	$ 318,306,019	$ —	$ 372,185,788

Fair Value Measurements at December 31, 2024

Description	Level 1	Level 2	Level 3	Total
Commingled trust funds:				
Equity securities	$ —	$ 96,823,699	$ —	$ 96,823,699
Fixed-income securities	—	196,773,124	—	196,773,124
Real estate securities	—	6,481,245	—	6,481,245
Mutual fund	28,792,413	—	—	28,792,413
Foot Locker shares	8,616,960	—	—	8,616,960
Insurance contract	—	225,517	—	225,517
Short-term investment fund	—	4,845,761	—	4,845,761
	$ 37,409,373	$ 305,149,346	$ —	$ 342,558,719

6. Related Party and Party-in-Interest Transactions

Administrative expenses related to investment management fees from BNY Mellon, a party-in-interest, aggregated to $619,891 and $594,769 for the years ended December 31, 2025 and 2024, respectively. Administrative fees incurred by the Plan related to Trustee fees from BNY Mellon aggregated to $70,845 and $67,974 for the years ended December 31, 2025 and 2024, respectively.

At December 31, 2025 and 2024, the Trust's assets were primarily invested in commingled trust funds, for which BNY Mellon has been retained as investment manager. The RC monitors BNY Mellon's performance.

The Trust also invested in Foot Locker shares, within ERISA limitations until the completion of the 2025 merger. As of December 31, 2024, the Trust owned 396,000 Foot Locker shares with a cost basis of $10,553,422 and a fair value of $8,616,960. Refer to Note 1(b) for additional information regarding the Plan's investment in Foot Locker shares due to the 2025 merger with DICK'S Sporting Goods, Inc.

These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

7. Subsequent Events

In 2026, the Plan was amended to offer certain eligible participants the option to receive their accrued benefit as a lump sum or to commence their annuity benefits, prior to the normal requirements. The election window was open from July 1 through September 7, 2026, and resulted in approximately $20 million of distributions to participants in satisfaction of a portion of the Plan's benefit obligation.

The Plan noted no other subsequent events requiring recognition or disclosure in its evaluation through October 9, 2026, the date on which these Plan financial statements were available to be issued.

Foot Locker Retirement Plan

Employer Identification Number: 13-3513936. Plan Number: 001

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
as of 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
Commingled Trust Funds:			
* The Bank of New York Mellon	BNYM DB SL Long Term Credit Bond Index Fund: 57,195 shares held	$ 23,370,052	$ 35,812,289
* The Bank of New York Mellon	BNYM DB SL International Stock Index Fund: 37,878 shares held	17,262,029	32,310,314
* The Bank of New York Mellon	BNYM Long Duration Bond Fund: 2,763,481 shares held	30,796,407	35,869,985
* The Bank of New York Mellon	BNYM Insight U.S. Investment Grade Corporate Long Duration Fund: 1,361,946 shares held	25,839,528	35,819,181
* The Bank of New York Mellon	BNYM DB SL Large Cap Growth Stock Index Fund: 3,669 shares held	4,602,652	12,468,348
* The Bank of New York Mellon	BNYM DB SL Large Cap Value Stock Index Fund: 6,269 shares held	5,551,437	12,576,251
* The Bank of New York Mellon	BNYM DB SL Stock Index Fund: 1,371 shares held	4,424,095	15,168,835
* The Bank of New York Mellon	BNYM DB SL SC Growth SIF: 42,093 shares held	20,585,357	23,897,980
* The Bank of New York Mellon	EB Global Real Estate Securities Fund: 266,057 shares held	6,331,622	9,053,919
* The Bank of New York Mellon	BNYM DB SL Emerging Markets Stock Index Fund: 90,399 shares held	15,438,971	22,036,382
* The Bank of New York Mellon	BNYM Insight DB SL LGUS T-STRIPS Bond Index Fund: 896,833 shares held	75,365,001	71,647,962
	Subtotal Commingled Trust Funds	229,567,151	306,661,446
Mutual Funds:			
Ariel Investments	Ariel Fund Institutional (ARAIX): 237,295 shares held	18,005,597	17,583,567
BlackRock	Blackrock II Floating Rate Instruments: 1,893,165 shares held	18,314,655	18,060,791
Virtus Investment Partners	Virtus Stone Harbor Emerging Markets Debt Income: 2,299,547 shares held	17,211,315	18,235,411
	Subtotal Mutual Funds	53,531,567	53,879,769
Short-term Investment Fund:			
* The Bank of New York Mellon	EB Temporary Investment Fund: 11,458,160 shares held	11,458,160	11,458,160
Immediate Participation Guarantee Contract:			
Metropolitan Life Insurance Co.	Group Annuity Contract: 186,413 shares held	186,431	186,413
		$ 294,743,309	$ 372,185,788

