Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1953

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)
WILSON SPORTING GOODS CO.

130 EAST RANDOLPH STREET, SUITE 600
CHICAGO, IL 60601

2b Employer Identification Number (EIN)
22-2379300

2c Plan Sponsor's telephone number
773-714-6400

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	SANDRA LOPEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1498
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	86
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	77
b	Retired or separated participants receiving benefits	**6b**	1026
c	Other retired or separated participants entitled to future benefits	**6c**	207
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1310
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	140
f	Total. Add lines **6d** and **6e**.	**6f**	1450
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WILSON SPORTING GOODS CO.

D Employer Identification Number (EIN)
22-2379300

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	125102112
b Actuarial value	**2b**	123063430

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	1207	62533437	62533437
b For terminated vested participants	238	21086058	21086058
c For active participants	86	24334036	24434502
d Total	1531	107953531	108053997

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1531411
b Expected plan-related expenses	**6b**	450000
c Target normal cost	**6c**	1981411

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/24/2026
Date

HANNAH HAUBER
Type or print name of actuary

26-09143
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-470-8935
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5396640
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	5396640
10	Interest on line 9 using prior year's actual return of 4.01 %	0	216405
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5613045

Part III Funding Percentages

14	Funding target attainment percentage	14	108.69 %
15	Adjusted funding target attainment percentage	15	113.89 %
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	114.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	1981411
b Excess assets, if applicable, but not greater than line 31a	**31b**	1981411

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

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

A Name of plan
WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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	144469	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICE WATERHOUSE COOPERS LLP

47-4641274

(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	63865	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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 62	NONE	40500	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

TOPEL FORMAN LLC

36-2469413

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	39500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	39001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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	1480111	1349555
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	123622001	131841119
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	125102112	133190674
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	125102112	133190674

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)	511	
(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)		511
(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)	4782087	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4782087
(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)		0
(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)		0

		(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)		10407117
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15189715
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6615030	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6615030
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	63865	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	39500	
(5) Investment advisory and investment management fees	2i(5)	39001	
(6) Bank or trust company trustee/custodial fees	2i(6)	40500	
(7) Actuarial fees	2i(7)	144469	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	158788	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		486123
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7101153
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8088562
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: TOPEL FORMAN,LLC **(2)** EIN: 36-2469413

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580307.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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 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** 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 38.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 61.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

WILSON SPORTING GOODS CO.

RETIREMENT PENSION PLAN

(f/k/a WILSON SPORTING GOODS CO.
DEFINED BENEFIT HOURLY PENSION PLAN)

Financial Statements

December 31, 2025 and 2024

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SUPPLEMENTAL SCHEDULE

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Topel Forman L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

The Plan Administrator
Wilson Sporting Goods Co. Retirement Pension Plan
(f/k/a Wilson Sporting Goods Co. Defined Benefit Hourly Pension 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 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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 Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, 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 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 Pension 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 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Wilson Sporting Goods Co. Retirement Pension 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.

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for the purpose of additional analysis and is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial

statements or to the financial statements themselves, and other additional procedures in accordance with 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).

Topel Forman L.L.C.
Certified Public Accountants

Chicago, Illinois
October 9, 2026

WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN
(f/k/a WILSON SPORTING GOODS CO. DEFINED BENEFIT HOURLY PENSION PLAN)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Cash	$ 1,349,555	$ 1,480,111
Investments, at fair value:		
Registered investment companies	$ 131,841,119	$ 123,622,001
Total assets	$ 133,190,674	$ 125,102,112
NET ASSETS AVAILABLE FOR BENEFITS	$ 133,190,674	$ 125,102,112

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

WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN
(f/k/a WILSON SPORTING GOODS CO. DEFINED BENEFIT HOURLY PENSION PLAN)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	$ 10,407,117	$ 652,488
Interest and dividends	4,782,598	4,350,177
Total investment income	$ 15,189,715	$ 5,002,665
Total additions	$ 15,189,715	$ 5,002,665
DEDUCTIONS:		
Benefits paid	$ 6,615,030	$ 6,498,460
Administrative expenses	486,123	499,907
Total deductions	$ 7,101,153	$ 6,998,367
NET INCREASE (DECREASE)	$ 8,088,562	$ (1,995,702)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	125,102,112	127,097,814
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 133,190,674	$ 125,102,112

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

1. PLAN DESCRIPTION:

The following brief description of the Wilson Sporting Goods Co. Retirement Pension Plan (f/k/a Wilson Sporting Goods Co. Defined Benefit Hourly Pension Plan) ("the Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General –

The Plan is a noncontributory defined benefit pension plan covering participating domestic hourly employees of Wilson Sporting Goods Co. ("the Company") who are expected to complete 1,000 hours of service within the next 12-month period of service or have completed 1,000 hours of service.

