

## Sport Squad, Inc.

915 Meeting St., North Bethesda, MD 20852

Joshua Kim, Director of Global SCM and Operations

**Date:** August 7, 2025

### Application Facts:

Industry **Transportation, Warehousing & Utilities**  
NAICS **423910**  
Type of App **New**  
Location **Clark County**  
RDA LVGEA, Heather Brown

### Company Profile

Sport Squad, Inc. (Sport Squad) plans to establish a warehouse and distribution center in Henderson, southern Nevada. Sport Squad specializes in the design, manufacturing, and distribution of interactive gaming equipment. Founded in 2006, the company is headquartered in Rockville, Maryland. Sport Squad's mission centers on fostering family and social interaction through engaging games and sports equipment. The company's product lines include air hockey, foosball, arcade basketball, and outdoor games. The Company's focus on 'quality, innovation, and exemplary service' informs product development, operations, and customer support. Additionally, Sport Squad is actively committed to giving back to the communities in which it operates and currently supports local schools, hospitals, and nonprofit organizations through both monetary contributions and product donation. Going forward the company plans to expand its community engagement by partnering with local programs that promote youth development, sports access, and workforce readiness and is also exploring volunteer initiatives that allow employees to contribute their time and skills to local causes. *Source: Sport Squad, Inc.*

### Tax Abatement Requirements:

	<u>Statutory</u>	<u>Company Application</u>	<u>Meeting Requirements</u>
Job Creation	<b>50</b>	13	No
Average Wage	<b>\$32.51</b>	\$33.08	Yes
Equipment Capex (SU & MBT)	<b>\$1,000,000</b>	\$1,103,500	Yes
Equipment Capex (PP)			

### Additional Requirements:

Health Insurance	<b>65%</b>	70%	<b>Yes</b>
Revenues generated outside NV	<b>51%</b>	95%	<b>Yes</b>
Business License	<input type="checkbox"/> Current	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Will comply

### Total Tax Liability (without tax abatements)

<u>Direct (company)</u>	<u>Total</u>
<b>\$161,890</b>	<b>\$2,680,899</b>

### Tax Abatements

	<u>Contract Terms</u>	<u>Estimated Tax Abatement</u>
Sales Tax Abmt.	2% for 2 years	\$70,348
Modified Business Tax Abmt.	50% for 4 years	\$12,260
Personal Property Tax Abmt.	50% for 10 years	\$22,476
<b>Total Estimated Tax Abatement over 10 yrs.</b>		<b>\$105,084</b>

### Net New Tax Revenues

	<u>Direct</u>	<u>Indirect</u>	<u>Taxes after Abatements</u>
<b>Local Taxes</b>			
Property	\$1,128,565	\$676,757	\$1,805,322
Sales	\$0	\$343,996	\$343,996
Lodging	\$0	\$18,051	\$18,051
<b>State Taxes</b>			
Property	\$61,726	\$39,610	\$101,336
Sales	\$22,070	\$115,488	\$137,558
Modified Business	\$87,646	\$76,107	\$163,753
Lodging	\$0	\$5,799	\$5,799
<b>Total Estimated New Tax Revenue over 10 yrs.</b>	<b>\$1,300,007</b>	<b>\$1,275,808</b>	<b>\$2,575,815</b>

### Economic Impact over 10 yrs.

	<u>Economic</u>	<u>Construction</u>	<u>Total</u>
Total Jobs Supported	34	0	34
Total Payroll Supported	\$18,627,174	\$0	\$18,627,174
Total Economic Value	\$47,729,035	\$0	\$47,729,035

### Economic Impact Output per Abatement Dollar

**\$454.20**

### New Total Tax per Abated Dollar

**\$24.51**

### IMPORTANT TERMS & INFORMATION

**Tax Abatements are reduction or discount of tax liability and companies do not receive any form of payment.**

**Total Estimated Tax Abatement** is a tax reduction estimate. This estimated amount will be discounted from total tax liability.

**Estimated New Tax Revenue** is amount of tax revenues local and state government will collect after the abatement was given to applying company.

**Economic Impact** is economic effect or benefits that this company and it's operations will have on the community and state economy measured by total number of jobs, payroll and created output.