* Party-in-interest

The above information has been certified as complete and accurate by the Trustee.
See accompanying independent auditors' report.

Foot Locker Retirement Plan

Employer Identification Number: 13-3513936. Plan Number: 001

Schedule H, Line 4j—Schedule of Reportable Transactions
for the Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of asset	Number of transactions	(c) Purchase price	(d) Selling price	(g) Cost of asset	(i) Net gain or (loss)
Single Transactions:						
* The Bank of New York Mellon	BNYM DB SL High Quality Corporate Bond Fund					
	Sale	1	$ —	$ 18,000,000	$ 13,466,407	$ 4,533,593
* The Bank of New York Mellon	BNYM Cash Reserve					
	Purchases	1	$ 20,000,000	$ —	$ 20,000,000	$ —
	Sales	1	$ —	$ 20,000,000	$ 20,000,000	$ —
* The Bank of New York Mellon	EB Temporary Investment Fund					
	Purchases	1	$ 18,500,000	$ —	$ 18,500,000	$ —
* The Bank of New York Mellon	BNYM DB SL Long Term Government Bond Index Fund					
	Sale	1	$ —	$ 26,000,000	$ 30,467,113	$ (4,467,113)
* The Bank of New York Mellon	BNYM Insight DB SL LGUS T-STRIPS Bond Index Fund					
	Purchase	1	$ 31,000,000	$ —	$ 31,000,000	$ —
Series of Transactions:						
* The Bank of New York Mellon	BNYM DB SL SC Growth SIF					
	Purchase	6	$ 11,975,000	$ —	$ 11,975,000	$ —
	Sales	11	$ —	$ 5,625,000	$ 5,197,101	$ 427,899
* The Bank of New York Mellon	BNYM DB SL High Quality Corporate Bond Fund					
	Sales	2	$ —	$ 19,904,559	$ 14,881,946	$ 5,022,613
* The Bank of New York Mellon	BNYM Cash Reserve					
	Purchases	6	$ 30,858,377	$ —	$ 30,858,377	$ —
	Sales	6	$ —	$ 30,858,377	$ 30,858,377	$ —
* The Bank of New York Mellon	EB Temporary Investment Fund					
	Purchases	103	$ 85,589,830	$ —	$ 85,589,830	$ —
	Sales	108	$ —	$ 78,977,431	$ 78,977,431	$ —
* The Bank of New York Mellon	BNYM DB SL Long Term Government Bond Index Fund					
	Sales	2	$ —	$ 27,501,784	$ 32,206,512	$ (4,704,728)
* The Bank of New York Mellon	BNYM DB SL Intermediate Credit Bond Index Fund					
	Sales	2	$ —	$ 18,151,342	$ 15,626,528	$ 2,524,814
* The Bank of New York Mellon	BNYM Insight DB SL LGUS T-STRIPS Bond Index Fund					
	Purchases	7	$ 43,550,000	$ —	$ 43,550,000	$ —
	Sales	6	$ —	$ 5,550,000	$ 5,685,000	$ (135,000)