Effective January 1, 2003, employees who joined the Company on January 1, 2003 or thereafter are not eligible to participate in the Plan unless the employee is a rehire who previously participated in the Plan. The freezing of participation has no impact on the status and benefits of employees that joined the Company prior to January 1, 2003.

Participating employees are entitled to monthly pension benefits beginning at the normal retirement age of 65 with at least five years of participation. The normal retirement benefit amount is generally computed by multiplying years of credited service by a specific dollar amount, which varies by location.

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

Effective December 31, 2022, the Salaried Plan merged with and into the Plan (see Note 8). At the same time, the combined Plan was renamed the Wilson Sporting Goods Co. Retirement Pension Plan.

The terms and provisions of the assumed Salaried Plan are materially the same as the existing Plan. As of the report date, the Plan is in the process of restating the plan document of the combined Plan.

Pension Benefits –

Participants are generally eligible for disability and deferred vested benefits after completing ten and five years of service, respectively. Participants may receive early retirement benefits after completing five years of service and attaining the age of 55. Benefits are reduced if they begin before the age of 65. The Plan also has provisions for benefits to a surviving spouse of a vested participant.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting –

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

Use of Estimates –

The preparation of financial statements in conformity with accounting principles generally accepted in the United States 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 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 reported by the Plan. Any other expenses of the Plan are paid by the Company.

Credit Losses –

Financial assets measured at amortized cost are presented at the net amount expected to be collected and the measurement of credit losses and any expected increases in expected credit losses are recognized in earnings. The estimate of expected credit losses involves judgement and is based on an assessment over the life of the financial instrument taking into consideration current market conditions and reasonable and supportable forecasts of expected future economic conditions. The Plan determined the allowance for credit losses on financial assets measured at amortized cost was de minimis as of December 31, 2025 and 2024, therefore, no allowance for credit losses has been recorded related to those assets.

3. INFORMATION CERTIFIED BY THE TRUSTEES:

The following is a summary of the information regarding the Plan as of December 31, 2025 and 2024 and for the years ended December 31, 2025 and 2024, included in the Plan's financial statements and supplemental schedule, which was prepared by, or derived from information prepared by Charles Schwab Trust Bank, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustees that such information is complete and accurate.

Information relating to cash and investments held by the Trustees as of December 31, 2025 and 2024 is as follows:

	2025	2024
Cash	$ 1,349,555	$ 1,480,111
Investments	$ 131,841,119	$ 123,622,001

The Trustees have certified that the following data included in the financial statements and notes to the financial statements is complete and accurate:

	2025	2024
Total investment income	$ 15,189,715	$ 5,002,665

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.

4. FAIR VALUE MEASUREMENTS: (Continued)

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.

The following description of the valuation method and assumption used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan as of December 31, 2025 and 2024.

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

The method 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.

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 131,841,119	$ -	$ -	$ 131,841,119
Total investments	$ 131,841,119	$ -	$ -	$ 131,841,119

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 123,622,001	$ -	$ -	$ 123,622,001
Total investments	$ 123,622,001	$ -	$ -	$ 123,622,001

There were no transfers between levels and there were no purchases of Level 3 investments during the years ended December 31, 2025 and 2024.

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, 2025 and 2024.

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. No contributions were made to the Plan by the Company during 2025 and 2024.

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 $22,593 and $1,858 per month based upon a straight-line annuity or $20,333 and $1,672 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.

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 January 1, 2025 and 2024 was as follows:

1. The assumed average rate of return used was 6.42% and 7.13% as of January 1, 2025 and 2024, respectively.

2. The Pri-2012 Employees, Healthy Annuitants, and Contingent mortality tables with blue collar adjustment (hourly) or no collar adjustments (salaries) projected forward generationally with Scale MP-2021 as of January 1, 2025 and 2024.

