

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) ____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 <u>WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>01/01/1986</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WILSON SPORTING GOODS CO.</u> <u>130 EAST RANDOLPH STREET, SUITE 600</u> <u>CHICAGO, IL 60601</u>	2b Employer Identification Number (EIN) <u>22-2379300</u>
	2c Plan Sponsor's telephone number <u>773-714-6400</u>
	2d Business code (see instructions) <u>339900</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2023</u>	<u>SANDRA LOPEZ</u>
	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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 804
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 75 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

A Name of plan <u>WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WILSON SPORTING GOODS CO.</u>		
D Employer Identification Number (EIN) <u>22-2379300</u>		

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>114563546</u>	
b Actuarial value.....	2b	<u>110358539</u>	
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	<u>488</u>	<u>40959621</u>	<u>40959621</u>
b For terminated vested participants.....	<u>241</u>	<u>24641073</u>	<u>24641073</u>
c For active participants.....	<u>75</u>	<u>18940144</u>	<u>19189291</u>
d Total	<u>804</u>	<u>84540838</u>	<u>84789985</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....			5 <u>5.42 %</u>
6 Target normal cost			
a Present value of current plan year accruals.....			6a <u>779112</u>
b Expected plan-related expenses			6b <u>300000</u>
c Total (line 6a + line 6b)			6c <u>1079112</u>

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

SIGN HERE		
	Signature of actuary	<u>10/09/2023</u> Date
	<u>ALLEGRA BARRETT</u> Type or print name of actuary	<u>23-09020</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>312-288-7700</u> Telephone number (including area code)
	<u>WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u> Address of the firm	

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	2274652
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2274652
10	Interest on line 9 using prior year's actual return of <u>5.57</u> %	0	126698
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		6291530
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.60</u> %.....		352326
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		6643856
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	2401350

Part III		Funding Percentages	
14	Funding target attainment percentage	14	127.32 %
15	Adjusted funding target attainment percentage	15	130.15 %
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	115.06 %
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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	1079112
b Excess assets, if applicable, but not greater than line 31a	31b	1079112

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILSON SPORTING GOODS CO.</u>	D Employer Identification Number (EIN) <u>22-2379300</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	99551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BMO HARRIS BANK N.A.

36-2085229

(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 50	NONE	22530	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MULTNOMAH GROUP

20-0361079

(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?
27 50	NONE	16810	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PENSION LIVE LLC

26-2239692

(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 50	NONE	11241	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRICE WATERHOUSE COOPERS LLP

13-4008324

(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 50	NONE	10264	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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(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 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 WILSON SPORTING GOODS CO.	D Employer Identification Number (EIN) 22-2379300

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	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	5400000	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	20046	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1061933	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(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)	108238348	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	114720327	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	114720327	0

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)	32451	
(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)		
(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)	2592077	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		-25269693
c Other income	2c		8302
d Total income. Add all income amounts in column (b) and enter total	2d		-22636863
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3983909	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3983909
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	121056	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	16810	
(4) Other	2i(4)	93282	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		231148
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4215057
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-26851920
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		87868407

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **TOPEL FORMAN, LLC**

(2) EIN: **36-2469413**

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 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)
WILSON SPORTING GOODS CO. HOURLY PENSION PLAN	22-2379300	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 478615.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILSON SPORTING GOODS CO.</u>	D Employer Identification Number (EIN) <u>22-2379300</u>	

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): 39-6436442

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	0
---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____



**WILSON SPORTING GOODS CO.
RETIREMENT INCOME PLAN**

Financial Statements

December 31, 2022 and 2021

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The Plan Administrator
Wilson Sporting Goods Co.
Retirement Income Plan
Chicago, Illinois

INDEPENDENT AUDITORS' REPORT

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

We have performed audits of the accompanying financial statements of Wilson Sporting Goods Co. Retirement Income 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 statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for 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 Wilson Sporting Goods Co. Retirement Income 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Wilson Sporting Goods Co. Retirement Income Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Wilson Sporting Goods Co. Retirement Income 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 Wilson Sporting Goods Co. Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Emphasis of a Matter – Plan Merger

As discussed in Note 11 to the financial statements, the Plan Sponsor merged their two defined benefit pension plans on December 31, 2022. All investments were transferred out of the Plan as of December 31, 2022, and any remaining assets were transferred out of the Plan by February 28, 2023.