* Party-in-interest

The above information has been certified as complete and accurate by the Trustee.
See accompanying independent auditors' report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number and average cash balance account distributed by attained age and attained years of credited service

	Attained Years of Credited Service										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	170	263	0	0	0	0	0	0	0	0	433
	289	1,180									830
30-34	116	308	173	1	0	0	0	0	0	0	598
	346	1,821	5,662								2,656
35-39	50	148	185	92	55	0	0	0	0	0	530
	526	2,076	7,744	14,654	27,373						8,717
40-44	25	82	49	54	166	29	0	0	0	0	405
	693	2,074	7,661	20,543	32,740	46,626					20,887
45-49	8	52	41	21	79	108	19	0	0	0	328
		3,628	8,175	16,971	34,770	57,583					35,913
50-54	13	36	28	18	49	53	63	20	0	0	280
		3,340	11,492		36,623	70,026	104,757	120,897			54,291
55-59	7	20	22	8	24	40	44	59	10	0	234
		5,434	9,313		44,649	63,407	114,470	168,278			92,678
60-64	6	12	19	3	18	27	16	24	21	14	160
						84,422		141,531	263,735		105,139
65-69	1	8	6	1	5	12	5	5	9	10	62
											139,760
70 & over	0	2	2	1	1	4	2	1	2	1	16
Total	396	931	525	199	397	273	149	109	42	25	3,046
	413	1,984	7,436	16,087	33,130	63,822	107,917	150,452	270,172	276,164	

Average:	Age	42	Number of Participants:	Fully vested	2,885		Males	1,708
	Service	10		Partially vested	0		Females	1,338

Census data as of January 1,2025

Plan Name:	Foot Locker Retirement Plan
EIN / PN:	13-3513936/001
Plan Sponsor:	Foot Locker, Inc
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: December
- Interest rate basis: Full Yield Curve

Interest rates:

- 10-year rate: 5.27%
- 20-year rate: 5.57%
- 30-year rate: 5.59%
- Effective interest rate: 5.31%

As permitted by law, a yield curve reflecting returns on high quality corporate bonds (A, AA and AAA) is used to determine the funding target and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

- ASC 960 Discount Rate: 6.50% (net return after reduction of 0.25% for expected investment expenses)

Annual rates of increase

- Inflation: 3.00%
- Statutory limits on compensation: Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. No provision is made for future increases in the maximum annual benefit limit.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

All plan participants as of the valuation date are included in the valuation. The plan is closed to new participants effective as of 12/31/2019.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

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).

Voluntary Separation Rates

The rates at which participants voluntarily separate are shown below:

Age	Percentage leaving during the year
20	32%
25	30
30	24
35	17
40	15
43 – 45	12
46 – 48	11
49 – 51	10
52 – 54	9
55 – 57	9
60	11
65	24
66 – 69	26
70	100

SCHEDULE SB ATTACHMENTS

Disability

None

Benefit commencement dates

- Preretirement death benefit

If the active or terminated vested participant is early retirement eligible at the time of death, then the preretirement death benefit is assumed to be payable immediately. Otherwise, the benefit is payable at age 62 for cash balance participants and 65 for old plan participants

- Terminated vested participants

The rates at which terminated vested participants are expected to commence benefits are shown below:

Age	Pre-96 Participants	Cash Balance Participants
55 – 59	1%	10%
60	2	10
61	3	10
62 – 64	6	10
65	55	25
66	30	40
67-69	20	25
70	100	100

Form of payment

For terminated vested participants, it is assumed that 90% elect a lump sum (if available) and 10% elect an annuity.

For active participants commencing immediately, form of payment depends on age at termination:

- Under age 55: 100% elect a lump sum
- At or over age 55: 80% elect a lump sum and 20% elect an annuity

Time of payment for terminating active employees

Time of payment depends on age at termination:

- Under age 55: 25% elect commence benefits immediately and 75% defer a lump sum to age 66.
- At or over age 55: 100% commence benefits immediately.