3. The assumed retirement rates at various ages as of January 1, 2025 and 2024 were as follows:

Age	Hourly Participants Assumed Retirement Rate	Salaried Participants Assumed Retirement Rate
55 - 61	5%	5%
62	15%	10%
63 - 64	5%	5%
65	100%	100%

4. The assumed retirement age for terminated employees is age 65 as of January 1, 2025 and 2024.

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.

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

The latest actuarial valuation by the Plan's actuary was made as of January 1, 2025 for the plan year ended December 31, 2025. Actuarial present value of accumulated plan benefits as of January 1, 2025 for the year ended December 31, 2025 is as follows:

Actuarial present value of accumulated vested plan benefits	
Participants currently receiving payments	$ 57,995,062
Participants with deferred benefits	18,697,071
Active participants	21,506,228
Total vested benefits	$ 98,198,361
Nonvested benefits	103,985
Total actuarial present value of accumulated plan benefits	$ 98,302,346

Actuarial present value of changes in accumulated plan benefits as of January 1, 2025 for the year ended December 31, 2025 is as follows:

Actuarial present value of accumulated Plan benefits, beginning of year	$ 92,035,522
Benefits accumulated	1,059,838
Actuarial gains	(776,602)
Decrease in the discount period	6,406,029
Actual benefits paid	(6,498,460)
Assumption changes	6,076,019
Net increase	$ 6,266,824
Actuarial present value of accumulated Plan benefits, end of year	$ 98,302,346

The $6,076,019 increase in present value of accumulated plan benefits in 2025 that is due to the change in actuarial assumptions was attributed to the following: (a) the effective interest rate used for purposes of determining the funding target and target normal cost changed and (b) the 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.

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.

The Plan has concentration risk by maintaining cash balances with its Trustees. This account is not covered by federal deposit insurance; therefore, it is subject to credit risk.

The maximum loss that would have resulted from these risks, representing the excess of the deposit liabilities reported by the Trustees over the amount that would have been covered by federal deposit insurance amounted to $1,099,555 and $1,230,111 at December 31, 2025 and 2024, respectively.

10. TAX STATUS:

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated January 4, 2018, 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.

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, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing 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 2022.

11. MISSING PARTICIPANTS:

As of December 31, 2025, the Plan has identified certain former participants and beneficiaries entitled to vested benefits under the Plan who have not commenced payment and for whom the Plan has been unable to establish current contact information. These individuals are considered "missing participants."

The Plan continues to carry the accrued benefits owed to these missing participants as part of the Actuarial Present Value of Accumulated Plan Benefits on the Statement of Net Assets Available for Benefits. No reduction or forfeiture of these obligations has been recognized in the Plan's financial statements.

In accordance with applicable Department of Labor and Internal Revenue Service guidance, the Plan has undertaken reasonable efforts to locate missing participants, which include:

- Reviewing internal plan and employer records for updated contact information;
- Conducting searches using commercial locator services and publicly available databases;
- Sending communications via U.S. mail to last known addresses; and
- Attempting to contact designated beneficiaries or emergency contacts, where available.

The Plan will continue to perform reasonable search efforts as recommended by regulatory authorities. In the event the Plan terminates, it intends to utilize the Pension Benefit Guaranty Corporation's (PBGC) Missing Participants Program to transfer benefits for any individuals who remain unlocated at the time of plan termination.

12. SUBSEQUENT EVENTS:

Plan management has evaluated subsequent events for recognition and disclosure through October 9, 2026, which is the date the financial statements were available to be issued.

