Return of or Section 4947(a)(1)	Private	Foundat	ion 🗀	10(
or Section 4947(a)(1)	Trust Treate	d as Private	Foundation 2	_01.	_

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

F	or ca	lendar year 2020 or tax year beginning				, 2020	, and end	ing		, 20
Νε	me of	foundation							A Employer identif	ication number
	KON'	TOOR BRANDS FOUNDATION						Į	85-411855	5
N	mber	and street (or P O b ox number if mail is not delivered	to stre	eta do	iress)	_	Room/suite	9	B Telephone numb	er (see instructions)
	400	N ELM STREET							(336) 33	32-5612
Cı	y ort	own, state orp rovince,c ountry,a nd ZIP or foreign po	tal cod	е						
	CDFI	ENSBORO, NC 27401							C If exemption applic pending, check here	ation is
_		· · · · · · · · · · · · · · · · · · ·		т	Initial satura	of a former	nuble che			. \Box
G	Cne	ck all that apply Initial return		-	Initial return		public chai	ily	D 1 Foreign organiza	
		Final return		-	Amended re				2 Foreign organiza 85% test, check	
-	Oha	Address change ock type of organization X Section 50	1/0\/2		Name chang				computation .	▶∟
ī			1(6)(3	-i	her taxable p		dian.			n status was terminated
+		ection 4947(a)(1) nonexempt chantable trust market value of all assets at J Acc			nethod X C		crual	_	•	o)(1)(A), check here . P L
'				-	ecify)	asii Ac	Ciuai			s in a 60-month termination
		• • • • • • • • • • • • • • • • • • • •			d),m ustb e on c	ach bacie)	• -		under section 507(t	o)(1)(B), check here
Į.		Analysis of Revenue and Expenses (Th	Ì		·	2311 02313)				(d) Disbursements
3	arti	total of amounts in columns (b),(c), and (d) may not necessarily equal the amounts in		` éxp	evenue and enses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes (cash basis only)
-	_	column (a) (see instructions))	-			 			 -	(555.1.555.5)
	1 2	Contributions,g iffs,g rants,e tc ,r eceived (attach schedule) Check X if the foundation is not required to attach Sch B.	`├			 				
										
	3	Interest on savings and temporary cash investments				 				
	4	Dividends and interestf rom securities							_	
	5a	Gross rents	`├─							
a)		Net rental income or (loss)	+-							
Revenue	ba b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a	\vdash							<u> </u>
Š	7	Capital gain net income (from Part IV, line 2)					0.			
æ	8	Net short-term capital gain	Г —							
	9	Income modifications	- 1							
	10 a	Gross sales less returns and allowances							· · · · · · · · · · · · · · · · · · ·	
		Less C osto f goods sold .	↓						·	
	С	Gross profito r (loss) (attach schedule)								
	11	Other income (attach schedule)			1					ļ
	12	Total Add lines 1 through 11			<u> </u>		0.			<u> </u>
s	13	Compensation of officers, directors,t rustees,e tc				-				
enses	14	Other employee salaries and wages				<u> </u>				
Der	15	Pension plans, employee benefits	·			 	$\sqrt{2}$			
×	104	Legal fees (attach schedule)	·				<u>v.</u>			
ē	D	Accounting fees (attach schedule)				1 1 0				
aţ	4-	Other professional fees (attach schedule).								
str	b c 17 18 19 20	Interest	Г	-		1				
Ë	10	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion								
튽	20	• • • • • • • • • • • • • • • • • • • •		-		 				
ĕ	24	Travel conferences and meetings	Г							
P	21 22	Travel, conferences, and meetings Printing and publications			 -					
<u>0</u>	23	Other expenses (attach schedule)		_	. <u>_</u>				·	
Ë	23 24 25	Total operating and administrative expense			<u></u>				·	
era	[Add lines 13 through 23	1		0.					
Õ	25	Contributions, gifts, grants paid								
_	26	Total expenses and disbursements Add lines 24 and 2			0.					- 0
_	27	Subtract line 26 from line 12	1		-					
	ı	Excess of revenue over expenses and disbursement	.		0.					
	1	Net investment income (if negative,e nter -0-				_	0.			
		Adjusted net income (if negative,e nter -0-).	_	_						