July 15<sup>th</sup> 2025

Mr. Tom Burns  
Executive Director  
Nevada Governor's Office of Economic Development  
1 State of Nevada Way, 4<sup>th</sup> Floor  
Las Vegas, Nevada 89119

Dear Mr. Burns,

**Sport Squad, Inc** is applying to the State of Nevada's Sales & Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement. We request that **Sport Squad, Inc** be placed on the August 7<sup>th</sup> 2025 GOED Board meeting agenda.

**Sport Squad, Inc** will create **13** new positions in the first 2 years of operations, with an average hourly wage of **\$33.08**. **Sport Squad, Inc** will make a capital investment of **\$1,103,000**.

**Sport Squad, Inc** meets the statutory requirements for the Sales & Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement. This application has the support of the Las Vegas Global Economic Alliance.

Sincerely,

Heather Brown  
SVP Entrepreneurial Development  
Las Vegas Global Economic Alliance



Sports Squad, Inc  
915 Meeting St.  
North Bethesda, MD 20852  
443-472-0207  
[jkim@joola.com](mailto:jkim@joola.com)  
7/16/2025

Subject: Application for Tax Abatement – Sports Squad

Dear Mr. Burns

Sport Squad Inc., DBA JOOLA, is in the process of relocating its West Coast distribution center to Henderson, Nevada. JOOLA is one of the fastest-growing sporting goods companies in the world and a leading global brand in the Pickleball and Table Tennis industries, with operations across nine countries. In addition to our own significant direct-to-consumer sales, we supply to major retailers such as Amazon, Dick's Sporting Goods, Academy Sports, Walmart, and various sports facilities and distributors worldwide.

Our new facility in Henderson, Nevada will serve as our primary distribution hub, representing a significant investment by JOOLA that will benefit both JOOLA and the local community. We are committed to being an active part of the Henderson community by promoting healthy lifestyles and supporting local families.

The requested tax abatement will help offset initial startup costs and serve as a catalyst for our continued growth and job creation in the region. In our first year, we plan to invest over \$1.5 million in property and equipment and create more than 11 new full-time jobs, with additional growth expected in the years to follow.

We believe this investment aligns well with the City of Henderson's goals of driving job creation, encouraging long-term economic development, and expanding the local tax base.

We respectfully request your favorable consideration of our application. Please feel free to contact me directly at (443) 472-0207 or [jkim@joola.com](mailto:jkim@joola.com) to discuss further or schedule a meeting.

Thank you for your time and consideration.

Sincerely,

Joshua Kim

Director of Global SCM and Operations

Sport Squad, Inc.

A handwritten signature in black ink, appearing to read 'Joshua Kim', is written over a horizontal line.



915 Meeting St, Suite 1300,  
North Bethesda, MD 20852  
WWW.JOOLA.COM

July 16, 2025

Mr. Thomas Burns  
Executive Director  
Nevada Governor's Office of Economic Development  
555 E. Washington Avenue, Suite 5400  
Las Vegas, NV 89101

Dear Mr. Burns,

**Healthcare Coverage Letter of Intent**

If Sport Squad Inc. dba JOOLA (the company) makes a final decision to locate in the State of Nevada, the company understands that a requirement for the tax abatements provided by the Governor's Office of Economic development is the offering of 65% of the health care premium coverage for the eligible employees of the company as per NRS 360.750:

*The business will, by the eighth calendar quarter following the calendar quarter in which the abatement becomes effective, offer a health insurance plan for all employees that includes an option for health insurance coverage for dependents of the employees, and the health care benefits the business offers to its employees in this State will meet the \*minimum requirements\* for health care benefits established by the Office*

*\* The Company agrees to pay at least sixty-five percent (65%) of the premium cost for the employee, or the abatements may be reduced or eliminated at GOED's discretion.*

A handwritten signature in black ink, appearing to read "Leticia Ryan", is written over a circular stamp or seal.