Supplemental Schedule Required by ERISA

The supplemental Schedule of Reportable Transactions for the year ended December 31, 2022 is presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor'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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Jopel Forman L.L.C.
Certified Public Accountants

Chicago, Illinois
October 13, 2023

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS:		
Cash	\$ 54,025	\$ -
Investments, at fair value:		
Registered investment companies	\$ -	\$ 108,238,348
Money market deposit account	-	1,061,933
Total investments	\$ -	\$ 109,300,281
Receivables:		
Employer contribution receivable	\$ -	\$ 5,400,000
Accrued income	47,677	20,046
Total receivables	\$ 47,677	\$ 5,420,046
Total Assets	\$ 101,702	\$ 114,720,327
LIABILITIES:		
Transfers payable	\$ 101,702	\$ -
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 114,720,327</u>

(The accompanying notes to financial statements are an integral part of these statements)

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS:		
Investment Income (Loss):		
Net appreciation (depreciation) in fair value of investments	\$ (25,269,693)	\$ 3,487,226
Interest and dividends	<u>2,632,830</u>	<u>2,222,263</u>
Total Investment Income (Loss)	<u>\$ (22,636,863)</u>	<u>\$ 5,709,489</u>
Employer contributions	<u>-</u>	<u>6,800,000</u>
Total Additions (Deductions)	<u>\$ (22,636,863)</u>	<u>\$ 12,509,489</u>
DEDUCTIONS:		
Benefits paid	\$ 3,983,909	\$ 3,778,787
Administrative expenses	<u>231,148</u>	<u>280,096</u>
Total Deductions	<u>\$ 4,215,057</u>	<u>\$ 4,058,883</u>
NET INCREASE (DECREASE) PRIOR TO TRANSFER	\$ (26,851,920)	\$ 8,450,606
Transfer to Wilson Sporting Goods Co. Retirement Pension Plan (see Note 11)	<u>\$ (87,868,407)</u>	<u>\$ -</u>
NET INCREASE (DECREASE)	\$ (114,720,327)	\$ 8,450,606
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>114,720,327</u>	<u>106,269,721</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ -</u></u>	<u><u>\$ 114,720,327</u></u>

(The accompanying notes to financial statements are an integral part of these statements)

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

1. PLAN DESCRIPTION:

The following brief description of the Wilson Sporting Goods Co. Retirement Income Plan (“the Plan”) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General –

The Company merged its two defined benefit pension plans effective December 31, 2022 (see Note 11). The Plan description described below notes the provisions of the Plan effective prior to the merger of the Plan.

The Plan is a noncontributory defined benefit pension plan covering all salaried employees of Wilson Sporting Goods Co. (“the Company”) who have attained the age of 21 and have completed a 12-month period of service of not less than 1,000 hours. Employees who joined the Company on January 1, 1999 or thereafter are not eligible to participate in the Plan. The freezing of the Plan has no impact on the status and benefits of employees that joined the Company prior to January 1, 1999.

Participating employees are entitled to monthly pension benefits beginning at normal retirement age (the later of the age of 65 or the fifth anniversary of the date of participation in the Plan). The normal retirement benefit amount (assuming 30 years of service) is generally equal to 24.0% final average pay plus 19.5% of the excess of final average pay over the covered compensation level. If the participant has fewer than 30 years of service at normal retirement, this amount shall be multiplied by a fraction, the numerator of which is the participant’s actual years of service and the denominator of which is 30. A participant’s credited years of service are limited to 30 years.

Pension Benefits –

Participants are generally entitled to early retirement following attainment of the age of 55 with 5 or more years of service. Generally, there is a 5% reduction in the amount of the portion of normal retirement benefits based on total compensation for each year prior to the normal retirement that benefits are paid. The reduction for the excess benefit is 8% per year for each of the first three years and 4% per year for each of the next seven years prior to normal retirement that benefits are paid.

Participants are generally eligible for disability benefits after completing ten years of service and deferred vested benefits after completing five years of service. The Plan also has provisions for benefits for the surviving spouse of a vested participant.

Basis of Accounting –

The accompanying financial statements are prepared on the accrual basis of accounting.

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Use of Estimates –

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (“US GAAP”) requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results could differ from these estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Investment Valuation and Income Recognition –

The Plan’s investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Benefit Payments –

Benefits are recorded when paid.

Administrative and Investment Management Expenses –

The Plan’s trustee fees, actuarial and audit fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. Any other expenses of the Plan are paid by the Company.