JSA For Paperwork Reduction Act Notice, see instructions. 0E1410 1 000

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Fo	rm 990	D-PF (2020) KONTOOR BRANDS FOUND	ATION	3	35-4118555	Page 2
E	arti	Balance Sheets Attached schedules and amounts in the	Beginning of year	End	of year	
		description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) FairM arketV	alue
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments				
	3	Accounts receivable				
	-	Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
	`	Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	-	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)		· · · · · · · · · · · · · · · · · · ·		
		Less allowance for doubtful accounts ▶				
ų,	8	Inventories for sale or use,				
Assets	9	Prepaid expenses and deferred charges				
A	10a	Investments - U S and state government obligations (attach schedule).				
	Ь	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)	· · · · · · · · · · · · · · · · · · ·	 		
	11	Investments - land, buildings,				
		Less accumulated depreciation				
	12	(attach schedule) Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and				
		equipment basis Less accumulated depreciation (attach schedule)				
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers - see the				
	'	instructions Also,s ee page 1,i tem i)	0.		1.	Xø
_	17	Accounts payable and accrued expenses	···	150	<u> </u>	
	18	Grants payable				
Ų.		Deferred revenue				
÷	20	Loans from officers, directors, trustees, and other disqualified persons.		-	-	
Liahilities	21	Mortgages and other notes payable (attach schedule)			 	
	22	Other liabilities (describe >)				
	23	Total liabilities (add lines 17 through 22)	0.	().	
-		Foundations that follow FASB ASC 958, check here				
Balances		and complete lines 24, 25, 29, and 30.				
2	24	Net assets without donor restrictions				
2	25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			-	
2		Foundations that do not follow FASB ASC 958, check here				
į	i	and complete lines 26 through 30				
or Fund	26	Capital stock, trust principal, or current funds				
y.	27	Paid-in or capital surplus, or land, bldg , and equipment fund				
Q.	27 28 29	Retained earnings, accumulated income, endowment, or other funds				
Ø	29	Total net assets or fund balances (see instructions)	0.	(<u> </u>	
A	30	Total liabilities and net assets/fund balances (see			- 	
Ž	1	instructions)	o. l	().	
	art	Analysis of Changes in Net Assets or Fund Bala		·		
		al net assets or fund balances at beginning of year - Part		nust agree with	T	
		d-of-year figure reported on prior year's return)		-	(0
- 2		ter amount from Part I,I ine 27a				0
						
		d lines 1, 2, and 3		4		0
		creases not included in line 2 (itemize) ▶		5		
		al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (I			0

Paq	е	3

Part IV Capital Gains	s and Losses for Tax on Inve	estment Income			
	escribe the kind(s) of property sold (for e prick warehouse,o r common stock,2 00 s	• •	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo ,d ay,y r)
1 a			D - Doridadi		
b					
С					
d					
_e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a					
b					
C					
d					
e					
Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(I)F MV as of 12/31/69	(j)A djusted basis as of 12/31/69	(k) Excess of col (ı) over col (յ),ı f any	col	(k),b utn otl ess t Losses (from co	han -0-) or
а					
b					
C					
d					
е			1		
	e or (net capital loss) If (logain or (loss)a s defined in sections	• • • • • • • • • • • • • • • • • • • •	} 2		
Part I, line 8	Part I, line8 , column (c) See ins	<u></u> .	1 3		
Part V Qualification	Under Section 4940(e) for Rec	duced Tax on Net Investment	Income		
	SECTION 4940(e) REPEALED ON	DECEMBER 20, 2019 - DO NOT (COMPLETE	E.	
1 Reserved		·			
(a) Reserved	(b) Reserved	(c) Reserved		(d) Reserved	
Reserved					
Reserved					
Reserved				-	
Reserved			T		
Reserved					
2 Reserved			2		
3 Reserved			. 3		
4 Reserved			4		_
				-	
			. 8	****	
<u> </u>	 	<u> </u>	· · · · ·		000 DE