Leticia Ryan  
Sr. HR Manager  
Lryan@joola.com  
240-724-6696

## Standard Tax Abatement Incentive Application

Company Name: Sport Squad, Inc.Date of Application: June 3, 2025

Company is an / a: (check one)

☒ New location in Nevada☐ Expansion of a Nevada company

### Section 1 - Type of Incentives

Please check all that the company is applying for on this application:

☒ Sales & Use Tax Abatement☒ Modified Business Tax Abatement☒ Personal Property Tax Abatement☐ Recycling Real Property Tax Abatement☐ Other: \_\_\_\_\_

### Section 2 - Corporate Information

COMPANY NAME (Legal name under which business will be transacted in Nevada) <u>Sport Squad, Inc.</u>		FEDERAL TAX ID # <u>81-3638612</u>	
CORPORATE ADDRESS <u>915 Meeting St.</u>	CITY / TOWN <u>North Bethesda</u>	STATE / PROVINCE <u>MD</u>	ZIP <u>20852</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)	CITY / TOWN	STATE / PROVINCE	ZIP
TELEPHONE NUMBER <u>301-816-3060</u>	WEBSITE <u>joola.com</u>		
COMPANY CONTACT NAME <u>Joshua Kim</u>	COMPANY CONTACT TITLE <u>Director of Global SCM and Operations</u>		
E-MAIL ADDRESS <u>jkim@joola.com</u>	PREFERRED PHONE NUMBER <u>301-816-3060</u>		

Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development? ☐ Yes ☒ No

If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

### Section 3 - Program Requirements

Please check two of the boxes below; the company must meet at least two of the three program requirements:

- ☒ A capital investment of \$1,000,000 in eligible equipment in urban areas or \$250,000 in eligible equipment in rural areas are required. This criteria is businesses. In cases of expanding businesses, the capital investment must equal at least 20% of the value of the tangible property owned by the business.
- ☒ New businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is greater.
- ☒ In both urban and rural areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly wage.

Note: Criteria is different depending on whether the business is in a county where the population is 100,000 or more or a city where the population is 60,000 or more "urban" area), or if the business is in a county where the population is less than 100,000 or a city where the population is less than 60,000 (i.e., "rural" area).

### Section 4 - Nevada Facility

Type of Facility:

☐ Headquarters☐ Technology☐ Back Office Operations☐ Research & Development / Intellectual Property☐ Service Provider☒ Distribution / Fulfillment☐ Manufacturing☐ Other: \_\_\_\_\_

PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA <u>95%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>Jul-2025</u>		
NAICS CODE / SIC <u>423910</u>	INDUSTRY TYPE <u>Sporting and Recreational Goods and Supplies Merchant Wholesalers</u>		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Distribution and Fulfillment Center</u>			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>30 Conestoga way, Bldg 2</u>	CITY / TOWN <u>Henderson</u>	COUNTY <u>Clark County</u>	ZIP <u>89002</u>
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>N/A</u>			

**Section 5 - Complete Forms (see additional tabs at the bottom of this sheet for each form listed below)**

Check the applicable box when form has been completed.

5 (A) ☒ Equipment List5 (B) ☒ Employment Schedule5 (C) ☒ Evaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%.5 (E) ☒ Company Information Form**Section 6 - Real Estate & Construction (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up - Plans Over the Next <u>Ten</u> Years	Expansions - Plans Over the Next <u>10</u> Years
Part 1. Are you currently/planning on leasing space in Nevada? <u>Yes</u> <b>If No, skip to Part 2. If Yes, continue below:</b> What year(s)? <u>2025</u> How much space (sq. ft.)? <u>85,531</u> Annual lease cost of space: <u>\$1,454,027.00</u> Do you plan on making building tenant improvements? <u>Yes</u> <b>If No, skip to Part 2. If Yes *, continue below:</b> When to make improvements (month, year)? <u>Aug-2025</u>	Part 1. Are you currently leasing space in Nevada? _____ <b>If No, skip to Part 2. If Yes, continue below:</b> What year(s)? _____ How much space (sq. ft.)? _____ Annual lease cost at current space: _____ Due to expansion, will you lease additional space? _____ <b>If No, skip to Part 3. If Yes, continue below:</b> Expanding at the current facility or a new facility? _____ What year(s)? _____ How much expanded space (sq. ft.)? _____ Annual lease cost of expanded space: _____ Do you plan on making building tenant improvements? _____ <b>If No, skip to Part 3. If Yes *, continue below:</b> When to make improvements (month, year)? _____
Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? <u>No</u> <b>If No, skip to Part 3. If Yes *, continue below:</b> Purchase date, if buying (month, year): _____ How much space (sq. ft.)? _____ Do you plan on making building improvements? _____ <b>If No, skip to Part 3. If Yes *, continue below:</b> When to make improvements (month, year)? _____	Part 2. Are you currently operating at an owner occupied building in Nevada? _____ <b>If No, skip to Part 3. If Yes, continue below:</b> How much space (sq. ft.)? _____ Current assessed value of real property? _____ Due to expansion, will you be making building improvements? _____ <b>If No, skip to Part 3. If Yes *, continue below:</b> When to make improvements (month, year)? _____
Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>No</u> <b>If Yes *, continue below:</b> When to break ground, if building (month, year)? _____ Estimated completion date, if building (month, year): _____ How much space (sq. ft.)? _____	Part 3. Do you plan on building or buying a new facility in Nevada? _____ <b>If Yes *, continue below:</b> Purchase date, if buying (month, year): _____ When to break ground, if building (month, year)? _____ Estimated completion date, if building (month, year): _____ How much space (sq. ft.)? _____