Contributions Receivable –

The Plan had contribution receivables from the Company relating to contributions not yet funded as of December 31, 2021. These contributions have subsequently been received by the Plan, no allowance for uncollectible receivables has been recorded. The Plan had no such receivable as of December 31, 2022.

3. INFORMATION CERTIFIED BY THE TRUSTEE:

The following is a summary of the information regarding the Plan as of December 31, 2022 and 2021 and for the year ended December 31, 2022, included in the Plan’s financial statements and supplemental schedule, which was prepared by, or derived from information prepared by BMO Institutional Trust Services, the Trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the Trustee that such information is complete and accurate.

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

3. INFORMATION CERTIFIED BY THE TRUSTEE: (Continued)

Information relating to investments held by the Trustee as of December 31, 2022 and 2021 is as follows:

	<u>2022</u>	<u>2021</u>
Cash	\$ 54,025	\$ -
Investments	<u>-</u>	<u>109,300,281</u>
	<u>\$ 54,025</u>	<u>\$ 109,300,281</u>

The following for the years ended December 31, 2022 and 2021 were also certified by the Trustee:

	<u>2022</u>	<u>2021</u>
Total investment gain (loss) from investments	<u>\$ (22,636,863)</u>	<u>\$ 5,709,489</u>

4. FAIR VALUE MEASUREMENTS:

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs within the fair value hierarchy are defined as follows:

- Level 1 – Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
- Level 2 – Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3 – Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

4. FAIR VALUE MEASUREMENTS: (Continued)

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan as of December 31, 2022 and 2021.

Registered investment companies: The fair values of registered investment companies are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Money market deposit account: The fair value of the money market deposit account is estimated to approximate the cost basis of the deposit account balance, based upon the liquidity of the account and the credit quality of the issuer (Level 2 inputs). The Plan's investments in the money market deposit account may exceed federally insured balances.

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 the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan held no investments at fair value at December 31, 2022.

Investments measured at fair value on a recurring basis which are held directly by the Plan are summarized below:

	<u>Assets at Fair Value as of December 31, 2021</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies	\$ 108,238,348	\$ -	\$ -	\$ 108,238,348
Money Market Deposit Account	<u>-</u>	<u>1,061,933</u>	<u>-</u>	<u>1,061,933</u>
 Total Investments	 <u>\$ 108,238,348</u>	 <u>\$ 1,061,933</u>	 <u>\$ -</u>	 <u>\$ 109,300,281</u>

Transfers between levels 1, 2 or 3, if any, are recognized at ending value on December 31, 2022 and 2021. There were no transfers between levels and there were no purchases of Level 3 investments during the year ended December 31, 2022 and 2021.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

5. FUNDING POLICY:

The Plan's policy is to fund at a level at least equal to the ERISA minimum funding requirement each year. The yield (interest, dividends, and net realized and unrealized gains and losses) on investments of the Plan and forfeitures serve to reduce future contributions that would otherwise be required to provide for the defined level of benefit under the Plan. The minimum funding requirements of ERISA have been met for the plan years ended December 31, 2022 and 2021.

The Company is the sole contributor to the Plan. Contributions are actuarially determined and are comprised of the normal cost and shortfall amortization required to fund the benefits provided by the Plan. The Company made contributions to the Plan totaling \$5,400,000 and \$6,800,000 in 2022 and 2021, respectively.

6. PLAN TERMINATION AND PENSION BENEFIT GUARANTY CORPORATION MATTERS:

In the event the Plan terminates, the Plan's assets will be allocated to provide the following benefits in the order indicated:

1. Benefits of retired employees and employees who have reached their normal retirement dates.
2. Benefits of all other employees based on their accrued retirement benefits at the date of termination of the Plan in amounts proportionate to the actuarially determined present values of their retirement benefits at the date of termination of the Plan.
3. The remaining balance after satisfaction of all liabilities of the Plan will be returned to the Company.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the maximum amount of an individual's monthly benefit that the PBGC guarantees. That ceiling is between \$18,862 and \$1,551 per month based upon a straight-line annuity or \$16,976 and \$1,396 for joint and 50% survivor annuity, based on the participant's years of service.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC. While it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

7. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments including lump-sum distributions that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and disability) are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by Willis Towers Watson ("the actuary") and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2021 and 2020 was as follows:

1. The assumed average rate or return used was 4.27% and 3.80% as of December 31, 2021 and 2020, respectively.
2. The Pri-2012 Employees, Healthy Annuitants, and Contingent mortality tables with blue collar adjustment and projected forward generationally with Scale MP-2021 as of December 31, 2021, and the Pri-2012 Employees, Healthy Annuitants, and Contingent mortality tables with blue collar adjustment and projected forward generationally with Scale MP-2020 as of December 31, 2020.
3. The assumed retirement rates at various ages as of December 31, 2022 and 2021 were as follows:

<u>Age</u>	<u>Assumed Retirement Rate</u>
55 - 61	5%
62	10%
63 - 64	5%
65	100%

4. The assumed retirement age for terminated employees is age 65 as of December 31, 2021 and 2020.

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

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

7. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS: (Continued)

The latest actuarial valuation by the Plan's actuary was made as of January 1, 2022 for the plan year ended December 31, 2022. Actuarial present value of accumulated plan benefits as of January 1, 2022 for the year ended December 31, 2022 is as follows:

Actuarial present value of accumulated vested plan benefits	
Participants currently receiving payments	\$ 44,169,500
Participants with deferred benefits	29,461,008
Active participants	<u>23,250,859</u>
Total vested benefits	\$ 96,881,367
Nonvested benefits	<u>145,605</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 97,026,972</u></u>

Actuarial present value of changes in accumulated plan benefits as of January 1, 2022 for the year ended December 31, 2022 is as follows:

Actuarial present value of accumulated Plan benefits,	
beginning of year	<u>\$ 101,417,392</u>
Benefits accumulated	\$ 886,844
Actuarial losses	212,067
Decrease for interest due to the decrease in the discount period	3,815,764
Benefits paid	(3,778,787)
Assumption changes	<u>(5,526,308)</u>
Net decrease	<u>\$ (4,390,420)</u>
Actuarial present value of accumulated Plan benefits,	
end of year	<u><u>\$ 97,026,972</u></u>

The \$5,526,308 decrease in present value of accumulated plan benefits in 2021 that is due to the change in actuarial assumptions was attributed to the following: (a) the mortality table was changed and the mortality improvement projection scale was updated and (b) discount rate was updated.

8. PARTY-IN-INTEREST TRANSACTIONS:

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties-in-interest include fees paid for administrative, trustee, audit and actuarial services. These transactions also qualify as parties-in-interest. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

9. RISKS AND UNCERTAINTIES:

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

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

10. DIFFERENCES BETWEEN AUDITED FINANCIAL STATEMENTS AND FORM 5500:

The following are the differences between the statement of net assets available for benefits per the audited financial statements and the Form 5500 as of December 31, 2022.

	<u>Per Audited Financial Statements</u>	<u>Per 5500</u>
Cash	\$ 54,025	\$ -
Accrued income	47,677	-
Transfers payable	<u>(101,702)</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ -</u>	<u>\$ -</u>

11. TAX STATUS:

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated September 12, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

11. TAX STATUS: (Continued)

Accounting principles generally accepted in the United States of America requires 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 the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, 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 jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

12. PLAN MERGER:

Immediately prior to December 31, 2022, the Company sponsored two defined benefit pension plans: the Wilson Sporting Goods Co. Retirement Income Plan (the “Plan”) which provided benefits to eligible salaried employees, and the Wilson Sporting Goods Co. Hourly Pension Plan (the “Hourly Plan”) which provided benefits to eligible hourly employees.

Effective December 31, 2022, the Plan merged with and into the Hourly Plan. At the same time, the merged plan was renamed the Wilson Sporting Goods Co. Retirement Pension Plan (“the Merged Plan). The Merged Plan now provides benefits both to eligible salaried employees and to eligible hourly employees. The plan merger did not materially change the benefit structure or plan provisions under the Plan or the Hourly Plan as in effect immediately before December 31, 2022. Transfers to the Merged Plan included investments totaling \$87,766,706 for the year ended December 31, 2022. All remaining assets, consisting of cash, which are recorded as a transfer payable at December 31, 2022, were transferred to the Merged Plan subsequent to year-end by February 28, 2023

13. SUBSEQUENT EVENTS:

Plan management has evaluated subsequent events for recognition and disclosure through October 13, 2023, which is the date the financial statements were available to be issued.

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

14. DECEMBER 31, 2022 ACTUARIAL VALUATION (UNAUDITED):

The December 31, 2022 actuarial valuation of the Plan was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan's actuary, which has not been audited by independent accountants, is provided below for informational purposes.