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instruct	ions)	_		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter N/A" on line 1)				
	Date of ruling ord etermination letter (attach copy of letter if necessary - see instructions)				
Þ	Reserved			0.	
c	All other domestic foundations enter 1 39% of line 27b Exempt foreign organizations, enter 4% of				
	Partl ,l ine 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trustsa nd taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3 l f zero or less, enter -0			0.	
6	Credits/Payments				
а	2020 estimated tax payments and 2019 overpayment credited to 2020 6a				
þ	Exempt foreign organizations - tax withheld ats ource				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld			0.	
7	Total credits and payments Add lines 6a through 6d			0.	
8	Enter any penalty for underpayment of estimated tax C heck here if Form 2220 is attached			0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7,e nter amount owed			- •	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8,e nter the amount overpaid				
	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did i	, Т	Yes	No	
14	participate or intervene in any political campaign?		103	X	
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See this			 	
-	instructions for the definition	1		х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	1c		Х	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation 🕨 \$ (2) On foundation managers 🕨 \$	-			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$				
2	Has the foundation engaged in any activities that have notp reviously been reported to the IRS?	2		X	
	If "Yes,"a ttach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	- 1		١.,	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a			
	If "Yes,"h as itf iled a tax return on Form 990-T for this year?	4b		х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	- 5		<u> </u>	
•	If "Yes," a trach the statementr equired by General Instruction T				
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or	ļ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	.			
	conflict with the state law remain in the governing instrument?	` ₆	х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"c omplete Part II, col (c), and Part XV	7		Х	
, 8a	Enter the states to which the foundation reports or with which it is registered Siee instructions.			-	
	NC,				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	_			
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	1	Х		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o				_
	4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV If "Yes,"				つ
	complete PartX IV	9		Х	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		Х	
		~~	A DE		

Par	t VII-A Statements Regarding Activities (continued)			
		T	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	,		
	meaning of section 512(b)(13)? If "Yes," attach schedule S ee instructions		İ	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifier			
	person had advisory privileges? If "Yes," attach statement S ee instructions.			Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
	Website address ► N/A			
14	The books are in care of ▶ KONTOOR BRANDS FOUNDATION Telephone no ▶ 336-33.	2-561	2	
	Located at ▶400 N ELM STREET GREENSBORO, NC ZIP+4 ▶ 27401			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	T
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authori	v	Yes	No
	over a bank,s ecurities,o r other financial accounti n a foreign country?			Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name			
	the foreign country	"		
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	-		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept hem from) a disqualified person?	ļ		ľ
	(4) Pay compensation to, or pay or reimburse the expenses of,a disqualified person?	į		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	į.		
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of governments ervice, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			ļ
	Regulations section 53 4941(d)-3 or in a currentn otice regarding disaster assistance? See instructions	. 1b		
	Organizations relying on a currentn otice regarding disaster assistance,c heck here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	-		
	were not corrected before the firstd ay of the tax year beginning in 2020?	. 1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1		
а	At thee nd of tax year 2020, did thef oundation have any undistributed income(Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2020?			
	If "Yes," listt he years	ļ		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		l i	
	ally ears listed,a nswer "No" and attach statement- see instructions)	. 2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	İ		
Ь	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation of			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	1		
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
4.	foundation had excess business holdings in 2020)		\vdash	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
О	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			х
	charitable purposet hat had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		^_