**\* Please complete Section 7 - Capital Investment for New Operations / Startup.****\* Please complete Section 7 - Capital Investment for Expansions below.**

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):

**Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up	Expansions
How much capital investment is planned? (Breakout below):	How much capital investment is planned? (Breakout below):
Building Purchase (if buying): _____	Building Purchase (if buying): _____
Building Costs (if building / making improvements): _____	Building Costs (if building / making improvements): _____
Land: _____	Land: _____
Equipment Cost: <u>\$1,103,500</u>	Equipment Cost: _____
<b>Total:</b> <u>\$1,103,500</u>	<b>Total:</b> _____
	Is the equipment purchase for replacement of existing equipment? _____
	Current assessed value of personal property in NV: _____
	(Must <b>attach</b> the most recent assessment from the County Assessor's Office.)

**Section 8 - Employment (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up	Expansions
How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of new operations?: <u>13</u>	How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of expanded operations?: _____
Average hourly wage of these <u>new</u> employees: <u>\$33.08</u>	Average hourly wage of these <u>new</u> employees: _____
	How many FTE employees prior to expansion?: _____
	Average hourly wage of these <u>existing</u> employees: _____
	Total number of employees after expansion: _____

\* FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary job" as set forth in NAC 360.474.

OTHER COMPENSATION (Check all that apply):

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Overtime              | <input checked="" type="checkbox"/> Merit increases  | <input checked="" type="checkbox"/> Tuition assistance                        | <input type="checkbox"/> Bonus        |
| <input checked="" type="checkbox"/> PTO / Sick / Vacation | <input checked="" type="checkbox"/> COLA adjustments | <input checked="" type="checkbox"/> Retirement Plan / Profit Sharing / 401(k) | <input type="checkbox"/> Other: _____ |

BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):

**Section 9 - Employee Health Insurance Benefit Program**

Is health insurance for employees and is an option for dependents offered?: ☒ Yes (**attach health plan and quote or invoice**) ☐ No

Package includes (check all that apply):

- ☒ Medical ☒ Vision ☒ Dental ☐ Other: \_\_\_\_\_

Qualified after (check one):

- ☒ Upon employment ☐ Three months after hire date ☐ Six months after hire date ☐ Other: \_\_\_\_\_

Health Insurance Costs:	Percentage of health insurance premium by (min 65%):
Plan Type: <u>PPO</u>	
Employer Contribution (annual premium per employee): <u>\$ 5,686.54</u>	Company: <u>70%</u>
Employee Contribution (annual premium per employee): <u>\$ 2,437.00</u>	Employee: <u>30%</u>
<b>Total Annual Premium:</b> <u>\$ 8,123.54</u>	

[SIGNATURE PAGE FOLLOWS]

## Section 10 - Certification

I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

Joshua Kim

Name of person authorized for signature



Signature

Head of Global SCM and Operations

Title

June 3, 2025

Date

### Nevada Governor's Office of Economic Development

1 State of Nevada Way, 4th Floor, Las Vegas, Nevada 89119 • 702.486.2700 • [www.goed.nv.gov](http://www.goed.nv.gov)

## Site Selection Factors

Company Name: Sport Squad, Inc.