Percent married and spouse age difference

For purposes of valuing the pre-retirement surviving spouse's benefit, 70% of eligible participants are assumed to be married and male spouses are assumed to be 4 years older than female spouses.

SCHEDULE SB ATTACHMENTS

Plan-related Expenses	The amount included this year for plan-related expenses is $2,700,000.
Timing of benefit payments	Annuity payments are payable monthly and lump sum payments are payable on the date of decrement.

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 5.75% for 2024 and 5.75% for 2023 (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).
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its plan administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied 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 were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

A summary of the assumptions made for missing or apparently inconsistent data elements was provided to Foot Locker in our data questions letter dated April 22, 2025. Note that there are some

SCHEDULE SB ATTACHMENTS

additional assumptions and/or adjustments we make outside of the regular data question and answer process, summarized below:

- Participants provided with blank genders are populated with historical information (if available). Otherwise, they are assumed to be male (if an original participant), or female (if a surviving beneficiary).
- Terminated Vested participants provided with Class Code 99 (Cash Balance) and a $0 cash balance account balance, but with an Accrued Benefit are being valued with their Accrued Benefit amount.
- Based on previous discussions with Foot Locker and Principal, we added retirees not provided on the valuation extract whose J&S Level Income Option previously leveled to $0, but still have a potential benefit due to a beneficiary.
- Some participants with a 'Status' of 6 were included in the valuation based on guidance provided by Principal during the 2024 Data Debrief and were additionally asked and confirmed on data questions 24 and 25. If any participants were missing a benefit amount on the extract, an assumed cash balance amount of $500 was valued.

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

Foot Locker Retirement Plan

Employer Identification Number: 13-3513936. Plan Number: 001

Schedule H, Line 4j—Schedule of Reportable Transactions
for the Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	Number of transactions	(c) Purchase price	(d) Selling price	(g) Cost of asset	(i) Net gain or (loss)
Single Transactions:						
* The Bank of New York Mellon	BNYM DB SL High Quality Corporate Bond Fund					
	Sale	1	$ —	$ 23,000,000	$ 16,315,512	$ 6,684,488
* The Bank of New York Mellon	BNYM DB SL Long Term Government Bond Index Fund					
	Sale	1	$ —	$ 29,000,000	$ 30,701,032	$ (1,701,032)
* The Bank of New York Mellon	BNYM DB SL Intermediate Credit Bond Index Fund					
	Sale	1	$ —	$ 19,000,000	$ 16,090,506	$ 2,909,494
* The Bank of New York Mellon	BNYM Insight DB SL LGUS T-STRIPS Bond Index Fund					
	Purchase	1	$ 34,000,000	$ —	$ 34,000,000	$ —
Series of Transactions:						
* The Bank of New York Mellon	BNYM DB SL High Quality Corporate Bond Fund					
	Purchase	1	$ 300,000	$ —	$ 300,000	$ —
	Sales	5	$ —	$ 25,100,000	$ 17,865,182	$ 7,234,818
* The Bank of New York Mellon	EB Temporary Investment Fund					
	Purchases	92	$ 61,781,203	$ —	$ 61,781,203	$ —
	Sales	87	$ —	$ 57,716,032	$ 57,716,032	$ —
* The Bank of New York Mellon	BNYM DB SL Long Term Government Bond Index Fund					
	Purchases	5	$ 3,200,000	$ —	$ 3,200,000	$ —
	Sales	8	$ —	$ 33,425,000	$ 35,532,645	$ (2,107,645)
* The Bank of New York Mellon	BNYM DB SL Intermediate Credit Bond Index Fund					
	Purchases	3	$ 1,075,000	$ —	$ 1,075,000	$ —
	Sales	8	$ —	$ 22,700,000	$ 19,341,382	$ 3,358,618
* The Bank of New York Mellon	BNYM Insight DB SL LGUS T-STRIPS Bond Index Fund					
	Purchases	5	$ 37,500,000	$ —	$ 37,500,000	$ —

* Party-in-interest

The above information has been certified as complete and accurate by the Trustee.
See accompanying independent auditors' report.