13. JANUARY 1, 2026 ACTUARIAL VALUATION (UNAUDITED):

The January 1, 2026 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 actuarial present value of accumulated plan benefits as of January 1, 2026 is as follows:

Actuarial present value of accumulated vested plan benefits	
Participants currently receiving payments	$ 60,856,934
Participants with deferred benefits	16,963,823
Active participants	19,878,002
Total vested benefits	$ 97,698,759
Nonvested benefits	69,173
Total actuarial present value of accumulated plan benefits	$ 97,767,932

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2026 consists of the following:

Actuarial present value of accumulated Plan benefits, beginning of year	$ 98,302,346
Benefits accumulated	1,335,485
Actuarial losses	503,887
Decrease in the discount period	6,184,406
Actual benefits paid	(6,615,030)
Assumption changes	(1,943,162)
Net decrease	$ (534,414)
Actuarial present value of accumulated Plan benefits, end of year	$ 97,767,932

The combined $1,943,162 decrease in present value of accumulated plan benefits in 2026 that is due to the change in actuarial assumptions was attributed to the following: (a) the discount rate was updated.

SUPPLEMENTAL SCHEDULE

WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN
(f/k/a WILSON SPORTING GOODS CO. DEFINED BENEFIT HOURLY PENSION PLAN)

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(FEIN:22-2379300, PLAN NO.001)

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
		Registered investment company:		
	MFS	Value Fund	$ 4,805,893	$ 4,725,029
	Harbor Capital	Appreciation Fund	3,617,338	4,804,861
	Vanguard	Long Term Corporate Bond Index Fund	73,916,640	60,444,967
	Vanguard	Institutional Index Fund	5,314,857	10,066,918
	Vanguard	Extended Market Index Fund	4,917,851	9,459,794
	Vanguard	Total Bond Market Index Fund	20,011,896	20,719,704
	Harding Loevner	International Equity	9,310,690	10,755,928
	Causeway	International Value Fund	7,395,565	10,863,918
			$ 129,290,730	$ 131,841,119

* Denotes party-in-interest.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	1	0	2	2	0	0	0	5
50-54	0	0	0	0	0	2	11	0	0	0	13
55-59	0	0	0	0	1	3	10	9	5	0	28
60-64	0	0	0	0	0	1	3	6	9	1	20
65-69	0	0	0	0	0	0	0	4	8	1	13
70 & over	0	0	0	0	0	0	2	1	3	1	7
Total	0	0	0	1	1	8	28	20	25	3	86

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

Plan Name: Wilson Sporting Goods Co. Retirement Pension Plan
EIN / PN: 22-2379300/001
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.35%	5.32%

Expected Return on Assets 6.42%

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 $450,000.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant. Only employees hired prior to 2003 (hourly) or 1999 (salaried) are eligible to participate in this plan.

New or rehired employees

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

Mortality

- Healthy

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

- Disabled

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7 (hourly) or healthy lives (salaried).

Termination

Rates varying by age and service

- Hourly Participants

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+
20	36.00%	31.00%	23.00%	18.00%	18.00%
25	33.00	28.00	22.00	17.00	17.00
30	30.00	24.00	21.00	15.00	14.00
35	26.00	21.00	19.00	13.00	12.00
40	23.00	19.00	17.00	12.00	11.00
45	20.00	17.00	14.00	10.00	9.00
50	14.00	12.00	9.60	7.00	7.00
55	4.20	0.00	0.00	0.00	0.00
60	0.00	0.00	0.00	0.00	0.00

SCHEDULE SB ATTACHMENTS

- Salaried Participants

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

Disability

- Hourly participants

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

Age	Percentage becoming disabled during the year
25	0.12%
30	0.12
35	0.12
40	0.18
45	0.41
50	0.68
55	1.21
60	1.80
65 & Over	0.00

- Salaried Participants

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

- Hourly participants

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire from active service 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	15.00
63	5.00
64	5.00
65	100.00

SCHEDULE SB ATTACHMENTS

- Salaried Participants

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 disability date for hourly participants, at age 65 for salaried participants.
- Retirement benefit — Participants are assumed to have their benefit payment commence at their retirement age.

Form of payment

- Hourly Participants — For participants that are not already in payment status, it is assumed that 75% will elect a single life annuity and 25% will elect a 50% joint and contingent annuity.
- Salaried Participants — 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.

SCHEDULE SB ATTACHMENTS

Plan compensation

• Hourly Participants	Not applicable
• Salaried Participants	Compensation assumed paid in the year beginning on the measurement date is: The actual Plan compensation paid in the Plan year prior to the census date, increased by the salary scale for one year.
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.