County: Clark

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### Section I - Site Selection Ratings

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Directions: Please rate the select factors by importance to the company's business (1 = very low; 5 = very high). Attach this form to the Incentives Application.

Availability of qualified workforce: 5  
Labor costs: 5  
Real estate availability: 3  
Real estate costs: 4  
Utility infrastructure: 5  
Utility costs: 5

Transportation infrastructure: 5  
Transportation costs: 5  
State and local tax structure: 5  
State and local incentives: 5  
Business permitting & regulatory structure: 5  
Access to higher education resources: 2

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Please summarize the importance of the abatement program to your decision (please include at least a paragraph summary):

The requested tax abatement will help offset initial startup costs and serve as a catalyst for our continued growth and job creation in the region. In our first year, we plan to invest over \$1.5 million in property and equipment and create more than 11 new full-time jobs, with additional growth expected in the years to follow.

## 5(A) Capital Equipment List

Company Name: Sport Squad, Inc.

County: Clark

## Section I - Capital Equipment List

Directions: Please provide an estimated list of the equipment [columns (a) through (c)] which the company intends to purchase over the two-year allowable period. For example, if the effective date of new / expanded operations begins April 1, 2015, the two-year period would be until March 31, 2017. Add an additional page if needed. For guidelines on classifying equipment, visit:

tax.nv.gov/LocalGovt/PolicyPub/ArchiveFiles/Personal\_Property\_Manuals. Attach this form to the Incentives Application.

(a) Equipment Name/Description	( b ) # of Units	(c) Price per Unit	(d) Total Cost
Racking System	1,000	\$500.00	\$500,000.00
Office Desk	10	\$800.00	\$8,000.00
Office Desk	15	\$300.00	\$4,500.00
Security system	4	\$5,000.00	\$20,000.00
fork lift	2	\$5,000.00	\$10,000.00
RFID Conveyor	1	\$100,000.00	\$100,000.00
RFID Gate	1	\$100,000.00	\$100,000.00
Mezzanine construction / Renovation	2	\$50,000.00	\$100,000.00
Small Furniture	10	\$500.00	\$5,000.00
Specialized Operational Tools	10	\$10,000.00	\$100,000.00
IT& Technologys Infrastructure	2	\$10,000.00	\$20,000.00
RFID tools and scanners	20	\$800.00	\$16,000.00
Large Furniture	4	\$10,000.00	\$40,000.00
Company Signage	2	\$40,000.00	\$80,000.00
TOTAL EQUIPMENT COST			\$1,103,500.00

Is any of this equipment\* to be acquired under an operating lease?

☐ Yes☒ No

\*Certain lease hold equipment does not qualify for tax abatements

## 5(B) Employment Schedule

Company Name: Sport Squad, Inc.

County: Clark

### Section 1 - Full-Time Equivalent (FTE) Employees

Directions: Please provide an estimated list of full time employees [columns (a) through (d)] that will be hired and employed by the company by the end of the first eighth quarter of new / expanded operations. For example, if the effective date of new / expanded operations is April 1, 2015, the date would fall in Q2, 2015. The end of the first eighth quarter would be the last day of Q2, 2017 (i.e., June 30, 2017). Attach this form to the Incentives Application. A qualified employee must be employed at the site of a qualified project, scheduled to work an average minimum of 30 per week, if offered coverage under a plan of health insurance provided by his or her employer, is eligible for health care coverage, and whose position of a "primary job" as set forth in NAC 360.474.