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2022 consists of the following:

Actuarial present value of accumulated Plan benefits, beginning of year	\$ 97,026,972
Benefits accumulated	972,215
Actuarial losses	971,125
Decrease for interest due to the decrease in the discount period	4,099,505
Benefits paid	(3,983,909)
Assumption changes	(25,462,037)
Plan amendments	<u>(73,623,871)</u>
Net decrease	\$ <u>(97,026,972)</u>
Actuarial present value of accumulated Plan benefits, end of year	\$ <u><u>-</u></u>

The \$25,462,037 decrease in present value of accumulated plan benefits in 2022 that is due to the change in actuarial assumptions was attributed to the following: (a) the mortality table was changed and the mortality improvement projection scale was updated and (b) discount rate was updated. The \$73,623,871 decrease from plan amendments is due to the December 31, 2022 plan merger (see Note 11).

SUPPLEMENTAL SCHEDULE

WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2022

(FEIN:22-2379300, PLAN NO.002)

Purchases						
Identity of Party Involved	Description of Assets	Total Number of Purchases	Total Purchase Price	Current Value of Asset at Transaction Date		
	Money market deposit account:					
Invesco	Treasury Portfolio	39	\$ 6,086,173	\$ 6,086,173		
			<u>\$ 6,086,173</u>	<u>\$ 6,086,173</u>		
Sales						
Identity of Party Involved	Description of Assets	Total Number of Sales	Total Selling Price	Cost of Asset	Current Value of Asset at Transaction Date	Net Gain (Loss)
	Money market deposit account:					
Invesco	Treasury Portfolio	62	\$ 7,148,106	\$ 7,148,106	\$ 7,148,106	\$ -
			<u>\$ 7,148,106</u>	<u>\$ 7,148,106</u>	<u>\$ 7,148,106</u>	<u>\$ -</u>

The above information has been certified by BMO Harris Bank N.A., custodian, as complete and accurate.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	0	0	0	0	0	0	1
45-49	0	0	0	0	1	5	2	0	0	0	0	8
50-54	0	0	0	0	1	3	10	4	1	0	0	19
55-59	0	0	0	0	0	3	6	10	3	0	0	22
60-64	0	0	1	0	1	1	2	7	7	0	0	19
65-69	0	0	0	0	0	0	2	1	0	0	0	3
70 & over	0	0	0	0	0	0	2	0	1	0	0	3
Total	0	0	1	0	4	12	24	22	12	0	0	75

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
 EIN / PN: 22-2379300/002
 Plan Sponsor: Wilson Sporting Goods Co.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis Three-segment rates

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	1.07%
■ Second segment rate	5.18%	2.68%
■ Third segment rate	5.92%	3.36%
■ Effective interest rate	5.42%	2.92%

Expected Return on Assets

4.27%

Annual rates of increase

- Compensation 2.50%
- Future Social Security wage bases 2.50%
- Statutory limits on compensation 2.25% (Maximum purposes only)

Plan-related expenses

The amount included for plan-related expenses is \$300,000.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant. Note: Only employees hired prior to 1999 are eligible to participate in the plan.

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

Mortality

■ **Healthy** Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under 1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under 1.430(h)(3)-1 using Scale MP-2020.

■ **Disabled** The mortality table for healthy lives was used.

Termination Rates varying by age and service

Representative Termination Rates (not due to disability, retirement or mortality)

Attained Age	Percentage leaving during the year					
	Years of service					
	0	1	2	3	4	Ultimate
20	28.10%	28.10%	23.10%	20.90%	18.70%	16.50%
25	25.90	26.34	21.84	20.46	18.48	14.90
30	23.70	24.14	20.94	19.36	17.16	13.20
35	22.00	22.34	20.24	18.26	15.18	11.60
40	22.00	22.00	19.80	17.60	14.30	9.90
45	20.90	21.12	19.50	17.60	14.30	7.20
50	18.20	18.74	17.98	16.96	14.08	0.00
55	0.00	10.56	9.60	6.84	3.64	0.00
60	0.00	0.00	0.00	0.00	0.00	0.00

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
 EIN / PN: 22-2379300/002
 Plan Sponsor: Wilson Sporting Goods Co.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Disability

Representative rates at which participants are assumed to become disabled by age are shown below:

Age	Percentage becoming disabled during the year
25	0.06%
30	0.07
35	0.08
40	0.15
45	0.33
50	0.56
55	0.98
60	1.67
65 & Over	0.00

Retirement

The rates at which participants are assumed to retire from active status by age are shown below:

Age	Percentage retiring during the year
55	5.00%
56	5.00
57	5.00
58	5.00
59	5.00
60	5.00
61	5.00
62	10.00
63	5.00
64	5.00
65	100.00

