

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 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>04/01/2009</u> and ending <u>03/31/2010</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/09/1962</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/09/1962</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/09/1962</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN</u> <u>200 ST. PAUL STREET, SUITE 2420</u> <u>BALTIMORE, MD 21202-2040</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-6043636</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>800-638-3186</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>711210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-6043636</u>	2c Sponsor's telephone number <u>800-638-3186</u>	2d Business code (see instructions) <u>711210</u>	
2b Employer Identification Number (EIN) <u>13-6043636</u>					
2c Sponsor's telephone number <u>800-638-3186</u>					
2d Business code (see instructions) <u>711210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/18/2011	RICHARD CASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/18/2011	JEFFEREY VAN NOTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN 200 ST. PAUL STREET, SUITE 2420 BALTIMORE, MD 21202-2040	3b Administrator's EIN 13-6043636 3c Administrator's telephone number 800-638-3186
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	10734
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	2099
b Retired or separated participants receiving benefits.....	6b	2762
c Other retired or separated participants entitled to future benefits.....	6c	5695
d Subtotal. Add lines 6a , 6b , and 6c	6d	10556
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	550
f Total. Add lines 6d and 6e	6f	11106
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	32
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
 4H 4L

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) ☒ **R** (Retirement Plan Information)
 (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning	04/01/2009	and ending	03/31/2010
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 BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	D Employer Identification Number (EIN)	13-6043636

E Type of plan:	(1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit	(2) <input type="checkbox"/> Money Purchase (see instructions)
1a Enter the valuation date:	Month 04 Day 01 Year 2009	
b Assets		
(1) Current value of assets	1b(1)	827469423
(2) Actuarial value of assets for funding standard account.....	1b(2)	992963308
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1556695576
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	1556695576
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information :		
(a) Current liability	1d(2)(a)	2369537618
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	56878823
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	77612124

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.

<div>SIGN HERE</div>		12/15/2010
	Signature of actuary	Date
BRUCE GOULD		08-02767
	Type or print name of actuary	Most recent enrollment number
AON HEWITT		410-547-2962
	Firm name	Telephone number (including area code)
500 EAST PRATT STREET, BALTIMORE, MD 21202		
	Address of the firm	

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	827469423
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3309	880177432
(2) For terminated vested participants	5313	1185485914
(3) For active participants:		
(a) Non-vested benefits		42357839
(b) Vested benefits		261516433
(c) Total active	2082	303874272
(4) Total	10704	2369537618
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.92 %

3 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
03/31/2010	187806974	0			
Totals ▶ 3(b)				187806974	3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5.....	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	63.8 %
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status, were any adjustable benefits reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Reorganization
j ☐ Other (specify):

k If box h is checked, enter period of use of shortfall method	5k	
l Has a change been made in funding method for this plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....	5n	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	4.70 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Expense loading	6e	17.7 %
f Salary scale	6f	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-18.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-28.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	333980469	34732303

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	36433478
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	1066983113
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	10974321
e Total charges. Add lines 9a through 9d	9e	162344263

Credits to funding standard account:

f Prior year credit balance, if any	9f	213100233
g Employer contributions. Total from column (b) of line 3	9g	187806974
h Amortization credits as of valuation date	9h	290150612
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	18544407
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	643677763
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1230361842
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	462136302
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	299792039
n Funding deficiency: If line 9e is greater than 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2009 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010	
A Name of plan BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	D Employer Identification Number (EIN) 13-6043636

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VOGELZANG AND ASSOCIATES	1129 STATE STREET, SUITE 3E SANTA BARBARA, CA 93101

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
THE VANGUARD GROUP, INC.	
23-1945930	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DODGE & COX	
94-1441976	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GROSVENOR CAPITAL MANAGEMENT, LP	
36-3795985	

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

LEGG MASON CAPITAL MANAGEMENT

52-1266862

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

UBS
667 WASHINGTON BLVD
STAMFORD, CT 06901

(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)

GROOM LAW GROUP

52-1219029

(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?
22	NONE	2895762	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELLON CAPITAL MANAGEMENT

25-1442864

(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?
28	NONE	590089	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

(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?
28	NONE	458924	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENTRUST PARTNERS OFFSHORE LLC

13-4075262

(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?
52	NONE	428376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SARAH E. GAUNT

13-6053636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	424061	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRANTHAM, MAYO & VANOTTERLOO

01-0745810

(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?
28	NONE	410880	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING

22-3339704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	397623	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEUMEIER INVESTMENT COUNSEL

77-0217352

(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?
28	NONE	311989	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANCE BERNSTEIN, LP

13-4064930

(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?
28	NONE	300885	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC, LLC

26-1429809

(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	NONE	297210	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TURNER INVESTMENT PARTNERS

23-2587824

(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?
28	NONE	291542	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CADENCE CAPITAL MANAGEMENT

04-3244012

(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?
28	NONE	278515	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PERRY ORTHOPEDIC

56-2258322

(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?
49	NONE	248214	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALL FLORIDA ORTHOPAEDICS

59-2681990

(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?
49	NONE	238347	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADVANCED COMPUTER SOLUTIONS

7211 LENHART DRIVE
CHEVY CHASE, AL 20815

(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?
16	NONE	201558	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVID APPLE, MD

40-5465847

(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?
49	NONE	196492	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRANDYWINE ASSET MANAGEMENT, INC

51-0294065

(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?
28	NONE	192968	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIGGS, COUNSELMAN, MICHAELS&DOWNES

52-0555835

(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?
22	NONE	188363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(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?
28	NONE	150727	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WENTWORTH, HAUSER & VIOLICH

91-1631301

(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?
28	NONE	150169	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEPHEN S. HAAS, MD

52-1068893

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	142156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CINCINNATI SPORTS MEDICINE

31-0922889

(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?
49	NONE	139881	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE TRAVEL STORE

95-2958880

(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?
49	NONE	137347	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	123812	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRANK NOBLEZA

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	120058	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAUL SCOTT

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	112811	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAINBRAIN

94-3281881

(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?
16	NONE	111464	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RACHEL BUTLER

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	103953	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES TRUST COMPANY

94-6799945

(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?
28	NONE	96638	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PEACHTREE NEUROLOGICAL CLINIC

58-2139816

(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?
49	NONE	89800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL ADVISORS

13-2646110

(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?
16	NONE	85786	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HESSAM VINCENT

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	83747	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CYNTHIA TIMPSON

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	70557	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CREDO CAPITAL

16-1697145

(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?
28	NONE	70098	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LASHAY ROSE

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	66734	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARISSE CALDWELL

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	66587	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROSE MARY EVES

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	64282	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHELLEY WARNER

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	63330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIBSON CONSULTING

13-1835864

(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?
16	NONE	59274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHWEST CENTER FOR ORTHOPAEDIC

36-2731428

(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?
49	NONE	55642	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREGORY MACK, MD

20-4015690

(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?
49	NONE	54603	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNETTE MILLER

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	53460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELISSA YU

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	46850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHERI JACKSON

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYEE	45954	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NUMARA SOFTWARE

06-1615661

(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?
49	NONE	42840	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REHABILITATION INSTITUTE OF CHICAGO

36-2256036

(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?
49	NONE	40774	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BERNARD BACH, MD

37-7483088

(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?
49	NONE	40693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUNCOAST MEDICAL CLINIC

59-3410987

(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?
49	NONE	40500	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMES GLICK, MD

94-2968363

(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?
49	NONE	40298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TERRY THOMPSON, MD

25-0135489

(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?
49	NONE	39088	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RICHMOND BONE & JOINT CLINIC

76-0505966

(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?
49	NONE	39008	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NEURO & ORTHO HOSP OF CHICAGO

76-0703903

(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?
49	NONE	36920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOWARD UNIVERSITY HOSPITAL

53-0196961

(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?
49	NONE	35817	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ABRAMS, FOSTER, NOLE & WILLIAMS, PA

52-1854049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	31600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAN DIEGO SPORTS MEDICINE

33-0834309

(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?
49	NONE	30992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAN DIEGO NERVE STUDY

33-0576174

(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?
49	NONE	30200	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MID STATE ORTHOPAEDIC

72-1310991

(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?
49	NONE	29483	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NYU SCHOOL OF MEDICINE

13-5562308

(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?
49	NONE	28595	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINTING CORPORATION OF AMERICA

52-2120681

(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?
36	NONE	23237	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CORAL GABLES SPECIALTY PHYSICIANS

26-0886056

(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?
49	NONE	21737	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FACULTY PRACTICE PLAN - HOWARD UNIV

52-2220700

(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?
49	NONE	20584	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAN DIEGO IMAGING MEDICAL GROUP

95-2669833

(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?
49	NONE	20383	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMOTHY TAFT, MD

48-8460032

(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?
49	NONE	20000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RANCHO LOS AMIGOS

95-6000927

(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?
49	NONE	19050	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMAS HILL, MD

74-2997400

(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?
49	NONE	15500	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMAS SAMPSON, MD

94-2968354

(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?
49	NONE	14800	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHWESTERN MEMORIAL HOSPITAL

37-0960170

(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?
49	NONE	13273	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AKIN GUMP STRAUSS HAUSER & FELD

75-1338644

(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?
16	NONE	12621	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BERT MANDELBAUM, MD

16223 SHADOW MOUNTAIN DRIVE
PACIFIC PALISADES, AL 90272

(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?
49	NONE	12310	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UC PHYSICIANS NEUROLOGY

31-1000644

(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?
49	NONE	12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNIVERSITY OF TEXAS

76-0459500

(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?
49	NONE	11031	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FACULTY PRACTICE PLAN - HOWARD UNIV

52-2220700

(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?
49	NONE	10000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK CONSULTANTS, LLC

13-3954297

(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?
16	NONE	9533	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEWTON ANDREWS, MD

9824 OXBRIDGE WAY
BOWIE, AL 20721

(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?
49	NONE	8725	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DOCTORS HOSPITAL

04-3775926

(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?
49	NONE	8013	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERIDIAN REGIONAL IMAGING

36-4339888

(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?
49	NONE	6810	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHWEST DIAGNOSTIC IMAGING

PO BOX 932391
ATLANTA, AL 31193

(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?
49	NONE	6760	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUNRISE MEDICAL GROUP

65-0933417

(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?
49	NONE	6700	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RANKIN ORTHOPAEDIC & SPORTS MED