Please use the Bureau of Labor Statistics Standard Occupational Classification System (SOC) link to populate section (b): [https://www.bls.gov/soc/2018/major\\_groups.htm#11-0000](https://www.bls.gov/soc/2018/major_groups.htm#11-0000)

(a) New Hire Position Title/Description	(b) Position SOC Code	(c) Number of Positions	(d) Average Hourly Wage	(e) US Bureau of Labor Statistics Average Hourly Wage	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
General and Operations Managers	11-1021	2	\$56.00	\$59.97	40	\$116,480.00	\$232,960.00
Transportation, Storage, and Distribution Managers	11-3071	3	\$34.00	\$46.28	40	\$70,720.00	\$212,160.00
Shipping, Receiving, and Traffic Clerks	43-5071	8	\$27.00	\$20.13	40	\$56,160.00	\$449,280.00
<b>TOTAL</b>		<b>13</b>	<b>\$33.08</b>	<b>\$32.29</b>			<b>\$894,400.00</b>

### Section 2 - Employment Projections

Directions: Please estimate full-time job growth in Section 2, complete columns (b) and (c). These estimates are used for state economic impact and net tax revenue analysis that this agency is required to report. The company will not be required to reach these estimated levels of employment. [Please enter the estimated new full time employees on a year by year basis \(not cumulative\)](#)

(a) Year	(b) Number of New FTE(s)	(c) Average Hourly Wage	(d) Payroll
3-Year	2	\$33.00	\$137,280.00
4-Year	2	\$34.00	\$141,440.00
5-Year	2	\$36.00	\$149,760.00

\* Column (e) determines if wage is commensurate to current wage ranges in the region the company plans to locate/is located. For these purposes the mean average hourly wage for the location has been used.

U = Unknown / data set for region is not currently available.

Source: Lighcast™ county wages based on the Bureau of Labor Statistics Occupational Employment and Wage Statistics program and county-level administrative wage data.

## 5(C) Evaluation of Health Plans Offered by Companies

Company Name: Sport Squad, Inc.

County: Clark

Total Number of Full-Time Employees: 13

Average Hourly Wage per Employee \$33.08  
Average Annual Wage per Employee (implied) \$68,806.40

### COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$8,123.64  
Percentage of Premium Covered by:  
Company 70%%  
Employee 30%%

### HEALTH INSURANCE PLANS:

#### Base Health Insurance Plan\*:

Deductible - per employee \$ 1,600  
Coinsurance 100%/80%  
Out-of-Pocket Maximum per employee \$ 4,500

#### Additional Health Insurance Plan\*:

Deductible - per employee \$ -  
Coinsurance 0% / 0%  
Out-of-Pocket Maximum per employee \$ -

#### Additional Health Insurance Plan\*:

#### Elements Choice PPO 6000

Deductible - per employee \$ -  
Coinsurance 0% / 0%  
Out-of-Pocket Maximum per employee \$ -

\*Note: **Please list only "In Network" for deducatable and out of the pocket amounts .**

### Generalized Criteria for Essential Health Benefits (EHB)

*[following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022]*

Covered employee's premium not to exceed 9.5% of annual wage 4.3% MEC

Annual Out-of-Pocket Maximum not to exceed \$10,600 (2026) \$4,500 MEC

Minimum essential health benefits covered (Company offers PPO):

- (A) Ambulatory patient services ☒
- (B) Emergency services ☒
- (C) Hospitalization ☒
- (D) Maternity and newborn care ☒
- (E) Mental health/substance use disorder/behavioral health treatment ☒
- (F) Prescription drugs ☒
- (G) Rehabilitative and habilitative services and devices ☒
- (H) Laboratory services ☒
- (I) Preventive and wellness services and chronic disease management ☒
- (J) Pediatric services, including oral and vision care ☒

No Annual Limits on Essential Health Benefits ☒

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached a qualified plan with information highlighting where our plan reflects meeting the 65% minimum threshold for the employee paid portion of the plan for GOED to independently confirm the same.



Leticia Ryan

Name of person authorized for signature

Signature

HR Manager

5/29/2025

Title

Date

5(D) Paid Family and Medical Leave (PFML)

Company Name: Sport Squad, Inc.

County: Clark

*After October 1, 2023, if the business will have at least 50 full-time employees on the payroll of the business by the eighth calendar quarter following the calendar quarter in which the abatement becomes effective the business, by the earlier of the eighth calendar quarter following the calendar quarter in which the abatement becomes effective or the date on which the business has at least 50 full-time employees on the payroll of the business, has a policy for paid family and medical leave and agrees that all employees who have been employed by the business for at least 1 year will be eligible for at least 12 weeks of paid family and medical leave at a rate of at least 55 percent of the regular wage of the employee. For the avoidance of doubt, the business is subject to this obligation only after the business has 50 or more full-time employees working at 30 Conestoga Way, Henderson, Nevada, for the business.*

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that the Applicant will meet this threshold for PFML.