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 7.13%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.13%, and the applicable limitation for the plan year, equal to 5.59%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 7.04%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.04%, and the applicable limitation for the plan year, equal to 5.74%. 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, 2025. 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.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
WILSON SPORTING GOODS CO. RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WILSON SPORTING GOODS CO.

D Employer Identification Number (EIN)
22-2379300

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	125,102,112
b Actuarial value	**2b**	123,063,430

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,207	62,533,437	62,533,437
b For terminated vested participants	238	21,086,058	21,086,058
c For active participants	86	24,334,036	24,434,502
d Total	1,531	107,953,531	108,053,997

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,531,411
b Expected plan-related expenses	**6b**	450,000
c Target normal cost	**6c**	1,981,411

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

Hannah Hauber — Hannah Hauber

Signature of actuary

9/24/2026

Date

Hannah Hauber

Type or print name of actuary

2609143

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

312-470-8935

Telephone number (including area code)

PO Box 674401

Houston TX 77267

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,396,640
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	5,396,640
10	Interest on line 9 using prior year's actual return of 4.01%	0	216,405
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5,613,045

Part III Funding Percentages

14	Funding target attainment percentage	14	108.69%
15	Adjusted funding target attainment percentage	15	113.89%
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	114.21%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	1,981,411
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,981,411

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 SB ATTACHMENTS

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

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

Plan Name:	Wilson Sporting Goods Co. Retirement Pension Plan
EIN / PN:	22-2379300/001
Plan Sponsor:	Wilson Sporting Goods Co.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.35%	5.32%

Expected Return on Assets	6.42%

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 $450,000.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant. Only employees hired prior to 2003 (hourly) or 1999 (salaried) are eligible to participate in this plan.

New or rehired employees

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

Mortality

- Healthy

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

- Disabled

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7 (hourly) or healthy lives (salaried).

Termination

Rates varying by age and service

- Hourly Participants

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+
20	36.00%	31.00%	23.00%	18.00%	18.00%
25	33.00	28.00	22.00	17.00	17.00
30	30.00	24.00	21.00	15.00	14.00
35	26.00	21.00	19.00	13.00	12.00
40	23.00	19.00	17.00	12.00	11.00
45	20.00	17.00	14.00	10.00	9.00
50	14.00	12.00	9.60	7.00	7.00
55	4.20	0.00	0.00	0.00	0.00
60	0.00	0.00	0.00	0.00	0.00

SCHEDULE SB ATTACHMENTS

- Salaried Participants — 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

Disability

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

Age	Percentage becoming disabled during the year
25	0.12%
30	0.12
35	0.12
40	0.18
45	0.41
50	0.68
55	1.21
60	1.80
65 & Over	0.00

- Salaried Participants

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

- Hourly participants

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire from active service 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	15.00
63	5.00
64	5.00
65	100.00

SCHEDULE SB ATTACHMENTS

- Salaried Participants

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 disability date for hourly participants, at age 65 for salaried participants.
- Retirement benefit — Participants are assumed to have their benefit payment commence at their retirement age.

Form of payment

- Hourly Participants — For participants that are not already in payment status, it is assumed that 75% will elect a single life annuity and 25% will elect a 50% joint and contingent annuity.
- Salaried Participants — 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.

SCHEDULE SB ATTACHMENTS

Plan compensation

• Hourly Participants	Not applicable
• Salaried Participants	Compensation assumed paid in the year beginning on the measurement date is: The actual Plan compensation paid in the Plan year prior to the census date, increased by the salary scale for one year.
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.

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 7.13%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.13%, and the applicable limitation for the plan year, equal to 5.59%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 7.04%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.04%, and the applicable limitation for the plan year, equal to 5.74%. 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, 2025. 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.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions for Hourly Plan

Plan Provisions

The plan was originally effective January 1, 1953 and was most recently amended and restated effective December 31, 2022.

Coverage and participation

All employees are eligible to participate under the plan on the date employment commences if in a job position requiring at least 1,000 hours in a 12-month period. For all other job positions, participation will begin on the January 1 following the plan year in which 1,000 hours are completed. “Employee” means any person in an hourly job classification at a location listed at the end of this attachment.

Effective January 1, 2003, the plan was amended to provide that non-union employees hired after December 31, 2002 are not eligible to participate in the plan.