83-0000170

(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?
49	NONE	6250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LIVEWIRE, LLC

43-1858174

(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?
16	NONE	5932	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
BRANDYWINE ASSET MANAGEMENT 51-0294065	28	INDIRECT COMPENSATION
WESTERN ASSET MANAGEMENT CO. 95-2705767	28	INDIRECT COMPENSATION
LIVEWIRE, LLC 43-1858174	16	INDIRECT COMPENSATION
ALLIANCE BERNSTEIN, LP 13-4064930	28	INDIRECT COMPENSATION
PRINTING CORPORATION OF AMERICA 52-2120681	36	INDIRECT COMPENSATION
GRANTHAM MAYO VAN OTTERLOO 01-0745810	28	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
CREDO CAPITAL 16-1697145	28	INDIRECT COMPENSATION

(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
CADENCE CAPITAL 04-3244012	28	INDIRECT COMPENSATION

(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
TIMOTHY TAFT, MD 48-8460032	49	INDIRECT COMPENSATION

(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
MID STATE ORTHOPAEDIC 72-1310991	49	INDIRECT COMPENSATION

(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
CINCINNATI SPORTS MEDICINE 31-0922889	49	INDIRECT COMPENSATION

(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
UNIVERSITY OF TEXAS 76-0459500	49	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
ALL FLORIDA ORTHOPAEDICS 59-2681990	49	INDIRECT COMPENSATION
BUCK CONSULTANTS, LLC 13-3954297	16	INDIRECT COMPENSATION
THE TRAVEL STORE 95-2958880	49	INDIRECT COMPENSTATION
MAINBRAIN 94-3281881	16	INDIRECT COMPENSTATION
CORAL GABLES SPECIALTY PHYSICIANS 26-0886056	49	INDIRECT COMPENSATION
HOWARD UNIVERSITY HOSPITAL 53-0196961	49	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
FACULTY PRACTICE PLAN - HOWARD UNIV 52-2220700	49	INDIRECT COMPENSATION

(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
NORTHWESTERN MEMORIAL HOSP 37-0960170	49	INDIRECT COMPENSATION

(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
NYU SCHOOL OF MEDICINE 13-5562308	49	INDIRECT COMPENSATION

(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
RANCHO LOS AMIGOS 95-6000927	49	INDIRECT COMPENSATION

(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
RICHMOND BONE & JOINT CLINIC 76-0505966	49	INDIRECT COMPENSATION

(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
SAN DIEGO IMAGING MEDICAL GROUP 95-2669833	49	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
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SUNCOAST MEDICAL
CLINIC

49

INDIRECT COMPENSATION

59-3410987

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

49

INDIRECT COMPENSATION

65-0933417

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

49

INDIRECT COMPENSATION

74-2997400

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

49

INDIRECT COMPENSATION

94-2968354

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

49

INDIRECT COMPENSATION

04-3775926

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

49

INDIRECT COMPENSATION

36-4339888

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
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NEWTON ANDREWS, MD 9824 OXBRIDGE WAY
BOWIE, MD 20721

49

INDIRECT COMPENSATION

(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
--	-------------------------------	---

NORTHWEST DIAGNOSTIC IMAGING PO BOX 932391
ATLANTA, GA 31193

49

INDIRECT COMPENSATION

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan <u>BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>13-6043636</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLIANCE BERNSTEIN INTL STRAT VALUE</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>13-5160382-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49261231</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENCHMARK PLUS INTL OFFSHORE FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>13-5160382-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23012542</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENCHMARK PORTABLE ALPHA FIXED INC</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>13-5160382-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31307201</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED GLOBAL ALPHA 1 FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>13-5160382-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57140937</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>13-5160382-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37220984</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND II</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>13-5160382-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>97445562</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ENTRUST CAPITAL DIVERSIFIED FD LTD</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>13-5160382-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36765816</u>

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

a Name of MTIA, CCT, PSA, or 103-12 IE: GOTTEX MKT NEUTRAL S&P 500 FUND**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19312749
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a Name of MTIA, CCT, PSA, or 103-12 IE: GOTTEX AGGREGATE REPLICATION FUND**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28351697
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a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN STRATEGIC PROPERTY FUND**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42020260
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CREDIT ASSET TRUST**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38779887
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a Name of MTIA, CCT, PSA, or 103-12 IE: WA FLTG RATE HIGH INCOME FUND**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1255362
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a Name of MTIA, CCT, PSA, or 103-12 IE: WAMCO OPPORTUNISTIC INTL INVESTMENT**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 991646
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a Name of MTIA, CCT, PSA, or 103-12 IE: WAMCO OPPORTUNISTIC US HIGH YIELD**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1751716
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>04/01/2009</u> and ending <u>03/31/2010</u>		
A Name of plan <u>BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>13-6043636</u>	

Part I	Asset and Liability Statement
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	4410986	111403919
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	119142238	160968
(2) U.S. Government securities.....	1c(2)	17490784	19376947
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	24879998	25327309
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	21185	65409
(B) Common	1c(4)(B)	166079736	199448755
(5) Partnership/joint venture interests	1c(5)	60051607	100620461
(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)	130386188	460618866
(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)	4355097	3998724
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	311406690	335024041
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	838224509	1256045399

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	2300263	2375167
i Acquisition indebtedness	1i		
j Other liabilities	1j	8454823	114979655
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10755086	117354822

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	827469423	1138690577
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	187806974	
(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)		187806974

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	97	
(B) U.S. Government securities	2b(1)(B)	622948	
(C) Corporate debt instruments	2b(1)(C)	1284789	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1176139	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3083973

(2) Dividends: (A) Preferred stock	2b(2)(A)	561	
(B) Common stock	2b(2)(B)	2463041	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9752414	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12216016

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	318678025	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	293423597	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		25254428

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	55555528	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		55555528
(6) Net investment gain (loss) from common/collective trusts	2b(6)		49944228
(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)		1656422
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		81947787
c Other income.....	2c		-582997
d Total income. Add all income amounts in column (b) and enter total.....	2d		416882359

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	94294949	
(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)		94294949
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	3324985	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3781281	
(4) Other	2i(4)	4259990	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11366256
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		105661205

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		311221154
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: ABRAMS, FOSTER, NOLE & WILLIAMS, PA

(2) EIN: 52-1854049

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

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

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010		
A Name of plan BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN		D Employer Identification Number (EIN) 13-6043636
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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		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?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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(es). If no, check the "No" box..... <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		<input type="checkbox"/> Yes <input type="checkbox"/> No
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		Schedule R (Form 5500) 2009 v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

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

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

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

Abrams, Foster, Nole & Williams, P.A.

Certified Public Accountants

2 Hamill Road, Suite 241

West Quadrangle

Baltimore, MD 21210-1886

(410) 433-6830 / Fax (410) 433-6871

Member: American Institute of Certified Public Accountants
and Maryland Association of Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Retirement Board of the
Bert Bell/Pete Rozelle NFL Player Retirement Plan

We have audited the accompanying statements of net assets available for benefits of the Bert Bell/Pete Rozelle NFL Player Retirement Plan (Plan) as of March 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements and supplemental schedules are the responsibility of the Plan's Retirement Board. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of March 31, 2010 and 2009 and changes therein for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedules of investment and administrative expenses, assets acquired and disposed of within the plan year, assets held for investment purposes, and reportable transactions together referred to as supplemental information, are presented for the purpose of additional analysis and are not a required part of the basic financial statement, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Abrams, Foster, Nole & Williams, P.A.

Abrams, Foster, Nole & Williams, P.A.

Certified Public Accountants

Baltimore, Maryland

September 1, 2010

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase 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

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

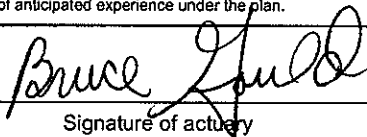
▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Bert Bell / Pete Rozelle NFL Player Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Retirement Board of the Bert Bell / Pete Rozelle NFL Player Retirement Plan	D Employer Identification Number (EIN) 16-043636

E Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)	
1a Enter the valuation date: Month <u>4</u> Day <u>1</u> Year <u>2009</u>	
b Assets	
(1) Current value of assets	1b(1) 827,469,423
(2) Actuarial value of assets for funding standard account	1b(2) 992,963,308
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1,556,695,576
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 1,556,695,576
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 2,369,537,618
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 56,878,823
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 0
(3) Expected plan disbursements for the plan year	1d(3) 77,612,124

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

12/15/2010

Date

Bruce Gould

08-02767

Type or print name of actuary

Most recent enrollment number

Aon Hewitt

(410) 547-2962

500 East Pratt Street

Firm name

Telephone number (including area code)

Baltimore

MD 21202-

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.

Schedule MB (Form 5500) 2009

v.092308.1

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	827,469,423
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	3,309	880,177,432
(3) For active participants:		
(a) Non-vested benefits		42,357,839
(b) Vested benefits		261,516,433
(c) Total active	2,082	303,874,272
(4) Total	10,704	2,369,537,618
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.92 %

3 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
03/31/2010	187,806,974				
Totals ▶			3(b)	187,806,974	3(c)
					0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5.....	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4b	63.7 %
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status, were any adjustable benefits reduced?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Reorganization | j <input type="checkbox"/> Other (specify): | | |

k If box h is checked, enter period of use of shortfall method	5k	
l Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....	5n	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	4.70 %
b Rates specified in insurance or annuity contracts		
(1) Males	6c(1)	A
(2) Females.....	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Expense loading	6e	17.7 %
f Salary scale	6f	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	(18.5) %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	(28.8) %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	333,980,469	34,732,303

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	36,433,478
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	1,066,983,113
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	10,974,321
e Total charges. Add lines 9a through 9d	9e	162,344,263

Credits to funding standard account:

f Prior year credit balance, if any	9f	213,100,233
g Employer contributions. Total from column (b) of line 3	9g	187,806,974
		Outstanding balance
h Amortization credits as of valuation date	9h	290,150,612
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	18,544,407
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	643,677,763
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,230,361,842
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	462,136,302
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	299,792,039
n Funding deficiency: If line 9e is greater than 9l, enter the difference	9n	

9 Current year's accumulated reconciliation account:(1) Due to waived funding deficiency accumulated prior to the 2009 plan year..... **9o(1)** 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date..... **9o(2)(a)** 0(b) Reconciliation amount (line 9o(3) balance minus line 9o(2)(a))..... **9o(2)(b)** 0(3) Total as of valuation date..... **9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... ☐ Yes ☒ No

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 4a

**Certification of Funded Status
For the
Bert Bell/ Pete Rozelle NFL Player Retirement Plan**

Plan Sponsor: Retirement Board
Address: NFL Player Benefits
200 St. Paul Place, Suite 2420
Baltimore, MD 21202-2040
Telephone Number: 410-685-5069
EIN: 13-6043636
Plan Number: 001
Plan Year for which this
Certification is being made: April 1, 2009 – March 31, 2010

Certification Results

This is a certification of the status for The Bert Bell/ Pete Rozelle NFL Player Retirement Plan (the "Plan") prepared in accordance with Internal Revenue Code (IRC) Section 432 and relevant regulations.