Simon M. Nadler

\_\_\_\_\_  
Name of person authorized for signature  
  
Chief Legal Officer  
\_\_\_\_\_  
Title

*Simon M. Nadler*

\_\_\_\_\_  
Signature  
  
2025-07-22  
\_\_\_\_\_  
Date

## 5(E) Company Information

Company Name: Sport Squad, Inc.

County: Clark

### Section I - Company Interest List

Directions: Please provide a detailed list of owners and/or members of the company. *The Governor's Office of Economic Development strives to maintain the highest standards of integrity, and it is vital that the public be confident of our commitment. Accordingly, any conflict or appearance of a conflict must be avoided. To maintain our integrity and credibility, the applicant is required to provide a detailed list of owners, members, equity holders and Board members of the company.*

(a) Name	(b) Title
Richard Lee	CEO, President

### Section 2 - Company Affiliates and/or Subsidiaries

Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No ☒ Yes ☐

**If Yes, continue below:**

Directions: In order to include affiliates/subsidiaries, under the exemption letter, they must to be added to the Contract. Per standard practice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the below table to show the exact relationships between the companies and include:

1. The names as they would read on the tax exemption letter.
2. Which entity(ies) will do the hiring?
3. Which entity(ies) will be purchasing the equipment?

Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship

Please include any additional details below:

## Abatement Application Addendum (for internal use / information)

Company Name: Sport Squad, Inc.

County: Clark

### Corporate Social Responsibility (CSR)

**GOED is very interested in learning about a company's current CSR / Community Engagement Activities. Does the company have any current programs, or future plans in its Nevadan location, that it would like to list? If so please do so below in the space below. Feel free to add space if required:**

Our company is actively committed to giving back to the communities in which we operate.

Currently, we support local schools, hospitals, and nonprofit organizations through both monetary contributions and product donations. These efforts reflect our belief in promoting education, public health, and community well-being.

Looking ahead, we plan to expand our community engagement by partnering with local programs that promote youth development, sports access, and workforce readiness. We are also exploring volunteer initiatives that allow our employees to contribute their time and skills to local causes.

We view community support as a key part of our corporate values and look forward to growing our impact in Nevada.

### Equity, Diversity, and Inclusion

**Would the company like to highlight any policies / practices for equity, diversity, and inclusion? Feel free to add space if required:**

Our company is deeply committed to fostering a culture of equity, diversity, and inclusion across all aspects of our business. We believe diverse teams drive innovation and better decision-making.

As such, we:

- Actively recruit from a broad talent pool to ensure representation across backgrounds, cultures, and perspectives.
- Uphold a strict non-discrimination policy in hiring, promotions, and compensation.
- Provide ongoing training on unconscious bias, inclusive leadership, and cultural competence.
- Support employee-led resource groups and mentorship opportunities that promote inclusivity.
- Regularly review our practices and metrics to ensure accountability and continuous improvement.

## Abatement Application Addendum (for internal use / information)

Company Name: Sport Squad, Inc.

County: Clark

### Education Partnerships

**Does the company have existing partnerships to recruit or advance workforce development (e.g. workforce boards, community based organizations and education providers)? Additionally, would the company have any anticipated needs, for this project, where GOED / RDAs can provide support? Feel free to add space if required:**

We intend to hire locally for all roles and expect the majority of our workforce to come from the area. Any hiring resources, referrals, or local connections would be greatly appreciated and beneficial to our efforts

### Supply Chain

**Does the company anticipate purchasing equipment, as noted in the Capital Equipment List, from or through Nevada-based businesses? Does the company wish to submit any notes / highlights re. this? Feel free to add space if required:**

we plan to procure tenant improvements, racking systems, and operational infrastructure through Nevada-based businesses to ensure faster turnaround and streamlined execution. Partnering locally enables us to get up and running quickly and efficiently