Par	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued))	_		
5a	During th	e year, did the foundation pay or incur any amo	ountt o				Yes	No	
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes X	No O			
	(2) Influe	ence the outcome of any specific public ele	ection (see section	4955), or to carry or					
	direct	ly or indirectly, any voter registration drive?			Yes X	No	1		
		de a grant to an individual for travel,s tudy,o r o				No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in								
		on 4945(d)(4)(A)? See instructions				No OF			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational								
	purpo	ses, or for the prevention of cruelty to children	or animals?		Yes X	No	İ		
b	If any a	nswer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described	ın			
	Regulatio	ns section 53 4945 or in a currentn otice regar	ding disaster assistan	ce? See instructions.		. 5b	1	ļ	
	Organiza	tions relying on a current notice regarding disas	ster assistance,c heck	here		$lack \square$			
С		iswer is "Yes" to question 5a(4), does the							
	because	it maintained expenditure responsibility for the	grant?		. Yes N	No			
	If "Yes,"	attach the statement required by Regulations s	ection 53 4945-5(d)				1		
6a	Did the	foundation, during the year, receive any fur	ids, directly or indir	ectly, to pay premiun	ns				
	on a pers	onal benefitc ontract?			. Yes X	No O			
b		oundation, during the year, pay premiums, dire			ict?	. 6ь	l	Х	
	If "Yes"t	o 6b,f ile Form 8870							
7a	At any tir	ne during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?.	. Yes X	No O			
b	If "Yes,"	did the foundation receive any proceeds or have	ve any neti ncome attr	ributable to the transacti	on?	. 7b	<u> </u>	İ	
8	Is the fou	indation subject to the section 4960 tax on pay	ment(s) of moret ha	in \$1,000,000 in					
	remunera	ation or excess parachute payment(s) during the	year?		. Yes X	No		<u> </u>	
Par	t VIII	Information About Officers, Directo and Contractors	rs, Trustees, Fou	ındation Manager:	s, Highly Paid Em	nployees,			
1	List all o	fficers, directors, trustees, and foundat	ion managers and	their compensation	See instructions.				
			(b) Title, and average		100 6 11 1				
		(a) Name and address	hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefitp lans	(e) Exper			
		(a) Name and address	hours per week devoted to position			l `áthác a	ise acco Ilowance		
—— ATCI	1 1	(a) Name and address	hours per week	`(If not paid,	employee benefitp lans	other a		es	
ATCI	1 1	(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefitp lans and deferred compensation	other a			
ATCI	1 1	(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefitp lans and deferred compensation	other a		es	
ATCI	i 1	(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefitp lans and deferred compensation	other a		es	
ATCI	1 1	(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefitp lans and deferred compensation	other a		es	
ATCI	H 1	(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefitp lans and deferred compensation	other a		es	
ATCI	1 1	(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefitp lans and deferred compensation	other a		es	
	Compens	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefitp lans and deferred compensation 0	other a	llowance	0.	
			hours per week devoted to position	(If not paid, enter -0-)	employee benefito lans and deferred compensation 0	other a	llowance	0.	
2	Compens		hours per week devoted to position (other than thos	(If not paid, enter -0-)	employee benefito lans and deferred compensation 0 1 - see instruc (d) Contributions to employee benefit	tions). If r	none,	0.	
2	Compens	sation of five highest-paid employees	hours per week devoted to position (other than those)	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instructions to	tions). If r	none,	0.	
	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
	Compens	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	
(a)	Compens "NONE." Name and	sation of five highest-paid employees	(other than those (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0. se included on line (c) Compensation	employee benefito lans and deferred compensation 0 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If r	none,	0.	

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	ees,
3 Five h	ghest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		0
T-4-1	, , , , , , , , , , , , , , , , , , ,	
	ro f others receiving over \$50,000 for professional services	
Part IX-A	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
	and other beneficianes served,c onferences convened,r esearch papers produced,e to	Expenses
1 N/A		
2		
3		
4		
	0	
Part IX-B	Summary of Program-Related Investments (see Instructions) two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	two largest program-related investments made by the loundation during the tax year on lines 1 and 2	Amount
•		
2		
All others so	gram-related investments S ee instructions	
3	gram-related investments of the institutions	
NONE		
Total Add is	nes 1 through 3	

Form 990-PF (2020) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes 10 0. Total (add lines 1a, b,a nd c) 1d Reduction claimed for blockage or other factors reported on lines 1a and Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 0. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part VI ine 4. ο. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ and do note omplete this part) Tax on investment income for 2020 from Part VI, line 5 2a Income tax for 2020 (This does not include the tax from PartVI). . 2b Distributable amount before adjustments Subtract line 2c from line 1...... 3 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses)t o accomplish charitable, etc., purposes Amounts paid to acquirea ssets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the Qualifyingd istributions. Add lines 1a through 3b Enter herea nd on Part V, line8, and Part XIII, line4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 0. Ω. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2020) Page 9 Part XIII Undistributed Income (see instructions) Years priort o 2019 2019 2020 1 Distributable amount for 2020 from Part XI. Ō. 2 Undistributed income, if any, aso f thee nd of 2020 a Enter amount for 2019 only. . . . b Total forp nor years 20 18 ,20 17 ,20 16 3 Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through e 4 Qualifying distributions for 2020 from Part XII, line 4 ▶ \$ a Applied to 2019, but not more than line 2a . . . b Applied to undistributed ncome of prior years (Election required - see instructions). c Treated asd istributions out of corpus (Election d Applied to 2020 distributable amount, e Remaining amount distributed outo f corpus. . . Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which thes ection 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions f Undistributed income for 2020 Subtract lines 4d and 5 from line 1. This amount must be Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2021. 0. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2016 . . . b Excess from 2017 . . . c Excess from 2018 . . . d Excess from 2019 . . .

e Excess from 2020 . . .