Benefit

commencement date:

- Deferred vested benefit
Terminated vested participants are assumed to have their benefit payments commence at age 65, or current age if older.
- Disability benefit
Benefits are assumed to commence at age 65.
- Retirement benefit
Participants are assumed to have their benefit payment commence at their retirement age.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Form of payment	For participants that are not already in payment status, it is assumed that 50% will elect a single life annuity and 50% will elect a 50% joint and contingent annuity.
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 70% of eligible participants are assumed to be married.
Spouse age	Males are assumed to be 3 years older than their spouse.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	The 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.
Decrement Timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

The valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the results increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursement after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 3.80%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 3.80%, and the applicable limitation for the plan year, equal to 6.11%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 5.85%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 5.85%, and the applicable limitation for the plan year, equal to 5.94%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Benefits not valued

None.

Sources of Data and Other Information

The plan sponsor, via its 3rd party administrator, furnished participant data as of January 1, 2022. Information on assets, contributions and plan provisions were supplied directly by the plan sponsor or via the trustee website. 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.

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

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust.)
Rates of increase in:	
■ Compensation	Assumed compensation increases are based on plan sponsor expectations for near-term years and the effect that the assumed long-term CPI will have on compensation increases over the longer term.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC 430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC 430(h).
Termination	Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.
Disability	Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The following changes were made to the actuarial valuation assumptions and methods since the last valuation of the plan:

- The Effective Interest Rate used for purposes of determining the Funding Target and the Target Normal Cost decreased from an effective rate of 5.60% to 5.42%. This 5.42% effective rate is based on the 3-segment rates for September 2021. Last valuation the rates were based on the 3-segment rates for September 2020.
- The mortality tables used to calculate the Funding Target and Target Normal Cost were updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

Plan Name	Wilson Sporting Goods Co. Retirement Income Plan
Plan Sponsor EIN	22-2379300
ERISA Plan #	002
Plan Year Ending	12/31/2022

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022


▶ **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 WILSON SPORTING GOODS CO. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WILSON SPORTING GOODS CO.	D Employer Identification Number (EIN) 22-2379300	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
2	Assets:		
	a Market value	2a	114,563,546
	b Actuarial value	2b	110,358,539
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	488	40,959,621
	b For terminated vested participants.....	241	24,641,073
	c For active participants	75	18,940,144
	d Total.....	804	84,540,838
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.42%
6	Target normal cost		
	a Present value of current plan year accruals	6a	779,112
	b Expected plan-related expenses	6b	300,000
	c Total (line 6a + line 6b)	6c	1,079,112

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	10/09/2023 Date
	Allegra Barrett Type or print name of actuary	2309020 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	312-288-7700 Telephone number (including area code)
	Willis Tower 233 South Wacker Drive Suite 1800 Chicago IL 60606 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)	0	2,274,652
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2,274,652
10	Interest on line 9 using prior year's actual return of <u>5.57</u> %	0	126,698
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6,291,530
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.60</u> %		352,326
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6,643,856
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	2,401,350

Part III		Funding Percentages	
14	Funding target attainment percentage	14	127.32 %
15	Adjusted funding target attainment percentage	15	130.15 %
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	115.06 %
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost			
21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %
				<input type="checkbox"/> N/A, full yield curve used
b	Applicable month (enter code)	21b	4	
22	Weighted average retirement age	22	63	
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	1,079,112	
b	Excess assets, if applicable, but not greater than line 31a	31b	1,079,112	
32	Amortization installments:	Outstanding Balance	Installment	
a	Net shortfall amortization installment	0	0	
b	Waiver amortization installment.....	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
35	Balances elected for use to offset funding requirement	0	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	0	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Wilson Sporting Goods Co.
EIN/PN	22-2379300/002
Plan Name	Wilson Sporting Goods Co. Retirement Income Plan
Valuation Date	January 1, 2022
Enrolled Actuary	Allegra Barrett
Enrollment Number	23-09020

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

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

(A) <u>Age</u>	(B) <u>Ret Rate</u>	(C) <u>% who ret at age (A)</u>	(D) <u>% not yet retired</u>	<u>(A)*(C)</u>
55	0.05	0.0500	0.9500	2.7500
56	0.05	0.0475	0.9025	2.6600
57	0.05	0.0451	0.8574	2.5707
58	0.05	0.0429	0.8145	2.4882
59	0.05	0.0407	0.7738	2.4013
60	0.05	0.0387	0.7351	2.3220
61	0.05	0.0368	0.6983	2.2448
62	0.10	0.0698	0.6285	4.3276
63	0.05	0.0314	0.5971	1.9782
64	0.05	0.0299	0.5672	1.9136
65	1.00	0.5672	0.0000	36.8680

Average Retirement Age: 62.5244

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
 EIN / PN: 22-2379300/002
 Plan Sponsor: Wilson Sporting Goods Co.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant. Note: Only employees hired prior to 1999 are eligible to participate in the plan.