The funded percentage of the Plan as of April 1, 2009 is estimated to be less than 80%. As of April 1, 2009 an Accumulated Funding Deficiency, as defined under IRC Section 431, is not projected to occur within the next seven plan years, the sum of the assets in the Plan plus the present value of the expected contributions for the next six plan years is expected to be greater than the present value of non-forfeitable benefits to be paid in the current plan year and the next six succeeding plan years, and the sum of the assets in the Plan plus the present value of expected contributions for the next four plan years is expected to be greater than the present value of benefits to be paid in the current plan year and the next four succeeding plan years

Assumptions and Methods

The calculations performed for this certification used the census data, actuarial assumptions, and plan provisions which were used for the actuarial valuation as of April 1, 2009, except as noted below. Unaudited financial statements as of March 31, 2009 were used. Employer contributions were projected using the actuarial assumptions and methods stated in the applicable collective bargaining agreement. The terms of the current collective bargaining agreement are assumed to continue in effect for the succeeding plan years pursuant to IRC Section 432 and relevant regulations.

Certification

I hereby certify the plan's funded status for the plan year beginning April 1, 2009 in accordance with the provisions of the Pension Protection Act of 2006. I am an Enrolled Actuary and a Member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

☐ Neither Endangered nor
Critical

(Green Zone)

☒ Endangered

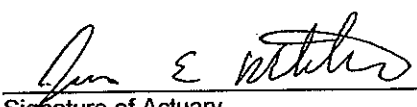
(Yellow Zone)

☐ Seriously Endangered

(Orange Zone)

☐ Critical

(Red Zone)


Signature of Actuary

James E. Ritchie, A.S.A., E.A.

Name of Actuary

08-05643

Enrollment Number

Aon Consulting, Inc.
500 East Pratt Street
Baltimore, MD 21202
Email: James_E_Ritchie@aon.com


Date

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 4a

Illustration Supporting Actuarial Certification of Status

	2009 Plan Year
Valuation Date	04/01/2009
Funded Percentage	63.99%
Value of Assets	\$994,560,000
Value of Liabilities	\$1,554,143,471

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

Actuarial Assumptions and Actuarial Cost Method

Mortality Rates: RP-2000 Table projected to 2006

Disability Mortality Before Age 65: RP-2000 Table, disabled mortality

Nonfootball Disability Rates Before Retirement:

<u>Age</u>	<u>Rate</u>
22	.05%
27	.05%
32	.05%
37	.07%
42	.12%
47	.24%
52	.55%

Football Disability Rates: .10% per year for active players and .08% per year for inactive players until age 45 after which it becomes zero. Active players are assumed to become inactive after one year of service or age 30, whichever comes later.

Withdrawal Rates:

<u>For Players With Service of</u>	<u>Rate</u>
1 year	29.1%
2 years	19.7%
3 years	17.0%

Election of Early Payment Benefit: 35% of all players out of football less than two years will elect the benefit two years after leaving football. Active players are assumed to leave football after one season or age 30, whichever is later. No assumption is made for a player who does not have a Credited Season before 1993.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

**Actuarial Assumptions and Actuarial Cost Method
(continued)**

Retirement Age: Age 47, except age 55 for players with no Credited Seasons before 1993.

Percent Married: Social Security Awards in 1972.

Age of Player's Wife: Three years younger than player.

Remarriage Rates: 1980 Railroad Retirement Board rates.

Net Investment Return: 7.25%.

Administrative Expenses: \$6,465,992. This amount was the actual administrative expenses during the preceding year.

Actuarial Value of Assets: The actuarial value of the assets was fresh started to market as of April 1, 2007. Thereafter, a smoothing method is used.

Funding Method: Unit Credit Cost Method, except retrospective term cost based on actual experience during the year for line-of-duty disability benefits.

Amortization for Determining Negotiated Contribution Only: Seven years for the unfunded liability as of April 1, 2006 prior to the 2006 benefit changes and six years for the change in liability for the 2006 benefit increases beginning April 1, 2006. Actuarial gains or losses thereafter are amortized over seven years.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

Summary of Plan Provisions

1. Normal Retirement Pension

(a) Age Requirement: 55

(b) Service Requirement: Three Credited Seasons for those active after 1992. (A player will, under certain circumstances, become vested even if he does not meet the preceding requirements if he has 10 years of service with Clubs in the NFL due to any employment, such as a coach.)

(c) Monthly Amount:

<u>Credited Season</u>	<u>Benefit Credit</u>
Before 1982	\$250
1982 to 1992	255
1993 and 1994	265
1995 and 1996	315
1997	365
1998 through the Plan Year that begins prior to the expiration of the Final League Year	470

2. Early Retirement Pension (Not applicable to players who do not have a Credited Season prior to 1993)

(a) Age Requirement: 45 through 54

(b) Service Requirement: Same as 1(b) above.

(c) Monthly Amount: Normal pension actuarially reduced to reflect earlier benefit payments.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

Summary of Plan Provisions
(continued)

3. Deferred Retirement Pension

- (a) **Age Requirement:** Over age 55 to age 65
- (b) **Service Requirement:** Same as 1(b) above.
- (c) **Monthly Amount:** Normal pension actuarially increased to reflect delayed benefit payments.

4. Total and Permanent Disability

- (a) **Age Requirement:** N/A
- (b) **Service Requirement:** None if active, otherwise service required for vested status.
- (c) **Monthly Amount:** Normal pension earned except that benefit will be no less than \$4,000 if disability is for active football, active nonfootball, or football degenerative and \$3,334 for inactive nonfootball. An additional \$100 per month will be paid for each dependent child for a player whose application was filed prior to April 1, 2007.

5. Line-of-Duty Disability

- (a) **Age Requirement:** None
- (b) **Service Requirement:** None
- (c) **Duration of Payments:** 90 months
- (d) **Nature of Disability:** The disability must have arisen out of football activities and must be expected to persist for at least 12 months and result in player's retirement from professional football. The disability must be substantial in the sense that it results in a major bodily impairment with the percentage loss of function depending upon the particular part of the body involved.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

Summary of Plan Provisions
(continued)

(e) **Monthly Amount:** Normal pension earned, but not less than \$1,000 per month.

6. Early Payment Benefit (Not applicable to players who do not have a Credited Season prior to 1993)

(a) **Age Requirement:** None

(b) **Service Requirement:** Vested and left football on or after March 1, 1977.

(c) **Amount:** A lump sum equal to 25% of the actuarial present value of the player's benefit credits as of the date of payment. If the player makes application for this benefit after March 31, 1982, any and all future benefits payable (normal or early retirement, death or disability) will be reduced 25%. If application was made prior to April 1, 1982, only the normal or early retirement benefit will be reduced 25%.

7. Preretirement Widow's and Surviving Children's Benefit

(a) **Eligibility Requirement:** Active player or vested inactive player and survived by widow or dependent children.

(b) **Monthly Amount:** 50% of the normal pension accrued, but not less than \$9,000 per month for the 48 months immediately following death and no less than \$3,600 per month thereafter. (For vested players not active in a season after 1976, the \$3,000 minimum benefit is not applicable. For vested players active in a season after 1976, but not after 1981, the \$9,000 minimum benefit is \$6,000.)

(c) **Duration of Payment:** Benefits are paid to the widow until her death or remarriage. If there are surviving dependent children at the point that the widow's benefit ceases, payments will continue to the children until they reach age 19, or age 23 if in college. If any dependent child is mentally or physically incapacitated, benefits will continue for the child's lifetime.

Summary of Plan Provisions (continued)

8. Spouse's Preretirement Death Benefit

The surviving spouse of a married vested player is eligible to receive a spouse's preretirement death benefit. The spouse's preretirement death benefit is the benefit which would have become payable to such surviving spouse upon the death of such player as if he had retired and died on the day following his annuity starting date and elected benefits in the form of a Joint and Survivor annuity. The benefit begins to be paid as of the first day of the month following the date of the death of the vested player or, if later, the first day of the month following the month in which such player would have reached his early retirement date had he lived to that date. The monthly benefit payments continue for the life of the surviving spouse. If a spouse is eligible to receive the benefit described in this section and the benefit described in 7 above, she elects which one of the two benefits she is to receive.

8. Postretirement Death Benefit

- (a) **Eligibility Requirement:** Upon retirement, pensioners may elect to receive benefit payments in various alternative forms involving survivor benefit protection.
- (b) **Monthly Benefit Amount:** When a player elects a form of pension involving survivor benefit rights, the amount payable to him is actuarially reduced. Upon the player's death, the designated percentage of the pensioner's benefit is thereafter continued for the balance of the beneficiary's lifetime. Alternatively, the player may elect that his benefit payments will be made for at least 10 years. If he dies prior to that time, payments will be continued to the designated beneficiary for the remainder of the 10-year period.

Note:

This is intended to be a brief summary of the most pertinent plan provisions. There are benefits that apply before and after specified dates in the plan which have not been included.