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
FOOT LOCKER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Foot Locker, Inc.

D Employer Identification Number (EIN)
13-3513936

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**	359,158,176
b Actuarial value	**2b**	362,625,180

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	1,631	135,995,398	135,995,398
b For terminated vested participants	5,210	138,732,556	138,732,556
c For active participants	3,046	94,831,838	95,310,590
d Total	9,887	369,559,792	370,038,544

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**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,700,000
c Target normal cost	**6c**	2,700,000

Statement by Enrolled Actuary

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

SIGN HERE Amy Postal

Signature of actuary

10/1/2026
Date

Amy Postal
Type or print name of actuary

2608608
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

212-309-3434
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)	39,166,744	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3,015,000	0
9	Amount remaining (line 7 minus line 8)	36,151,744	0
10	Interest on line 9 using prior year's actual return of 1.50 %	542,276	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18,499,465
	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 5.13 %		794,353
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		45,225
	c Total available at beginning of current plan year to add to prefunding balance		19,339,043
	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)	36,694,020	0

Part III Funding Percentages

14	Funding target attainment percentage	14	88.08 %
15	Adjusted funding target attainment percentage	15	90.75 %
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	103.99 %
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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

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

22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2,700,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	44,107,384	4,065,320
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**	6,765,320

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	6,765,320	0	6,765,320

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 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of January 1, 2025

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on August 15, 2025. The certified AFTAP of 90.75% was calculated using an actuarial value of assets of $362,625,180 and a funding target of $370,038,544.

Date of AFTAP certification/ recertification	AFTAP	Description and the amount of each adjustment to the funding target, AVA, carryover balance, prefunding balance
August 15, 2025	90.75%	$107,012,102 added to both the funding target and AVA for AFTAP calculation based on annuity purchases for NHCEs during 2023

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1985. The plan was last amended as of January 1, 2024.

Coverage and Participation	Employees shall become participants after attaining age 21 and completing one Year of Eligibility Service. One Year of Eligibility Service is credited for each 12 consecutive months of employment, commencing on the first day that the Employee is credited with an hour of service, during which the Employee completes at least 1,000 hours. If an Employee has not completed 1,000 hours by his or her first anniversary, a Year of Eligibility Service will be any calendar year that the Employee completes at least 1,000 hours. As of 12/31/2019, the plan was closed to new entrants.

Definitions

Vesting service	Participants become 100% vested upon completion of three years of vesting service. One Year of Vesting Service is credited for each calendar year in which the Employee works at least 1,000 hours as an Employee.
Credited Service	One Year of Credited Service for each calendar year after the Plan entry date in which the Employee works at least 1,000 hours. Benefit credited service is prorated in year of entry and the 1,000 hour requirement is waived in year of retirement.
Pensionable pay	Base plus bonus earned.

SCHEDULE SB ATTACHMENTS

Cash Balance Pay Credit	Effective 1/1/2020, participants with fewer than 11 years of credited service do not receive pay credit accruals. Effective 1/1/2023, all other participants have ceased to receive pay credit accruals.
Cash Balance Interest Crediting Rate	6.0%

Benefits

Normal retirement	Normal Retirement Date: Later of Participant's age 65 birthday or one year following the date the employee becomes a participant. Benefit Formula: The Accrued Benefit.
Late Retirement	Participants shall receive their Accrued Benefit calculated as of their date of termination.
Accrued Benefits	The Single Life Annuity equivalent of the Participant's Account Balance but no less than the Accrued Benefit on December 31, 1995 under the terms of the Plan at that date.
Early Retirement Benefit	Eligibility: Any time after termination of employment. Annuity benefit is the greater of: 1. the actuarial equivalent value of the Account Balance payable as a single life annuity as of the retirement date, or 2. the Accrued Benefit as of December 31, 1995 reduced a.) Five to 15 Years of Vesting Service: reduced by 1/2% per month b.) 15 or more Years of Vesting Service: reduced by 1/3% per month.
Vested Benefits upon Termination of Service	Vesting: 3 Years of Vesting Service Termination Benefit: Greater of the Account Balance or the actuarial equivalent value of the December 31, 1995 Accrued Benefit.
Death Benefits for Participants in Active Service	Eligibility: Married participants who have completed 3 Years of Vesting Service.