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

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under 1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under 1.430(h)(3)-1 using Scale MP-2020.

- **Disabled** The mortality table for healthy lives was used.

Termination Rates varying by age and service

Representative Termination Rates (not due to disability, retirement or mortality)

Attained Age	Percentage leaving during the year					
	Years of service					
	0	1	2	3	4	Ultimate
20	28.10%	28.10%	23.10%	20.90%	18.70%	16.50%
25	25.90	26.34	21.84	20.46	18.48	14.90
30	23.70	24.14	20.94	19.36	17.16	13.20
35	22.00	22.34	20.24	18.26	15.18	11.60
40	22.00	22.00	19.80	17.60	14.30	9.90
45	20.90	21.12	19.50	17.60	14.30	7.20
50	18.20	18.74	17.98	16.96	14.08	0.00
55	0.00	10.56	9.60	6.84	3.64	0.00
60	0.00	0.00	0.00	0.00	0.00	0.00

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
 EIN / PN: 22-2379300/002
 Plan Sponsor: Wilson Sporting Goods Co.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Disability

Representative rates at which participants are assumed to become disabled by age are shown below:

Age	Percentage becoming disabled during the year
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Retirement

The rates at which participants are assumed to retire from active status by age are shown below:

Age	Percentage retiring during the year
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58	5.00
59	5.00
60	5.00
61	5.00
62	10.00
63	5.00
64	5.00
65	100.00

Benefit

commencement date:

- Deferred vested benefit Terminated vested participants are assumed to have their benefit payments commence at age 65, or current age if older.
- Disability benefit Benefits are assumed to commence at age 65.
- Retirement benefit Participants are assumed to have their benefit payment commence at their retirement age.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
 EIN / PN: 22-2379300/002
 Plan Sponsor: Wilson Sporting Goods Co.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Form of payment	For participants that are not already in payment status, it is assumed that 50% will elect a single life annuity and 50% will elect a 50% joint and contingent annuity.
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 70% of eligible participants are assumed to be married.
Spouse age	Males are assumed to be 3 years older than their spouse.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	The 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.
Decrement Timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

The valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the results increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursement after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 3.80%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 3.80%, and the applicable limitation for the plan year, equal to 6.11%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 5.85%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 5.85%, and the applicable limitation for the plan year, equal to 5.94%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Benefits not valued

None.

Sources of Data and Other Information

The plan sponsor, via its 3rd party administrator, furnished participant data as of January 1, 2022. Information on assets, contributions and plan provisions were supplied directly by the plan sponsor or via the trustee website. 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.

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

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust.)
Rates of increase in:	
■ Compensation	Assumed compensation increases are based on plan sponsor expectations for near-term years and the effect that the assumed long-term CPI will have on compensation increases over the longer term.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC 430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC 430(h).
Termination	Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.
Disability	Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The following changes were made to the actuarial valuation assumptions and methods since the last valuation of the plan:

- The Effective Interest Rate used for purposes of determining the Funding Target and the Target Normal Cost decreased from an effective rate of 5.60% to 5.42%. This 5.42% effective rate is based on the 3-segment rates for September 2021. Last valuation the rates were based on the 3-segment rates for September 2020.
- The mortality tables used to calculate the Funding Target and Target Normal Cost were updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.

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EIN / PN: 22-2379300/002
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Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1986 and was most recently amended and restated effective January 1, 2016.

Coverage and participation Any salaried employee will become a participant in the plan as of the date he has both completed a 12-month period of at least 1,000 hours of employment following the date of hire and has attained age 21. Effective January 1, 1999, the plan was amended to provide that only individuals who first became employees prior to January 1, 1999 are eligible to participate in the plan.

Definitions

Vesting service Total service from date of hire to date of termination.

Credited service Service from the later of September 16, 1985 and the date of hire to date of termination, limited to 30 years.

Plan year The twelve-month period ending December 31.