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule MB Line 9c and 9h

Schedule of Funding Standard Account Bases

As of 4/01/2009						
Type*	Date	Years	Original Amount	Annual Payment	Years	Outstanding Balance
Charges						
IL	3/31/1977	40	\$27,413,000	\$1,780,787	7.00	\$10,203,854
PA	11/01/1977	40	1,692,600	112,808	7.42	675,787
PA	2/01/1979	40	651,600	43,341	8.83	295,638
PA	1/01/1983	30	14,128,300	1,026,833	2.75	2,659,598
PA	3/31/1989	30	1,303,288	93,144	9.00	643,978
PA	3/31/1992	30	124,393,450	8,968,644	12.00	75,392,048
PA	4/01/1993	30	5,579,111	428,686	14.00	3,961,289
PA	4/01/1994	30	23,799,617	1,833,394	15.00	17,629,640
EL	4/01/1995	15	27,040,935	2,812,122	1.00	2,812,122
EL	4/01/1997	15	13,020,320	1,354,048	3.00	3,793,745
PA	4/01/1998	30	50,168,724	3,864,728	19.00	42,048,614
EL	4/01/1999	15	8,158,287	848,421	5.00	3,706,059
EL	4/01/2001	15	27,102,402	2,818,515	7.00	16,150,013
PA	4/01/2002	30	125,518,055	9,669,234	23.00	114,441,450
EL	4/01/2002	15	29,562,857	3,074,390	8.00	19,499,723
EL	4/01/2003	15	60,394,203	6,280,696	9.00	43,423,958
EL	4/01/2004	15	14,620,943	1,520,505	10.00	11,322,450
EL	4/01/2005	15	17,333,722	1,802,621	11.00	14,318,446
EL	4/01/2006	15	15,903,903	1,653,927	12.00	13,903,204
PA	4/01/2006	30	233,549,828	17,991,420	27.00	225,933,053
CA	4/01/2007	15	57,655,763	5,995,912	13.00	52,991,451
EL	4/01/2007	15	8,876,667	923,129	13.00	8,158,551
PA	4/01/2008	15	19,605,761	2,038,901	14.00	18,840,457
EL	4/01/2008	15	31,424,147	3,267,955	14.00	30,197,516
EL	4/01/2009	15	333,980,469	34,732,303	15.00	333,980,469
Total Amortization Charges:				\$114,936,464		\$1,066,983,113

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule MB Line 9c and 9h

Schedule of Funding Standard Account Bases
(continued)

As of 4/01/2009						
Type*	Date	Years	Original Amount	Annual Payment	Years	Outstanding Balance
Credits						
CF	3/31/1980	37	1,375,300	91,263	7.00	522,930
PA	3/31/1983	30	484,900	33,994	3.00	95,249
CF	4/01/1993	30	55,410,763	4,257,640	14.00	39,342,691
CA	4/01/1994	30	83,007,633	6,394,461	15.00	61,488,139
EG	4/01/1996	15	590,768	61,437	2.00	118,718
EG	4/01/1998	15	36,549,784	3,800,995	4.00	13,730,623
EG	4/01/2000	15	22,918,036	2,383,361	6.00	12,090,554
CF	4/01/2007	10	191,088,768	25,661,537	8.00	162,761,708
Total Amortization Credits:				\$42,684,688		\$290,150,612

**BERT BELL/PETE ROZELLE NFL PLAYER
RETIREMENT PLAN**

**Financial Statements
and
Independent Auditors' Report**

Years Ended March 31, 2010 and 2009

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INDEPENDENT AUDITORS' REPORT

To the Retirement Board of the
Bert Bell/Pete Rozelle NFL Player Retirement Plan

We have audited the accompanying statements of net assets available for benefits of the Bert Bell/Pete Rozelle NFL Player Retirement Plan (Plan) as of March 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements and supplemental schedules are the responsibility of the Plan's Retirement Board. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of March 31, 2010 and 2009 and changes therein for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Statements of Net Assets Available for Benefits
March 31, 2010 and 2009

	2010	2009
ASSETS		
Investments, at Fair Value		
Common stock	\$ 199,448,755	\$ 166,079,736
Preferred stock	65,409	21,185
Corporate debt	25,327,309	24,879,998
United States government agency securities	19,376,947	17,490,784
Pooled funds	900,423,060	625,341,820
Total investments	<u>1,144,641,480</u>	<u>833,813,523</u>
Receivable for securities sold	108,694,622	1,878,135
Interest and dividends receivable	708,403	1,263,023
Other plan receivables	990,724	938,829
Total receivables	<u>110,393,750</u>	<u>4,079,987</u>
Prepaid expenses	211,388	211,388
Cash	<u>798,782</u>	<u>119,611</u>
Total assets	<u>1,256,045,400</u>	<u>838,224,509</u>
LIABILITIES		
Payable for securities purchased	114,979,655	8,454,823
Accrued expenses	<u>2,375,167</u>	<u>2,300,263</u>
Total liabilities	<u>117,354,822</u>	<u>10,755,086</u>
Net Assets Available for Benefits	<u><u>\$ 1,138,690,577</u></u>	<u><u>\$ 827,469,423</u></u>

"See Accompanying Notes"

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended March 31, 2010 and 2009

	2010	2009
ADDITIONS		
Net Investment Income		
Dividend and interest income	\$ 14,853,089	\$ 26,207,378
Net realized and unrealized appreciation (depreciation) in fair value of investments	214,117,589	(352,567,639)
Total investment income	228,970,677	(326,360,261)
Less investment expenses	3,781,281	4,203,163
Net investment income (losses)	225,189,396	(330,563,424)
Contributions	187,806,974	119,568,443
Fiduciary liability insurance settlement	-	369,445
Other income	104,708	322,418
Total additions (reductions)	413,101,077	(210,303,119)

DEDUCTIONS		
Administrative expenses	7,584,975	6,835,437
Benefit payments	94,294,949	86,422,142
Total deductions	101,879,924	93,257,579
Net increase (decrease)	311,221,154	(303,560,698)
Adjustment to beginning net assets	-	266,479
Net assets available for benefits:		
Beginning of year	827,469,423	1,130,763,642
End of Year	<u>\$ 1,138,690,577</u>	<u>\$ 827,469,423</u>

"See Accompanying Notes"

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedules of investment and administrative expenses, assets acquired and disposed of within the plan year, assets held for investment purposes, and reportable transactions together referred to as supplemental information, are presented for the purpose of additional analysis and are not a required part of the basic financial statement, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Abrams, Foster, Nole & Williams, P.A.

Abrams, Foster, Nole & Williams, P.A.
Certified Public Accountants
Baltimore, Maryland

September 1, 2010

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

Notes to Financial Statements

March 31, 2010 and 2009

1. DESCRIPTION OF THE PLAN

The following brief description of the Bert Bell/Pete Rozelle NFL Player Retirement Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

A. General

The Plan is a defined benefit pension plan, which provides retirement, disability and death benefits to eligible National Football League professional football players. The Bert Bell/Pete Rozelle NFL Player Retirement Trust (Trust) holds the assets of the Plan.

B. Vesting and Benefits

- (1) Players with three or more credited seasons and at least one credited season after the 1992 Plan Year, as well as other players with four or more credited seasons, are fully vested. Benefits are based upon the benefit credit amounts as specified by the Plan and in the 1993 Collective Bargaining Agreement (CBA) and extensions to the 1993 CBA.
- (2) Benefits are provided to participants upon retirement at specified ages and based upon credited seasons as specified in the Plan. In addition, certain eligible participants can elect to receive a lump-sum disbursement of 25 percent of the present value of their pension following their retirement from football. The Plan also provides total and permanent disability, line-of-duty disability, spouse's preretirement death and widow's and surviving children's benefits.

C. Contributions

A contribution to the Trust as specified in the 1993 CBA will be made for each of the Plan Years beginning April 1, 1993 and ending through the Plan Year that begins prior to the end of the Final League Year, as actuarially determined to be necessary to fund the benefits provided by the Plan. Contributions, if any, for Plan Years beginning after the end of the Final League Year will be determined pursuant to future collective bargaining agreements, if any. The Final League Year is defined in the 1993 CBA. Contributions are to be used exclusively to provide benefits and to pay expenses of administering the Plan.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

Notes to Financial Statements

March 31, 2010 and 2009

1. DESCRIPTION OF THE PLAN (Continued)

D. Termination

Subject to the 1993 CBA, the Plan may be terminated by the collective bargaining parties, subject to the provisions set forth in the Employee Retirement Income Security Act of 1974 (ERISA) and the Multiemployer Pension Plan Amendments Act of 1980. In the event of termination of the Plan:

- (1) the net assets of the Plan would be allocated among participants and beneficiaries of the Plan in the priorities provided for in ERISA.
- (2) the Plan benefits would be frozen and no further benefits would be accrued.
- (3) member clubs would be required to contribute to the Plan if withdrawal liabilities were due or as otherwise required by ERISA.
- (4) the Retirement Board would be required to notify the Pension Benefit Guaranty Corporation (PBGC) after the effective date of termination. The PBGC guarantees the payment of certain basic benefits, subject to certain limitations prescribed by ERISA.

2. PLAN AMENDMENTS

During the plan Year that ended on March 31, 2010, the following amendments were adopted:

Effective April 1, 2009, the following sentence is added at the end of the last paragraph of Plan Section 4.4(c):

For purposes of this paragraph, a Player will be deemed to survive his Spouse if either of the following occur: (1) the Spouse predeceases the Player, or (2) the Retirement Board determines that the Player and the Spouse are divorced and the Spouse has waived and relinquished all rights to benefits in the event of the Player's death, in which case the date she waives and relinquishes such benefits will be treated as if it were the date of her death.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

Notes to Financial Statements

March 31, 2010 and 2009

2. PLAN AMENDMENTS (Continued)

Effective April 1, 2008, the following sentence is added at the end of the first paragraph of Plan Section 6.3:

Effective for applications for line-of-duty disability benefits received on and after April 1, 2008, for a Player with more four Credited Seasons, a number of years equal to the number of the Player's Credited Seasons is substituted for "48 months" in the previous sentence.

Effective April 1, 2008, Plan Section 6.3 is amended by adding the following as a separate paragraph:

A Player whose claim for benefits under this Article has been denied and is not subject to further administrative review will be presumed conclusively to not have a substantial disablement for twelve months following the date of such final denial. However, the Retirement Board or the Disability Initial Claims Committee may waive this twelve-month rule upon a showing by the Player that the Player may have incurred a substantial disablement since the date of the original claim due to a new injury or condition.

During the Plan Year that ended on March 31, 2009, the following amendments were adopted:

- A. Amendment regarding the Plan's reset feature for Players receiving a retirement benefit with a survivor benefit payable to their surviving wife;
- B. Amendment regarding Qualified Optional Survivor Annuities; and
- C. Amendment establishing the Plan's Medical Director position.