Effective November 22, 2004, the plan was further amended to provide that union employees at Ada, Ohio hired after that date are not eligible to participate in the plan

Definitions

Vesting service

Total service from date of hire to date of termination.

Credited service

Credited Service prior to January 1, 1976 is based on the prior provisions of the plan.

Credited Service from and after January 1, 1976 is full or fractional years for employment during a calendar year based on the following table:

Weeks of Employment	Credited Service
40 or more	1.0
36-39	0.9
32-35	0.8
28-31	0.7
24-27	0.6
20-23	0.5
16-19	0.4
12-15	0.3
8-11	0.2
4-7	0.1
0-3	0.0

SCHEDULE SB ATTACHMENTS

	Former employees of Hye Precision shall not receive credited service prior to their acquisition on October 18, 1986. Similarly, former employees of ACI shall not receive credited service prior to their acquisition on July 29, 1988.
Plan year	The twelve-month period ending December 31.
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 as of the given date.

Eligibility for Benefits

Normal retirement	A participant is eligible upon reaching their 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	Death while eligible for normal, early, late, or deferred vested retirement with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	A monthly benefit equals to Credited Service times the benefit level for the location as listed at the end of this attachment.
Late retirement	Will be the normal retirement benefit calculated using credited service as of the late retirement date.

SCHEDULE SB ATTACHMENTS

Early retirement

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factor
65	100%
64	94
63	88
62	82
61	76
60	70
59	64
58	58
57	52
56	46
55	40

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.

Disablement

Accrued benefit as of disability date without reduction for payment prior to NRD.

Death benefits for participants in active service

Spouse's Monthly Benefit: The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 42.50% (increased (decreased) by 0.0003 per month for each month the participant is younger (older) than the participant's spouse) of the amount of the participant's accrued benefit at the date of death. Such amount will not be less than the amount payable to the spouse upon the death of a terminated participant.

Children's Monthly Benefit: A total monthly benefit equal to 42.50% of the participant's accrued benefit at the date of death is payable to the participant's unmarried children until the age of 18. No payments will be made to any child in a month in which the surviving spouse is receiving payments under the Spouses' monthly benefit above.

SCHEDULE SB ATTACHMENTS

Death benefit 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.

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 paid, but only if the lump sum is less than $10,000.

Plan participants' contributions

They are not required or permitted.

Benefit levels used in the valuation

Benefit level used in valuation		
Company Code	Location	January 1, 2024
URF	Ada, OH	20.50
URE	Sparta, TN	13.50
URR	Fountain Inn, SC	8.00
URS	Nashville, TN	10.00

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

Summary of Plan Provisions for Salaried Plan

Plan Provisions

The plan was originally effective January 1, 1986 and was most recently amended and restated effective December 31, 2022.

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

Plan Name: Wilson Sporting Goods Co. Retirement Pension Plan
EIN / PN: 22-2379300/001
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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.

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.

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.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	1	0	2	2	0	0	0	5
50-54	0	0	0	0	0	2	11	0	0	0	13
55-59	0	0	0	0	1	3	10	9	5	0	28
60-64	0	0	0	0	0	1	3	6	9	1	20
65-69	0	0	0	0	0	0	0	4	8	1	13
70 & over	0	0	0	0	0	0	2	1	3	1	7
Total	0	0	0	1	1	8	28	20	25	3	86