SCHEDULE SB ATTACHMENTS

Benefit:

(i) Eligible for Early Retirement - the benefit payable is the amount the Spouse would have received if the Participant had elected Early Retirement, and then died, having elected a 50% Joint and Survivor Annuity.

(ii) Not eligible for Early Retirement - the benefit payable is the amount the Spouse would have received assuming the Participant terminated on his date of death, elected to retire at his earliest eligible date, and then died, having elected a 50% Joint and Survivor Annuity.

Osberg – Reformed Benefits

Reformed Initial Account Balance – the Actuarial Equivalent lump sum value of the Class Member's Accrued Benefit as of December 31, 1995 based on a 6.0% rate of interest and the applicable mortality table set forth in Revenue Ruling 95-6 with mortality applied only for ages 65 and later.

Reformed Lump Sum- For benefit commencement dates prior to January 1, 2009, a Class Member's Reformed Lump Sum Benefit shall be equal to: A + B where,

A = the maximum of: (1) Account Balance A, (2) the Actuarial Equivalent (as defined in Appendix B of the Plan) of the Class Member's Accrued Benefit as of December 31, 1995 and (3) the Actuarial Equivalent (as defined in Appendix A of the Plan) of the Class Member's Whipsaw Benefit A.

B = the maximum of: (1) Account Balance B and (2) the Actuarial Equivalent (as defined in Appendix A of the Plan) of the Class Member's Whipsaw Benefit B.

For benefit commencement dates on or after January 1, 2009, a Class Member's Reformed Lump Sum Benefit shall be equal to: A + B where,

A = the maximum of: (1) Account Balance A and (2) the Actuarial Equivalent (as defined in Appendix B of the Plan) of the Class Member's Accrued Benefit as of December 31, 1995.

B = Account Balance B

Reformed Single Life Annuity - A Class Member's Reformed Single Life Annuity shall be equal to: A + B where,

A = the maximum of: (1) Part A of the Reformed Lump Sum converted to an Actuarial Equivalent single life annuity and (2) the Class Member's 12/31/1995 accrued benefit payable as an immediate single life annuity.

B = Part B of the Reformed Lump Sum converted to an Actuarial Equivalent single life annuity

SCHEDULE SB ATTACHMENTS

	Whipsaw Benefit A - The Class Member's Account Balance A converted to a Single Life Annuity payable at age 65 using the methodology described in Section 1.02 of the Plan Whipsaw Benefit B - The Class Member's Account Balance B converted to a Single Life Annuity payable at age 65 using the methodology described in Section 1.02 of the Plan
Osberg – Additional Lump Sum	For class members who received a lump sum distribution prior to June 1, 2018, the Additional Lump Sum is equal to the Reformed Lump Sum calculated as of their original benefit commencement date minus the original Lump Sum the Class Member received. This amount shall be increased with prejudgment interest (annual interest rate of 6.0%) until it is paid.
Osberg – Enhancement	With respect to a Class Member who attained age 50 and completed at least 15 Years of Vesting Service as of December 31, 1995, the Enhancement shall equal the difference between Reformed Initial Account Balance minus the Reformed Initial Account Balance divided by a factor that is equal to 1 minus 1/3 of 1% for each month between the later of the Class Member's age as of December 31, 1995 or the first day of the month nearest the date on which the Class Member shall have attained age 55 and his or her Normal Retirement Date.