A. *Amendment regarding Reset Feature*

- 1. Paragraph 4 of Appendix B was amended to read as follows:

"Qualified Joint and Survivor Annuity Option (Section 4.4(c)(2)) and Life and Contingent Annuitant Pension Option (Section 4.4(c)(4)) –

- (a) For Players with an Annuity Starting Date on or after September 1, 2007 who had not attained age 55 as of September 1, 2007 and who elect (i) the Qualified Joint and Survivor Annuity Option (Section 4.4(c)(2)), or (ii) the Contingent Annuitant Pension Option (Section 4.4(c)(4)) where the Player's Spouse is the contingent annuitant, see Table IV attached.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

2. PLAN AMENDMENTS (Continued)

A. Amendment regarding Reset Feature

- (b) For all other payments, see Table V attached."
- 2. The introduction to Table IV was amended to read as follows:

"Table to Convert Credits to Joint and Survivor Options When the Player's Spouse is the Beneficiary and the Player Had Not Attained Age 55 As Of September 1, 2007."
- 3. The heading of Table IV was amended to read as follows:

"Table to Convert Credits to Joint and Survivor Options When the Player's Spouse is the Beneficiary and the Player Had Not Attained Age 55 As Of September 1, 2007."
- 4. The introduction to Table V was amended to read as follows:

"Table to Convert Benefit Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007."
- 5. The heading of Table V was amended to read as follows:

"Table to Convert Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007."

B. Amendment regarding Qualified Optional Survivor Annuity

- 1. The first sentence of the last paragraph of Section 4.4(c) was replaced in its entirety with the following:

"Effective for payments on and after April 1, 2006, the monthly benefit of a Player who (i) has elected a qualified joint and survivor annuity under Section 4.4(c)(2), a life and contingent annuitant pension under Section 4.4(c)(4) with his Spouse as the beneficiary, or qualified optional joint and survivor annuity under Section 4.5, and (ii) survives or has survived his Spouse, will increase to the amount that would have been paid if the Player had elected a life only pension under Section 4.4(c)(1) as of his Annuity Starting Date (including subsequent benefit increases)."

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

2. PLAN AMENDMENTS (Continued)

B. Amendment regarding Qualified Optional Survivor Annuity(continued)

2. The first sentence of Section 4.5 was replaced in its entirety with the following:

"A Vested Player who leaves League football on or after March 1, 1977, who has at least one Credited Season prior to the 1993 Plan Year, and who is no longer an Employee may elect to receive an "early payment benefit" in the form of (1) a lump sum, (2) a life only pension (as defined in Section 4.4(c)(1)), (3) a qualified joint and survivor annuity (as defined in Section 4.4(b)(2)), or (4) for Annuity Starting Dates on or after April 1, 2008, a qualified optional joint and survivor annuity equal to a monthly annuity for the life of the Player with a monthly survivor annuity for the life of the Spouse equal to 75% of the amount of the monthly annuity payable during the life of the Player."

C. Amendment regarding Medical Director

1. New Plan Section 11.15 Medical Director was added as follows:
- (a) Selection. The Retirement Board may designate, by action of at least four members, a board-certified physician as the Plan's Medical Director. A Medical Director so designated will serve until at least 3 members of the Retirement Board agree to remove the Medical Director.
 - (b) Duties. The duties and responsibilities of the Medical Director will be determined by the Retirement Board, and will include medical advice with respect to the Plan's neutral physicians and medical examination procedures. The Medical Director will provide advice on medical issues relating to particular disability benefit claims as requested by a member of the Retirement Board or a member of the Disability Initial Claims Committee. The Medical Director will not examine Players, and will not decide or recommend whether a particular Player qualifies for a disability benefit. The Medical Director will not be a Plan fiduciary."
2. Plan section 8.10(a) and (b) were each amended to insert "the Medical Director" after the phrase "their alternates,".

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

2. PLAN AMENDMENTS (Continued)

C. *Amendment regarding Medical Director (continued)*

3. Plan section 8.2(e) was amended to insert the "physicians," after the phrase "professional plan administrators,".
4. New Plan section 1.23 was added as follows, and the following sections of Article I were renumbered accordingly:

1.23 "Medical Director" means the board-certified physician designated under section 11.15.
5. The cross-reference in Plan section 4.11 to prior section 1.34 were changed to renumbered Section 1.35.

3. SIGNIFICANT ACCOUNTING POLICIES

A. Dividend and Interest Income

Dividend income is recognized on the ex-dividend date. Interest income is recognized on the accrual basis.

B. Security Transactions

Purchases and sales of securities are recorded on the trade date. Realized gains or losses resulting from sales or disposals of securities are determined based on the average cost method of securities sold.

C. Contributions

Contributions from member clubs are accrued based upon amounts required to be funded under the Collective Bargaining Agreement between the NFLPA and the NFL Management Council. The contributions meet the minimum funding requirements under ERISA.

D. Income Tax Status

- (1) On November 26, 2003 the Internal Revenue Service (IRS) provided the Plan a determination letter that the Plan document, as amended, is qualified under Section 401(a) of the Internal Revenue Code (Code), and the Trust is, therefore, exempt from federal income tax under Section 501(a) of the Code.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

3. SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Income Tax Status

- (2) The Retirement Board is not aware of any course of action or series of events that have occurred that will adversely affect the Plan's qualified status at March 31, 2010.

E. Accumulated Plan Benefits

- (1) Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the credited seasons players earned through the valuation date. Accumulated plan benefits are expected to be paid to: (a) retired and vested inactive players or their beneficiaries, (b) beneficiaries of players who have died, and (c) present players or their beneficiaries. Benefits payable under all circumstances (retirement, death and disability) are included to the extent they are deemed attributable to service rendered to the valuation date.
- (2) Benefit payments to participants are recorded upon distribution.

F. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

G. Market Risk

The Plan provides for investments in various investment securities that are exposed to certain risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in value of investment securities could occur in the near term and these changes could materially affect the amounts reported in the statement of net assets available for benefits.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

3. SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Party in Interest

The Bank of New York Mellon is the Trustee of the Plan and provides investment custody service to the Plan. Fees paid to The Bank of New York Mellon for these services for the year ended March 31, 2010, was \$123,812.

I. Adoption of New Accounting Standards

The Plan has adopted FASB Statement No. 168 which recognizes the FASB Accounting Standards Codification (ASC) (Codification) as the source of authoritative U.S. generally accepted accounting principles (GAAP) recognized by the FASB to be applied by nongovernmental entities. The Codification supersedes all pre-existing non-SEC accounting and reporting standards. All other non-grandfathered non-SEC accounting literature not included in the Codification is non authoritative. The Statement became effective for financial statements issued for interim and annual periods ending after September 15, 2009. There is no impact on the financial statements as a result of the adoption of Codification.

4. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits was calculated by the Plan's enrolled actuary, and is that 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 accumulated plan benefit information as of April 1, 2009 and 2008 is as follows:

Actuarial present value of accumulated plan benefits	<u>2009</u>	<u>2008</u>
Vested benefits		
Participants currently receiving payments	\$ 661,439,458	\$ 618,415,382
Other participants	<u>855,632,666</u>	<u>822,017,420</u>
	1,517,072,124	1,440,432,802
Nonvested benefits	<u>39,623,452</u>	<u>39,170,606</u>
Total	<u>\$1,556,695,576</u>	<u>\$1,479,603,408</u>

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

4. ACCUMULATED PLAN BENEFITS (Continued)

The changes in accumulated plan benefit information for the years ended March 31, 2009 and 2008 are as follow:

	<u>2009</u>	<u>2008</u>
Value of benefits accumulated and changes in data	\$ 59,375,866	\$ 44,362,303
Increase due to passage of time	104,138,444	98,395,672
Less benefits paid	(86,422,142)	(79,884,021)
Changes in actuarial assumptions	<u>0</u>	<u>19,605,761</u>
Total	<u>\$ 77,092,168</u>	<u>\$ 82,479,715</u>

Significant assumptions underlying the actuarial computations as of April 1, 2008 and 2009 are as follows:

Assumed rate of return	7.25%
on investments	
Retirement age	47, except 55 for players with no credited seasons prior to 1993
Mortality basis	RP-2000 Table projected to 2006
Player Turnover	1 year of service - 29.1%
	2 years of service - 19.7%
	3 years of service - 17.0%
Actuarial Cost Method	Unit credit cost method, except retrospective term cost based on actual experience during the year for line-of-duty disability benefits.

5. INVESTMENTS

The Trustee and custodian of the Plan's securities is The Bank of New York Mellon. Investment advisory agreements are currently in force with various investment managers.

The Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in value during years ended March 31, 2010 and 2009, as follows:

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN**Notes to Financial Statements****March 31, 2010 and 2009****5. INVESTMENTS (Continued)**

	<u>2010</u>	<u>2009</u>
Common stocks	\$74,246,368	\$(129,191,597)
Preferred stocks	51,174	(262,096)
Corporate debt	7,350,579	(9,491,849)
Government securities	57,662	1,279,295
Pooled funds	<u>132,411,806</u>	<u>(214,901,392)</u>
Total	<u>\$214,117,589</u>	<u>\$(352,567,639)</u>

5. INVESTMENTS

The investments that represent more than 5% of the plan's net assets as of March 31, 2010 and 2009, respectively are as follows:

	<u>2010</u>
Pimco Diversified Income Fund	\$79,240,730
EB Temporary Investment Fund	97,445,562
Pimco All Asset Fund	105,000,000

	<u>2009</u>
Pimco Diversified Income Fund	\$63,528,012
JP Morgan Strategic Property Fund	50,388,965
RREEF America II	42,762,399

6. FAIR VALUE MEASUREMENTS

ASC 820-10-50-2, formerly Financial Accounting Standards Board No. 157, *Fair Value Measurements* (FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-50-2 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

Notes to Financial Statements

March 31, 2010 and 2009

6. FAIR VALUE MEASUREMENTS

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the assets or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2010.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net assets value ("NAV") of shares held by the plan at year end.

Treasury Prime Cash: Value at the closing price reported on the active market on which the securities are traded.

Guaranteed investment contract: Valued at the relative fair value of the underlying market value of investments in the contract.