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

Plan Name: Wilson Sporting Goods Co. Retirement Pension Plan
EIN / PN: 22-2379300/001
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	312,851	206,589	6,262,506	6,781,946
2026	693,585	501,542	6,092,614	7,287,741
2027	845,245	762,434	5,914,619	7,522,298
2028	1,074,364	1,059,088	5,728,868	7,862,320
2029	1,280,409	1,235,872	5,535,822	8,052,103
2030	1,423,902	1,326,147	5,336,056	8,086,105
2031	1,553,183	1,446,440	5,130,224	8,129,847
2032	1,731,596	1,596,826	4,918,990	8,247,412
2033	1,924,326	1,675,171	4,703,038	8,302,535
2034	1,992,861	1,759,252	4,483,066	8,235,179
2035	2,030,883	1,848,982	4,259,774	8,139,639
2036	2,065,027	1,867,994	4,033,867	7,966,888
2037	2,092,654	1,869,317	3,806,068	7,768,039
2038	2,123,816	1,862,720	3,577,127	7,563,663
2039	2,113,545	1,844,594	3,347,839	7,305,978
2040	2,086,975	1,809,255	3,119,052	7,015,282
2041	2,057,269	1,767,148	2,891,693	6,716,110
2042	2,009,939	1,720,128	2,666,775	6,396,842
2043	1,957,379	1,668,884	2,445,369	6,071,632
2044	1,911,728	1,613,838	2,228,603	5,754,169
2045	1,862,092	1,557,397	2,017,628	5,437,117
2046	1,797,986	1,496,536	1,813,603	5,108,125
2047	1,729,981	1,429,190	1,617,707	4,776,878
2048	1,658,052	1,357,963	1,431,107	4,447,122
2049	1,582,271	1,283,012	1,254,937	4,120,220
2050	1,502,824	1,204,626	1,090,280	3,797,730

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	1,420,026	1,123,237	938,059	3,481,322
2052	1,334,304	1,039,464	798,979	3,172,747
2053	1,246,183	954,122	673,498	2,873,803
2054	1,156,315	868,203	561,766	2,586,284
2055	1,065,423	782,799	463,620	2,311,842
2056	974,292	699,029	378,602	2,051,923
2057	883,758	617,997	305,980	1,807,735
2058	794,709	540,704	244,801	1,580,214
2059	708,091	468,012	193,969	1,370,072
2060	624,824	400,624	152,300	1,177,748
2061	545,767	339,053	118,583	1,003,403
2062	471,691	283,603	91,639	846,933
2063	403,222	234,379	70,355	707,956
2064	340,821	191,330	53,721	585,872
2065	284,760	154,244	40,843	479,847
2066	235,118	122,774	30,956	388,848
2067	191,798	96,471	23,421	311,690
2068	154,543	74,820	17,712	247,075
2069	122,976	57,267	13,409	193,652
2070	96,628	43,258	10,176	150,062
2071	74,959	32,252	7,753	114,964
2072	57,403	23,740	5,940	87,083
2073	43,392	17,258	4,583	65,233
2074	32,373	12,396	3,567	48,336

Plan Name: Wilson Sporting Goods Co. Retirement Pension Plan
EIN / PN: 22-2379300/001
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

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

Plan Name:	Wilson Sporting Goods Co. Retirement Pension Plan
EIN / PN:	22-2379300/001
Plan Sponsor:	Wilson Sporting Goods Co.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	312,851	206,589	6,262,506	6,781,946
2026	693,585	501,542	6,092,614	7,287,741
2027	845,245	762,434	5,914,619	7,522,298
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2040	2,086,975	1,809,255	3,119,052	7,015,282
2041	2,057,269	1,767,148	2,891,693	6,716,110
2042	2,009,939	1,720,128	2,666,775	6,396,842
2043	1,957,379	1,668,884	2,445,369	6,071,632
2044	1,911,728	1,613,838	2,228,603	5,754,169
2045	1,862,092	1,557,397	2,017,628	5,437,117
2046	1,797,986	1,496,536	1,813,603	5,108,125
2047	1,729,981	1,429,190	1,617,707	4,776,878
2048	1,658,052	1,357,963	1,431,107	4,447,122
2049	1,582,271	1,283,012	1,254,937	4,120,220
2050	1,502,824	1,204,626	1,090,280	3,797,730

Plan Name: Wilson Sporting Goods Co. Retirement Pension Plan
EIN / PN: 22-2379300/001
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	1,420,026	1,123,237	938,059	3,481,322
2052	1,334,304	1,039,464	798,979	3,172,747
2053	1,246,183	954,122	673,498	2,873,803
2054	1,156,315	868,203	561,766	2,586,284
2055	1,065,423	782,799	463,620	2,311,842
2056	974,292	699,029	378,602	2,051,923
2057	883,758	617,997	305,980	1,807,735
2058	794,709	540,704	244,801	1,580,214
2059	708,091	468,012	193,969	1,370,072
2060	624,824	400,624	152,300	1,177,748
2061	545,767	339,053	118,583	1,003,403
2062	471,691	283,603	91,639	846,933
2063	403,222	234,379	70,355	707,956
2064	340,821	191,330	53,721	585,872
2065	284,760	154,244	40,843	479,847
2066	235,118	122,774	30,956	388,848
2067	191,798	96,471	23,421	311,690
2068	154,543	74,820	17,712	247,075
2069	122,976	57,267	13,409	193,652
2070	96,628	43,258	10,176	150,062
2071	74,959	32,252	7,753	114,964
2072	57,403	23,740	5,940	87,083
2073	43,392	17,258	4,583	65,233
2074	32,373	12,396	3,567	48,336