Part XIV	Private Op	erating Foundations	(see instructions a	<u>nd Part VII-A, quest</u>	tion 9)	NOT APPLICABLE
1a If the	foundation has	received a ruling or di	etermination letter that	t it is a private oper	rating	
founda	ation, and the ruling	g is effective for 2020, e	nter the date of the ruling		▶	
bC heck	box to indicate v	whether the foundation	is ap rivateo perating		n section 4942	(j)(3) or 4942(j)(5)
	ne lesser of the ad-	Tax year		Prior 3 years		(e) Total
	et income from Part minimum investment	(a) 2020	(b) 2019	(c) 2018	(d) 2017	 /
	rom Part X for each					
year liste	d				 	
b 8 5% of	Line 2a				 -	
-	ng distributions from Part				/	
	4,f or each year listed . s included in line 2c not			·	 	
used dire	ectly for active conduct					
	pt activities					
directly exempt	for active conduct of activities Subtract line line 2c					
3 Complet	e 3a, b, or c for the					
	ve test relied upon					
	ue ofa il assets					
une	ue of assets qualifying der section					
	42(j)(3)(B)(i)		<i></i>		<u> </u>	
	3 of minimum invest-					
	turn shown in Part X, are ach year listed					
	t" alternative test- enter					
	tal support other than					
-	iss investment income terest, dividends, rents,	[
	yments on securities ns (section 512(a)(5)),	<i>"</i>		ļ		
	oyalties)					
	pport from general blic and 5 or more					
өхө	empt organizations as					
	ovided in section 4942 3)(B)(iii)					
	gest amount of sup- rt from an exempt					
org	ganization	/				
	Supplement	otony Information //	Complete this port	anly if the found	lation had \$5 000	or more in essets at
Part XV		uring the year - see		only if the found	lation had \$5,000	or more in assets at
1 Inforr		g Foundation Manage				
				e than 2% of the to	tal contributions rece	eived by the foundation
		tax year (but only if th				
	NONE					
						illyl arge portion of the
owne	rship of a partnei	rship or other entity)o f	which the foundation	nhas a 10% or greate	er interest	
	N/A		0:0:1	 		
	<u> </u>	g Contribution, Grant				
unsol	icited requests f	the foundation only or funds of the foundation in the foundation i	ation makes gifts, gra	to preselected cha ants, etc., to individu	ritable organizations ialso r organizations	and does not accept under other conditions,
		nd telephone number		o norsen to ubom on	anlications should be as	ddesseed
				· · · · · · · · · · · · · · · · · · ·		
b The fo	orm in which app	lications should be sul	bmitted and information	on and materials they	y should include	
c Any s	ubmission deadi	ines	·····			
				,		
d Any factor		mitations on awards	, such as by geogra	aphical areas, charif	table fields, kinds o	f institutions, or other
. 30.01	-					

Page **11**

Grants and Contributions Paid Di	If recipient is an individual	oved tor	rulure rayment	
Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of granto r contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid duning the year				
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Total				
b Approved for future payment				
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Part XVI	 Analysis of Income-Prode 	uc <u>i</u> ng Acti	ivities			
	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue	Business code	Amount	Exclusion code		(See instructions)
a						
b						
c				+		
d				<u> </u>		
е				 		
f				+		
g Fees	and contracts from government agencies	ļ				
2 Member	rship dues and assessments			+		
	on savings and temporary cash investments			+		
	ds and interestf rom securities			+-		
	tal income or (loss) from real estate			 -		
	t-financed property			+		
	debt-financed property			 		
	al income or (loss) from personal property			†		-
	(loss)f rom sales of assets other than inventory	<u> </u>				
	ome or (loss) from special events					
	profito r (loss) from sales of inventory.					
-	evenue a					
е						
12 Subtota	Add columns (b),(d), and (e)			<u> </u>		
	dd line 12, columns (b),(d),a nd (e)				13	·
	heet in line 13 instructions to verify calc				 	
Part XVI	-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activit	y for which	h income is reported	ın column (e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purpose	s) (See instructions)
						
				·		
	 					
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	_					
	<u> </u>					
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			_ 			
	 					
						
	 					