The methods described above may produce a fair value calculation that may not be indicative of net realized 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.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

Notes to Financial Statements

March 31, 2010 and 2009

6. FAIR VALUE MEASUREMENTS (Continued)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits for the year ending March 31, 2010 as follows:

	Fair Value Measurement at Reporting Date Using:			
	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>March 31, 2010</u>				
Common stock	\$ 199,448,755	\$ 199,448,755	\$ -	\$ -
Preferred stock	65,409	65,409	-	-
Corporate debt	25,327,309	-	25,327,309	-
United States government agency securities	19,376,947	6,260,845	13,116,102	-
Pooled funds	900,423,060	335,011,921	290,124	565,121,015
Total	<u>\$ 1,144,641,480</u>	<u>\$ 540,786,930</u>	<u>\$ 38,733,535</u>	<u>\$ 565,121,015</u>

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

6. FAIR VALUE MEASUREMENTS (Continued)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits for the year ending March 31, 2009 as follows:

		Fair Value Measurement at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>			
<u>March 31, 2009</u>				
Common stock	\$ 166,079,736	\$ 166,079,736	\$ -	\$ -
Preferred stock	21,185	21,185	-	-
Corporate debt	24,879,998	-	24,879,998	-
United States government agency securities	17,490,784	2,970,110	14,520,674	-
Pooled funds	625,341,820	311,366,669	119,329,746	194,645,405
Total	<u>\$ 833,813,523</u>	<u>\$ 480,437,700</u>	<u>\$ 158,730,418</u>	<u>\$ 194,645,405</u>

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

7. RECEIVABLES FROM OTHER PLANS

The Plan provided certain administrative services to other plans and incurred reimbursable expenses in connection with the provision of these services, as follows:

	<u>2010</u>	<u>2009</u>
NFL Player Qualified Annuity Program	\$106,098	\$ 94,203
NFL Player Non-Qualified Annuity Program	90,365	100,534
NFL Player Annuity & Insurance Company	71,268	77,802
NFL Player Second Career Savings Plan	421,854	394,290
NFL Player Supplemental Disability Plan	106,148	98,024
88 Plan	133,908	126,790
Gene Upshaw NFL Player Health Reimbursement Account Plan	<u>61,083</u>	<u>47,186</u>
Total	<u>\$990,724</u>	<u>\$938,829</u>

These amounts are reflected as receivables on the Statements of Net Assets Available for Benefits as of March 31, 2010 and 2009 because the amounts had not yet been reimbursed from the respective benefit plans as of those dates.

8. SUBSEQUENT EVENTS

Accounting principles generally accepted in the United States of America (GAAP) require organizations to evaluate events and transactions that occur after the statement of financial position date but before the date the financial statements are available to be issued. GAAP requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the statement of financial position date, including the estimates inherent in the financial preparation process. Subsequent events that provide evidence about conditions that arose after the statement of financial position date should be disclosed if the financial statements would otherwise be misleading. The Plan has evaluated subsequent events through the date the financial statements were available to be issued on September 1, 2010.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2010 and 2009

8. SUBSEQUENT EVENTS (Continued)

In July 2010, the Plan received notice from the Plan's actuary that the Plan was certified to the U.S. Department of the Treasury as being in endangered status for the plan year beginning April 1, 2010.

The Plan is considered to be in endangered status because the Plan's actuary determined that the funded percentage is estimated to be 75% for the 2010 plan year. Plans that are less than 80% funded are considered to be in endangered status under federal law.

SCHEDULES OF INVESTMENT AND ADMINISTRATIVE EXPENSES

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Schedules of Investment and Administrative Expenses
Years Ended March 31, 2010 and 2009

	2010	2009
INVESTMENT EXPENSES		
Trustee fees	\$ 123,812	\$ 120,627
Investment management fees	3,360,259	3,762,062
Investment advisory fees	297,210	320,475
Total Investment Expenses	<u>\$ 3,781,281</u>	<u>\$ 4,203,164</u>
ADMINISTRATIVE EXPENSES		
Actuarial, Auditing and Benefit Statement Preparation		
Aon Consulting Inc.	\$ 397,623	\$ 624,126
Abrams, Foster, Nole & Williams, P.A.	31,600	30,040
Attorney Fees		
Groom Law Group	2,895,762	2,875,727
Legal settlement fees	135,313	124,083
Insurance Expense		
Pension Benefit Guaranty Corporation	96,462	103,710
Fiduciary Liability Insurance	188,363	195,970
Plan Office Expenses		
Salaries and benefits	647,026	571,276
Rent	210,927	182,970
Insurance	174,318	105,413
Retirement Board costs	77,055	123,430
Plan Office Pension Contributions	41,407	-
Other Plan Office expenses	62,710	139,710
Other		
Akin, Gump, Strauss, Hauer, & Feld	12,621	-
Sibson Consulting	59,274	132,565
Buck Consultants, LLC	9,533	-
Segal Advisors	85,786	-
Advanced Computer Solutions	196,509	173,960
Stephen S. Haas, M.D.	141,856	93,456
Medical exam and travel reimbursements	1,787,250	1,090,509
The Travel Store	137,347	93,871
Printing expenses	23,237	24,943
Livewire	5,932	72,879
MainBrain	111,464	-
Numara Software	42,840	-
Miscellaneous expenses	12,761	76,801
Total Administrative Expenses	<u>\$ 7,584,975</u>	<u>\$ 6,835,437</u>

**SCHEDULE OF ASSETS ACQUIRED AND
DISPOSED OF WITHIN THE PLAN YEAR**

TRPNFL
RUN DATE: 09-JUN-10

5500 ACQUISITIONS/DISPOSITIONS OF ASSETS WITHIN THE SAME PLAN YEAR REPORT

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NFL GCALL10
M2574E
BERT BELL/PETE ROZELLE NFL RET
OVERALL COMPOSITE

FOR THE PERIOD 01 APRIL 2009 THROUGH 31 MARCH 2010

PROCEEDS	SHARES/ PAR_VALUE	SECURITY_DESCRIPTION	COST
		* INDICATES PENDING SETTLEMENT	
		** INDICATES TRANSACTION PENDING IN PRIOR YEAR	
226,088.90	200,000.0000	AMERICAN EXPRESS CO	199,350.00-
		8.125% 05/20/2019 DD 05/18/09	
71,000.00	71,000.0000	GMAC INC	63,872.31-
		7.750% 01/19/2010 DD 12/31/08	
149,466.07	8,555.0000	MADISON SQUARE GAR INC-A-W/I	129,881.11-
4,900,000.00	4,900,000.0000	MORGAN ST REV REPO	4,900,000.00-
		0.100% 03/16/2010 DD 03/15/10	

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES,
SCHEDULE H, PART IV, 4 (i)**

THE BANK OF NEW YORK MELLON

GCALL10
RT BELL/PETE ROZELLE NFL RET
ERALL COMPOSITE

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
31 MARCH 2010

RUN DATE: 28-JUN-10
PAGE: 1
M1102E

SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
<u>INTEREST-BEARING CASH</u>					
0.2300	NZD (NEW ZEALAND DOLLAR)	0.13	0.0000	0.16	0.03
756.7200	GBP (GREAT BRITISH POUNDS)	1,084.64	0.0000	1,147.87	63.23
59,569.0000	JPY (JAPANESE YEN)	603.11	0.0000	637.51	34.40
34,392.0000	EUR (EURO)	45,662.25	0.0000	46,535.82	873.57
96,676.8300	ASDT-LATE MONEY DEPOSIT ACCT 0.025% 12/31/2049 DD 06/26/97	96,676.83	100.0000	96,676.83	0.00
51,335.9300	LEHMAN PROXY WAMCO - REC	0.00	0.0000	0.00	0.00
TOTAL INTEREST-BEARING CASH		144,026.96		144,998.19	971.23
<u>U. S. GOVERNMENT SECURITIES</u>					
1,200,000.0000	COMMIT TO PUR FNMA SF MTG 4.500% 04/01/2040 DD 04/01/10	1,208,851.54	100.2190	1,202,628.80	6,223.56-
900,000.0000	COMMIT TO PUR FNMA SF MTG 5.000% 04/01/2040 DD 04/01/10	929,390.62	103.1560	928,404.00	986.62-
100,000.0000	COMMIT TO PUR FNMA SF MTG 5.500% 04/01/2040 DD 04/01/10	104,988.28	105.3910	105,391.00	402.72
100,000.0000	COMMIT TO PUR FNMA SF MTG 6.000% 04/01/2025 DD 04/01/10	107,375.00	107.7500	107,750.00	375.00
700,000.0000	COMMIT TO PUR FNMA SF MTG 6.000% 04/01/2040 DD 04/01/10	743,708.99	106.2190	743,533.00	175.99-
1,400,000.0000	COMMIT TO PUR FNMA SF MTG 6.500% 04/01/2040 DD 04/01/10	1,510,796.88	108.3750	1,517,250.00	6,453.12

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RT BELL/PETE ROZELLE NFL RET
ERALL COMPOSITE

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
31 MARCH 2010

RUN DATE: 28-JUN-10
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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
400,000.0000	COMMIT TO PUR FHLHC GOLD SFH 5.000% 04/01/2040 DD 04/01/10	413,093.75	103.2500	413,000.00	93.75-
600,000.0000	COMMIT TO PUR GNMA II JUMBOS 5.500% 04/20/2040 DD 04/01/10	635,156.25	105.6730	634,038.00	1,118.25-
600,000.0000	COMMIT TO PUR GNMA II JUMBOS 6.000% 04/20/2040 DD 04/01/10	642,937.50	107.0630	642,378.00	559.50-
1,695,164.2620	FHLHC POOL HGO-2427 5.500% 12/01/2036 DD 11/01/06	1,759,050.86	105.4436	1,787,443.66	28,392.80
63,397.8950	FHLHC POOL HGO-4222 5.500% 04/01/2038 DD 04/01/08	65,778.27	105.3505	66,790.05	1,011.78
50,956.0700	FHLHC POOL HIN-1447 VAR RT 02/01/2037 DD 04/01/07	52,771.16	105.9850	54,005.79	1,234.63
121,641.2500	FHLHC POOL HIN-1463 VAR RT 05/01/2037 DD 05/01/07	126,342.72	105.6530	128,760.91	2,418.19
123,775.4800	FHLHC POOL HIN-1582 VAR RT 05/01/2037 DD 06/01/07	128,575.52	106.0820	131,303.50	2,727.98
451,545.4900	FHLHC POOL HIG-2201 VAR RT 09/01/2037 DD 09/01/07	471,725.10	106.7430	481,993.20	10,268.10
230,000.0000	FEDERAL HOME LN MTG CORP MTN 5.625% 11/23/2035 DD 11/22/05	237,238.10	101.2910	232,969.30	4,268.80-
58,324.7790	FHLHC POOL HAZ-9304 5.500% 11/01/2035 DD 11/01/05	60,603.01	105.8610	61,743.19	1,140.18
110,000.0000	FEDERAL HOME LN BKS CONS BD 5.000% 12/21/2015 DD 11/04/05	122,959.65	109.7500	120,725.00	2,234.65-
680,000.0000	FEDERAL HOME LN BKS CONS BD 5.500% 07/15/2036 DD 07/17/06	779,453.40	102.9060	699,760.80	79,692.60-