Other Plan Provisions

Normal Form of Retirement	Unmarried participants – Single Life Annuity Married participants – 50% Joint and Survivor Annuity with spouse as beneficiary
Optional Forms of Retirement Income in Lieu of Normal Form	50%, 75%, or 100% Joint and Survivor Annuity Option: Available as an optional form on or after Early Retirement Date. Certain and Life Annuity Option (only with respect to benefits accrued as of December 31, 1995): Available on or after Early Retirement Date. Level Income Option (only with respect to benefits accrued as of December 31, 1995): Available on or after Early Retirement Date. Single Life Annuity Option: Only available as an optional form for married participants on or after Early Retirement Date.

SCHEDULE SB ATTACHMENTS

	Lump Sum Option: Only available to participants credited with at least one Hour of Service on or after January 1, 1996. Lump sum is the Cash Balance Account.
Pension Increases	None
Plan participants' contributions	None
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. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Foot Locker Retirement Plan

Employer Identification Number: 13-3513936. Plan Number: 001

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
as of 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
Commingled Trust Funds:			
* The Bank of New York Mellon	BNYM DB SL Long Term Credit Bond Index Fund: 57,195 shares held	$ 23,370,052	$ 35,812,289
* The Bank of New York Mellon	BNYM DB SL International Stock Index Fund: 37,878 shares held	17,262,029	32,310,314
* The Bank of New York Mellon	BNYM Long Duration Bond Fund: 2,763,481 shares held	30,796,407	35,869,985
* The Bank of New York Mellon	BNYM Insight U.S. Investment Grade Corporate Long Duration Fund: 1,361,946 shares held	25,839,528	35,819,181
* The Bank of New York Mellon	BNYM DB SL Large Cap Growth Stock Index Fund: 3,669 shares held	4,602,652	12,468,348
* The Bank of New York Mellon	BNYM DB SL Large Cap Value Stock Index Fund: 6,269 shares held	5,551,437	12,576,251
* The Bank of New York Mellon	BNYM DB SL Stock Index Fund: 1,371 shares held	4,424,095	15,168,835
* The Bank of New York Mellon	BNYM DB SL SC Growth SIF: 42,093 shares held	20,585,357	23,897,980
* The Bank of New York Mellon	EB Global Real Estate Securities Fund: 266,057 shares held	6,331,622	9,053,919
* The Bank of New York Mellon	BNYM DB SL Emerging Markets Stock Index Fund: 90,399 shares held	15,438,971	22,036,382
* The Bank of New York Mellon	BNYM Insight DB SL LGUS T-STRIPS Bond Index Fund: 896,833 shares held	75,365,001	71,647,962
	Subtotal Commingled Trust Funds	229,567,151	306,661,446
Mutual Funds:			
Ariel Investments	Ariel Fund Institutional (ARAIX): 237,295 shares held	18,005,597	17,583,567
BlackRock	Blackrock II Floating Rate Instruments: 1,893,165 shares held	18,314,655	18,060,791
Virtus Investment Partners	Virtus Stone Harbor Emerging Markets Debt Income: 2,299,547 shares held	17,211,315	18,235,411
	Subtotal Mutual Funds	53,531,567	53,879,769
Short-term Investment Fund:			
* The Bank of New York Mellon	EB Temporary Investment Fund: 11,458,160 shares held	11,458,160	11,458,160
Immediate Participation Guarantee Contract:			
Metropolitan Life Insurance Co.	Group Annuity Contract: 186,413 shares held	186,431	186,413
		$ 294,743,309	$ 372,185,788

* Party-in-interest

The above information has been certified as complete and accurate by the Trustee.
See accompanying independent auditors' report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	44,107,384	15.00000	44,107,384	4,065,320
Total				44,107,384	4,065,320

Plan Name: Foot Locker Retirement Plan
EIN / PN: 13-3513936/001
Plan Sponsor: Foot Locker, Inc
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following other changes in assumptions were made as part of this valuation:

- Plan related expenses for purposes of the Target Normal Cost decreased from $3,400,000 to $2,700,000.