Plan Name: Wilson Sporting Goods Co. Retirement Pension Plan
EIN / PN: 22-2379300/001
Plan Sponsor: Wilson Sporting Goods Co.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions for Hourly Plan

Plan Provisions

The plan was originally effective January 1, 1953 and was most recently amended and restated effective December 31, 2022.

Coverage and participation

All employees are eligible to participate under the plan on the date employment commences if in a job position requiring at least 1,000 hours in a 12-month period. For all other job positions, participation will begin on the January 1 following the plan year in which 1,000 hours are completed. “Employee” means any person in an hourly job classification at a location listed at the end of this attachment.

Effective January 1, 2003, the plan was amended to provide that non-union employees hired after December 31, 2002 are not eligible to participate in the plan.

Effective November 22, 2004, the plan was further amended to provide that union employees at Ada, Ohio hired after that date are not eligible to participate in the plan

Definitions

Vesting service

Total service from date of hire to date of termination.

Credited service

Credited Service prior to January 1, 1976 is based on the prior provisions of the plan.

Credited Service from and after January 1, 1976 is full or fractional years for employment during a calendar year based on the following table:

Weeks of Employment	Credited Service
40 or more	1.0
36-39	0.9
32-35	0.8
28-31	0.7
24-27	0.6
20-23	0.5
16-19	0.4
12-15	0.3
8-11	0.2
4-7	0.1
0-3	0.0

SCHEDULE SB ATTACHMENTS

	Former employees of Hye Precision shall not receive credited service prior to their acquisition on October 18, 1986. Similarly, former employees of ACI shall not receive credited service prior to their acquisition on July 29, 1988.
Plan year	The twelve-month period ending December 31.
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 as of the given date.

Eligibility for Benefits

Normal retirement	A participant is eligible upon reaching their 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	Death while eligible for normal, early, late, or deferred vested retirement with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	A monthly benefit equals to Credited Service times the benefit level for the location as listed at the end of this attachment.
Late retirement	Will be the normal retirement benefit calculated using credited service as of the late retirement date.

SCHEDULE SB ATTACHMENTS

Early retirement

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factor
65	100%
64	94
63	88
62	82
61	76
60	70
59	64
58	58
57	52
56	46
55	40

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.

Disablement

Accrued benefit as of disability date without reduction for payment prior to NRD.

Death benefits for participants in active service

Spouse's Monthly Benefit: The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 42.50% (increased (decreased) by 0.0003 per month for each month the participant is younger (older) than the participant's spouse) of the amount of the participant's accrued benefit at the date of death. Such amount will not be less than the amount payable to the spouse upon the death of a terminated participant.

Children's Monthly Benefit: A total monthly benefit equal to 42.50% of the participant's accrued benefit at the date of death is payable to the participant's unmarried children until the age of 18. No payments will be made to any child in a month in which the surviving spouse is receiving payments under the Spouses' monthly benefit above.

SCHEDULE SB ATTACHMENTS

Death benefit 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.

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 paid, but only if the lump sum is less than $10,000.

Plan participants' contributions

They are not required or permitted.

Benefit levels used in the valuation

Benefit level used in valuation		
Company Code	Location	January 1, 2024
URF	Ada, OH	20.50
URE	Sparta, TN	13.50
URR	Fountain Inn, SC	8.00
URS	Nashville, TN	10.00

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

Summary of Plan Provisions for Salaried Plan

Plan Provisions

The plan was originally effective January 1, 1986 and was most recently amended and restated effective December 31, 2022.

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

SCHEDULE SB ATTACHMENTS

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.

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.

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 Pension Plan**
Plan Sponsor EIN	**22-2379300**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	