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MERALL COMPOSITE

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
60,000.0000	FEDERAL HOME LN BK CONS DD 1.500% 01/16/2013 DD 12/10/09	59,945.40	99.8130	59,887.80	57.60-
110,000.0000	FEDERAL NATL MTG ASSN CAP DEB 0.000% 10/09/2019 DD 10/09/84	59,786.70	58.5090	64,359.90	4,573.20
130,000.0000	FEDERAL NATL MTG ASSN DEBS 6.250% 05/15/2029 DD 05/15/99	148,171.57	112.9690	146,859.70	1,311.87-
120,000.0000	FEDERAL NATL MTG ASSN DEBS 7.125% 01/15/2030 DD 01/15/00	154,688.00	125.6560	150,787.20	3,892.80-
50,000.0000	FEDERAL NATL MTG ASSN DEBS 5.000% 02/13/2017 DD 01/12/07	54,880.95	108.9060	54,453.00	427.95-
100,000.0000	FEDERAL NATL MTG ASSN MTN 1.750% 03/23/2011 DD 02/27/09	100,610.31	101.1250	101,125.00	514.69
184,383.8590	FNMA POOL #0745959 5.500% 11/01/2036 DD 10/01/06	191,718.69	105.5640	194,642.98	2,924.29
320,570.8300	FNMA POOL #0836464 VAR RT 10/01/2035 DD 09/01/05	321,378.14	102.2950	327,927.93	6,549.79
305,383.6700	FNMA POOL #0836641 VAR RT 10/01/2035 DD 09/01/05	306,003.26	102.1150	311,842.53	5,839.27
68,934.1590	FNMA POOL #0889697 6.000% 07/01/2036 DD 06/01/08	71,987.77	106.2621	73,250.91	1,263.14
155,059.7180	FNMA POOL #0983998 5.500% 06/01/2038 DD 05/01/08	168,928.77	105.5120	163,606.61	2,677.84
120,000.0000	GHAC LLC 1.750% 10/30/2012 DD 10/30/09	119,989.20	100.5790	120,694.88	705.60
389,863.9100	GNMA POOL #0612521 5.000% 08/15/2035 DD 08/01/03	485,977.05	104.7670	408,448.72	2,471.67

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480,827.5500	GNMA POOL #0781887 5.000% 03/15/2035 DD 03/01/05	500,070.40	104.6540	503,205.37	3,134.97
300,000.0000	TENNESSEE VALLEY AUTH BD 5.980% 04/01/2036 DD 04/18/96	341,595.00	108.5660	325,698.00	15,897.00-
50,000.0000	TENNESSEE VALLEY AUTH BD 5.250% 09/15/2039 DD 09/15/09	49,441.00	98.8880	49,444.00	3.00
149,425.9000	US TREAS-CPI INFLATION INDEX 2.375% 01/15/2025 DD 07/15/04	155,588.60	104.6800	156,419.03	830.43
21,832.6000	US TREAS-CPI INFLAT 2.000% 01/15/2026 DD 01/15/06	21,660.30	99.4770	21,718.42	58.12
429,748.0000	US TREAS-CPI INFLAT 2.375% 01/15/2027 DD 01/15/07	449,715.95	104.2190	447,879.07	1,836.88-
392,999.8000	US TREAS-CPI INFLAT 1.750% 01/15/2028 DD 01/15/08	378,148.34	94.6640	372,029.33	6,119.01-
60,549.0000	US TREAS-CPI INFLATION INDEX 2.500% 01/15/2029 DD 01/15/09	61,591.33	105.7030	64,002.11	2,410.78
739,000.0000	U S TREASURY BOND 3.500% 02/15/2039 DD 02/15/09	635,446.78	80.9220	598,013.58	37,433.20-
920,000.0000	U S TREASURY BOND 4.500% 08/15/2039 DD 08/15/09	950,244.12	96.5630	888,379.60	61,864.52-
1,590,000.0000	U S TREASURY BONDS 4.375% 11/15/2039 DD 11/15/09	1,548,060.48	94.5630	1,503,551.70	44,508.78-
390,000.0000	U S TREASURY BOND 4.625% 02/15/2040 DD 02/15/10	386,599.82	98.5630	384,395.70	2,204.12-
65,157.3000	US TREAS-CPI INFLAT 2.125% 02/15/2040 DD 02/15/10	63,693.24	99.1330	64,592.39	899.15

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980,000.0000	U S TREASURY NOTE 3.250% 05/31/2016 DD 05/31/09	998,757.82	101.2580	992,328.40	6,429.42-
20,000.0000	U S TREASURY NOTE 2.375% 09/30/2014 DD 09/30/09	20,021.99	100.0310	20,006.20	15.79-
290,000.0000	U S TREASURY NOTES 2.625% 12/31/2014 DD 12/31/09	290,937.60	100.7190	292,085.10	1,147.50
120,000.0000	U S TREASURY NOTE 1.375% 02/15/2013 DD 02/15/10	119,666.89	99.5310	119,437.20	229.69-
170,000.0000	U S TREASURY NOTE 3.625% 02/15/2020 DD 02/15/10	166,651.57	98.2970	167,104.90	453.33
100,000.0000	US TREASURY N/B 2.375% 02/28/2015 DD 02/28/10	99,062.50	99.3130	99,313.00	250.50
70,000.0000	U S TREASURY NOTE 1.375% 03/15/2013 DD 03/15/10	69,641.40	99.4140	69,589.80	51.60-
TOTAL U. S. GOVERNMENT SECURITIES		19,563,449.56		19,376,947.38	186,502.18-
<u>CORPORATE DEBT INSTRUMENTS - PREFERRED</u>					
30,000.0000	AT&T INC 5.500% 02/01/2018 DD 02/01/08	29,008.50	106.1650	31,849.50	2,841.00
90,000.0000	AT&T INC GLOBAL NT 6.550% 02/15/2039 DD 02/03/09	81,628.20	105.1240	94,611.60	12,983.40
191,422.5850	ACE SECURITIES CORP FHI HI VAR RT 09/25/2033 DD 01/29/04	102,411.09	79.7590	152,676.74	50,265.65
40,000.0000	AMERICA MOVIL S A B DE C V GTD 5.625% 11/15/2017 DD 10/30/07	36,530.80	105.6380	42,255.20	5,724.40

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100,000.0000	AESOP 2010-3A A 4.640% 05/20/2016 DD 03/23/10	99,987.45	99.3765	99,376.54	610.91-
60,000.0000	BP CAP MKTS P L C GTD NT 3.875% 03/10/2015 DD 03/10/09	63,070.20	103.8580	62,314.80	755.40-
173,580.6500	BANC AMER FDC 2006 G 2-A-2 VAR RT 07/20/2036 DD 07/31/06	148,562.43	97.9600	169,935.46	21,373.03
70,000.0000	BANC AMER CORP SUB NT 5.420% 03/15/2017 DD 03/15/07	68,339.60	98.8250	69,177.50	837.90
20,000.0000	BANK OF AMERICA CORP 7.625% 06/01/2019 DD 06/02/09	22,150.44	114.3860	22,877.20	726.74
320,000.0000	BANK OF AMERICA CORP 4.500% 04/01/2015 DD 03/11/10	319,676.80	100.8340	322,668.80	2,992.00
100,000.0000	BARCLAYS BANK PLC 5.200% 07/10/2014 DD 07/10/09	99,083.00	106.7840	106,784.00	6,901.00
10,000.0000	BELLSOUTH CORP NT 4.750% 11/15/2012 DD 11/15/04	10,172.90	106.6270	10,662.70	489.80
100,000.0000	BERKSHIRE HATHWAY BRK 3.200% 02/11/2015 DD 02/11/10	99,917.00	100.8540	100,854.00	937.00
30,000.0000	BOEING CAPITAL CORP 4.700% 10/27/2019 DD 10/27/09	29,978.70	100.5430	30,162.90	184.20
80,000.0000	BOEING CO/THE 4.875% 02/15/2020 DD 07/28/09	79,166.40	102.3140	81,851.20	2,684.80
142,832.4400	CWALT INC 05-44 CL 2-A-1 VAR RT 10/25/2035 DD 08/30/05	60,666.59	53.3020	76,132.55	15,465.96
59,894.9000	CWABS INC 05-4 ASSET BXD AF-3 VAR RT 10/25/2035 DD 06/01/05	50,150.54	95.0120	56,907.34	6,756.80

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39,962.3800	CWMBS INC 2005-4 CHL 4-A-1 VAR RT 02/25/2035 DD 01/28/05	17,156.94	61.6820	24,649.60	7,492.66
76,465.3100	CWMBS INC 05-7 2-A-1 VAR RT 03/25/2035 DD 01/27/05	32,994.49	57.4600	43,936.97	10,942.48
108,969.1900	CWMBS INC 2005-9 CHL 1A1 VAR RT 05/25/2035 DD 03/30/05	40,752.80	59.2580	64,572.96	23,820.16
170,000.0000	CATERPILLAR FINL SVCS CORP MTN 6.200% 09/30/2013 DD 09/26/08	170,163.20	112.9370	191,992.90	21,829.70
240,000.0000	CITIGROUP INC 5.000% 09/15/2014 DD 09/16/04	159,096.00	99.8590	239,661.60	80,565.60
190,000.0000	CITIGROUP INC SR NT 6.875% 03/05/2038 DD 03/05/08	165,647.70	101.0500	191,995.00	26,347.30
210,000.0000	CITIGROUP INC GLOBAL SR NT 6.500% 08/19/2013 DD 08/19/08	192,971.10	107.8010	226,382.10	33,411.00
250,000.0000	COMMERCIAL MTG 07 C4 CL A-3 VAR RT 09/15/2039 DD 09/01/07	158,610.00	96.8530	242,132.50	83,522.50
30,000.0000	CONOCOPHILLIPS 6.500% 02/01/2039 DD 02/03/09	29,264.40	111.7060	33,511.80	4,247.40
130,000.0000	CONOCO INC SR MTS 6.950% 04/15/2029 DD 04/28/99	129,438.40	114.7800	149,214.00	19,775.60
400,000.0000	COUNTRYWIDE FINANCIAL CORP 4.500% 06/15/2010 DD 06/13/05	369,708.00	100.7680	403,072.00	33,364.00
170,079.3500	BSLA MTG LN TR 05-ARI 2A-1A VAR RT 03/19/2045 DD 02/28/05	69,382.27	61.7270	104,985.80	35,602.73
290,179.8200	GS MTG SECS CORP II 2005-GG4 4.680% 07/10/2039 DD 06/01/05	241,931.62	103.4710	300,251.96	58,320.34