Covered compensation A 35-year average of the Maximum Taxable Wages (MTW) under Social Security. The MTW is the annual limit on wages subject to the FICA tax for Social Security. The 35-year period ends with the year the employee reaches eligibility for an unreduced Social Security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the years of termination are used.

Final average monthly compensation The monthly average of the five consecutive calendar years' compensation out of the last 10 complete calendar years that gives the highest average. For employees other than fully commissioned salesmen, total compensation paid by the employee for personal services rendered is considered. For fully commissioned employees, 75% of commissions paid is considered. Compensation is limited per IRC 401(a)(17).

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD) The first of the month coincident with or next following age 65 and five years of participation.

Accrued benefit The participant's accrued benefit at any given date is determined under the normal retirement formula, but is based on credited service, final average monthly compensation and covered compensation as of the given date.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Late retirement Retirement after NRD.

Early retirement Age 55 and five years of vesting service.

Deferred vested termination A participant is 100% vested upon completion of five years of vesting service.

Disability Total and permanent disability of participant after at least 10 years of vesting service.

Death benefit Completion of at least five years of vesting service.

Benefits Paid Upon the Following Events

Normal retirement 24% of final average monthly compensation (base benefit), plus 19.5% of final average monthly compensation in excess of covered compensation (excess benefit).

If the participant has less than 30 years of credited service, the amount so determined shall be multiplied by a fraction of which the numerator is his years of credited service and the denominator is 30.

Late retirement Will be the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
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Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Early retirement

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments. Separate factors apply to the base and excess portions of the formula.

Age	Base Factor	Excess Factor
65	100%	100%
64	95	92
63	90	84
62	85	76
61	80	72
60	75	68
59	70	64
58	65	60
57	60	56
56	55	52
55	50	48

Deferred vested termination

The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive a reduced benefit commencing prior to NRD. The reduction is the same as for early retirement.

Disability

Accrued benefit as of disability date, including credited service from disability to first payment date, payable as of the participants' NRD. Payment may commence as early as age 55, reduced as for early retirement.

Death benefits for participants in active service

The participant's spouse will receive a monthly retirement income payable for life in an amount equal to the accrued benefit as of the date of death multiplied by a factor of .4250 but not less than the amount payable to the spouse upon the death of a terminated participant.

Death benefits for deferred vested participants

The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
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Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Death benefits for disabled participants

Prior to normal retirement, disabled participants are entitled to a death benefit identical to the one for active employees.

Other Plan Provisions

Optional forms of retirement income in lieu of normal form

The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis. Lump-sum distributions are allowed, but only if the lump sum is less than \$10,000.

Plan participants' contributions

They are not required or permitted.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
EIN / PN: 22-2379300/002
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	0	0	0	0	0	0	1
45-49	0	0	0	0	1	5	2	0	0	0	0	8
50-54	0	0	0	0	1	3	10	4	1	0	0	19
55-59	0	0	0	0	0	3	6	10	3	0	0	22
60-64	0	0	1	0	1	1	2	7	7	0	0	19
65-69	0	0	0	0	0	0	2	1	0	0	0	3
70 & over	0	0	0	0	0	0	2	0	1	0	0	3
Total	0	0	1	0	4	12	24	22	12	0	0	75

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Wilson Sporting Goods Co. Retirement Income Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Wilson Sporting Goods Co.
EIN/PN	22-2379300/002
Plan Name	Wilson Sporting Goods Co. Retirement Income Plan
Valuation Date	January 1, 2022
Enrolled Actuary	Allegra Barrett
Enrollment Number	23-09020

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2022

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

(A) <u>Age</u>	(B) <u>Ret Rate</u>	(C) <u>% who ret at age (A)</u>	(D) <u>% not yet retired</u>	<u>(A)*(C)</u>
55	0.05	0.0500	0.9500	2.7500
56	0.05	0.0475	0.9025	2.6600
57	0.05	0.0451	0.8574	2.5707
58	0.05	0.0429	0.8145	2.4882
59	0.05	0.0407	0.7738	2.4013
60	0.05	0.0387	0.7351	2.3220
61	0.05	0.0368	0.6983	2.2448
62	0.10	0.0698	0.6285	4.3276
63	0.05	0.0314	0.5971	1.9782
64	0.05	0.0299	0.5672	1.9136
65	1.00	0.5672	0.0000	36.8680

Average Retirement Age:

62.5244

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Valuation Date: January 1, 2022

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Changes in Benefits Valued Since Prior Year

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