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	1					

		Organizations										
1 D	id the	organization direct	ly or indirectly e	ngage in any of the following	owing wi	ith any	other organ	ization o	lescribed		Yes	No
ın	sec	tion 501(c) (other	than section	501(c)(3) organizations	or in	section	527, rela	ting to	political			
0	rganız	ations?										
аT	ransfe	ers from the reportin	g foundation to a	a noncharitable exempt of	organizat	ion of						
(1	I) Cas	h								1a(1)		_X
(2	2) Oth	er assets								1a(2)		Х
b C	ther t	ransactions										
('	I) Sale	es of assets to a no	ncharitable exem	pto rganization						16(1)		Х
(2	2) Pur	chases of assets fro	om a noncharitat	le exempt organization						1b(2)		Х
(;	3) Rer	ntal of facilities, equi	pment, or other a	issets						1b(3)		Х
(4	4) Rei	mbursement arrange	ements							1b(4)		Х
(!	5) Loa	ins or loan guarantee	es							1b(5)		Х
((s) Per	formance of service	s or membershi	p or fundraising solicitatio	ns					1b(6)		Х
				, other assets, or paid en						_		Х
	-		_	," complete the following							fair m	arket
				es given by the reportir								
				ement, show in column								
(a) Line	no	(b) Amount involved	(c) Name of no	oncharitable exempto rganization	1	(d) Descri	ption of transfe	rs,t ransact	lions,a nd shai	ng arra	ngeme	nts
		N/A			1	N/A						
				·	1							
				<u> </u>								
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					1							
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								<u>.</u>				
		-										
							· ·					
2a s	the 1	foundation directive	r indirectly affi	liated with, or related to	one o	r more	tax-exempt	organiza	ations		_	
		•	-	tion 501(c)(3)) or in secti			•	_		7 Y	es X	l No
		" complete the follo	-									
		(a) Name of organization		(b) Type of organizat	tion	T	(c) Descripti	on of relations	hip		
								<u> </u>				
							·					
					-							
	Under	penalties of penury I decia	are that I have examine	ed this return, including accompan	ying schedu	iles and st	atements and to	the best o	f my knowledg	ea nd b	elief, it	is true
0	correc	t and complete Declaration of	f preparer (other than tax	cpayer) is based on all information of	which prepa	arer has any	knowledge	,	,			
Sign	1 > 7	IDM/IL IXCXX3	then	11hv.72021		morian	Koon Bras	nds 1	May the IRS			
Here	Sion	ature of officer or trustee	.0.10	Date	F	<u>VУ ДА Л.</u> В	Poun	tunu 1	with the pre See instruction		Yes	No
	5.8,					-					٦ . ٠ ٠	
		Print/Type preparer's na	me	Preparer's signature			Date	Che	ck if F	PTIN		
Paid		JEFFREY D HAS		JEFFREY D HASKI	ELL		10/04/2		~~ ·'	P013	4577	0
Prepa	arer		UNDATION SO				<u> </u>		▶ 51039			<u> </u>
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JJ6 (KE SUCCESS.	NY		1104	12	Dhana na	800-83	39-1-	754	

ATTACHMENT 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SCOTT BAXTER 400 N ELM STREET GREENSBORO, NC 27401	CHAIR OF THE BOARD 1.00	Ö	.0	°.
SARA BLAND 400 N ELM STREET GREENSBORO, NC 27401	DIR 1.00	.0	.0	·o
DAVID KOVACH 400 N ELM STREET GREENSBORO, NC 27401	ASSISTANT TREAS	.0	.0	·o
LAUREL KRUEGER 400 N ELM STREET GREENSBORO, NC 27401	SEC 1.00	.0	.0	.0
VANESSA MCCUTCHEN 400 N ELM STREET GREENSBORO, NC 27401	PRES 1.00	.0	.0	.0
SCOTT SHOENER 400 N ELM STREET GREENSBORO, NC 27401	DIR 1.00	· o	.0	·

2020 FORM 990-PF	
KONTOOR BRANDS FOUNDATION	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

85-4118555

ATTACHMENT 1 (CONT'D)

EXPENSE ACCT AND OTHER ALLOWANCES	.0	0.
CONTRIBUTIONS EXPEN TO EMPLOYEE AND BENEFIT PLANS ALLC	ó	0.
COMPENSATION	o	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TREAS 1.00	GRAND TOTALS
- G-		5.5
NAME AND ADDRESS	DENISE SUMNER 400 N ELM STREET GREENSBORO, NC 27401	