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260,000.0000	GEN ELEC CAP CORP MTN TR 00804 VAR RT 11/15/2067 DD 11/15/07	126,250.80	93.8750	244,075.00	117,824.20
370,000.0000	GENERAL ELECTRIC CAPITAL CORP 6.875% 01/10/2039 DD 01/09/09	301,768.30	107.8610	399,085.70	97,317.40
150,000.0000	GOLDMAN SACHS GROUP INC/THE 5.375% 03/15/2020 DD 03/08/10	140,648.50	99.0750	148,612.50	36.00
110,000.0000	GOLDMAN SACHS GROUP INC/THE 4.500% 06/15/2010 DD 06/28/05	109,606.09	100.7460	110,820.60	1,214.51
40,000.0000	GOLDMAN SACHS GROUP INC SR NT 5.450% 11/01/2012 DD 10/18/07	38,499.60	108.1000	43,240.00	4,740.40
70,413.7000	GREENPOINT MTG CR 05-AR4 1A1 VAR RT 10/25/2045 DD 07/29/05	29,278.56	52.0450	36,646.81	7,368.25
170,000.0000	JP MORGAN CHASE & CO GLOBAL NT 5.125% 09/15/2014 DD 09/15/04	150,395.60	105.6400	179,588.00	29,192.40
230,000.0000	JP MORGAN CHASE & CO GLOBAL NT 5.150% 10/01/2015 DD 10/04/05	202,756.50	105.5330	242,725.90	39,969.40
120,000.0000	JPMORGAN CHASE & CO SUB NT 6.125% 06/27/2017 DD 06/27/07	110,396.40	107.6470	129,176.40	18,780.00
300,000.0000	JP MORGAN CHASE 05-CIBCL3 A4 VAR RT 01/12/2043 DD 11/01/05	230,079.00	101.6010	304,803.00	74,724.00
300,000.0000	J P MORGAN 07 LDP 11 CL A-3 VAR RT 06/15/2049 DD 07/01/07	205,566.00	102.6990	308,097.00	102,531.00
250,000.0000	JAPAN FINANCE CORP 2.875% 02/02/2015 DD 02/02/10	249,330.00	100.1540	250,385.00	1,055.00
1,000,000.0000	MASTR ADJ RATE MTGS 04-13 3A7 VAR RT 11/21/2034 DD 11/01/04	539,040.00	88.2030	882,030.00	342,990.00

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10,000.0000	MERRILL LYNCH A CD INC MEDIUM 6.875% 04/25/2018 DD 04/25/08	10,684.40	107.7670	10,776.70	92.30
57,469.9700	MERRILL LYNCH MTG 05-1 CL 2-A VAR RT 04/25/2035 DD 04/01/05	37,653.10	89.6090	51,498.27	13,845.17
180,000.0000	MORGAN STANLEY 5.625% 01/09/2012 DD 08/09/06	173,199.60	105.9170	190,650.60	17,451.00
50,000.0000	MORGAN STANLEY SR MTN SER F VAR RT 10/18/2016 DD 10/18/06	33,521.00	91.4310	45,715.50	12,194.50
120,000.0000	NETNET STUDENT LN TR 08-4 A4 VAR RT 04/25/2024 DD 05/20/08	104,216.40	105.1230	126,147.60	21,931.20
220,000.0000	OCCIDENTAL PETE CORP SR NT 7.000% 11/01/2013 DD 10/21/08	245,630.00	115.8350	254,837.00	9,207.00
370,000.0000	ONTARIO (PROVINCE OF) 2.950% 02/05/2015 DD 02/05/10	369,574.50	100.1353	370,500.76	926.26
150,000.0000	PEPSICO INC SR NT 7.900% 11/01/2018 DD 10/24/08	159,725.80	123.8550	161,011.50	1,285.70
100,000.0000	ROYAL BK SCOTLAND GRP PLC 6.400% 10/21/2019 DD 10/21/09	99,891.00	99.9750	99,975.00	84.00
110,000.0000	SBC COMMUNICATIONS 5.100% 09/15/2014 DD 11/03/04	110,370.70	108.1940	119,013.40	8,642.70
70,000.0000	SHELL INTL FIN B V STD NT 6.375% 12/15/2038 DD 12/11/08	73,711.40	110.1210	77,084.70	3,373.30
20,000.0000	SHELL INTERNATIONAL FIN 4.375% 03/23/2028 DD 03/25/10	19,905.60	99.1380	19,827.60	78.00-
102,151.6700	STRUCTURED ADJ RT MTG 05-16 A1 VAR RT 08/25/2035 DD 07/25/05	34,842.44	78.1820	79,864.22	45,021.78

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178,569.2500	STRUCTURED ASSET 05-5N CL 1A1 VAR RT 11/25/2035 DD 10/31/05	43,968.25	64.9360	115,955.73	71,987.48
260,000.0000	UBS AG 3.875% 01/15/2015 DD 01/15/10	258,889.80	98.6530	256,497.80	2,392.00-
109,726.8300	WAMU P/T 2005-AR2 2A-1A VAR RT 01/25/2045 DD 01/26/05	34,306.59	77.2400	84,753.00	50,446.41
100,000.0000	WAMU MTG P/T CIFS 05-AR4 A-5 VAR RT 04/25/2035 DD 03/01/05	59,937.50	72.7170	72,717.00	12,779.50
126,454.8100	WAMU MTG PASS THROUGH 05-AR6 VAR RT 04/25/2045 DD 04/26/05	42,067.77	79.7750	100,879.32	58,811.55
408,511.3500	WAMU MTG P/T 05-AR11 CL A-1A VAR RT 08/25/2045 DD 08/25/05	173,470.22	77.2860	315,722.08	142,251.86
191,286.8700	WAMU MTG P/T CIFS 05-AR13 A1A1 VAR RT 10/25/2045 DD 10/25/05	65,014.39	77.0700	147,424.79	82,410.40
266,334.9700	WAMU MTG PASS 2005-AR15 A1A2 VAR RT 11/25/2045 DD 11/22/05	66,754.02	66.9960	178,433.78	111,679.76
256,820.5000	WAMU MTG PASS 2005-AR19 A1A2 VAR RT 12/26/2045 DD 12/23/05	86,777.64	66.9700	171,992.69	85,215.05
255,000.0000	WACHOVIA CORP 5.250% 08/01/2014 DD 07/22/04	211,729.05	105.0390	267,849.45	56,120.40
128,206.1600	WASHINGTON MUT MTG 05-AR1 A-1A VAR RT 01/25/2045 DD 01/18/05	48,399.14	77.1670	98,932.85	50,533.71
282,753.3600	WASHINGTON MUT MTG SECS 05-AR1 VAR RT 01/25/2045 DD 01/18/05	94,301.03	69.6590	196,963.16	102,662.13
130,000.0000	WYETH NT 5.950% 04/01/2037 DD 03/27/07	122,426.20	104.6980	136,107.40	13,681.20

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TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED		8,401,000.47		10,777,874.23	2,376,873.76
CORPORATE DEBT INSTRUMENTS					
100,000.0000	HUFF CAP FIN 1 LTD USD VAR RT 07/29/2049 DD 03/17/06	67,000.00	99.1550	99,155.00	32,155.00
170,000.0000	AOL TIME WARNER INC NT 6.875% 05/01/2012 DD 04/08/02	173,026.00	109.9950	186,991.50	13,965.50
60,000.0000	ALCOA INC NT 6.000% 07/15/2013 DD 07/15/08	47,889.60	106.6670	64,000.20	16,110.60
60,000.0000	ALYRIA GROUP INC 8.500% 11/10/2013 DD 11/10/08	69,462.60	116.8890	70,133.40	670.80
50,000.0000	AMERADA HESS CORP 7.875% 10/01/2029 DD 10/01/99	45,251.00	119.8160	59,908.00	14,657.00
90,000.0000	AMERADA HESS CORP NT 7.300% 08/15/2031 DD 08/15/01	78,291.90	113.9490	102,554.10	24,262.20
70,000.0000	AMER EXPRESS CREDIT CO 5.125% 08/25/2014 DD 08/25/09	69,932.80	106.1730	74,321.10	4,388.30
130,000.0000	AMERICAN EXPRESS CO SUB DEB VAR RT 09/01/2066 DD 08/01/04	62,697.70	97.5000	126,750.00	64,052.30
190,000.0000	AMERICAN GEN FIN CORP MEDIUM 6.900% 12/15/2017 DD 12/17/07	66,593.10	87.5910	166,422.90	99,829.80
30,000.0000	AMERICAN INTL GROUP INC MEDIUM 5.850% 01/16/2018 DD 12/12/07	11,745.00	92.9170	27,875.10	16,130.10
230,000.0000	AMERICAN INTL GROUP INC JR SUB 6.250% 03/15/2037 DD 03/13/07	18,400.00	74.0000	170,200.00	151,800.00

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110,000.0000	ANADARKO PETROLEUM CORP 6.450% 09/15/2036 DD 09/19/06	76,885.59	101.9140	112,105.40	35,219.81
130,000.0000	ANHEUSER-BUSCH INBEV WOR 144A 5.800% 04/15/2020 DD 03/29/10	129,195.30	100.3080	130,400.40	1,205.10
120,000.0000	APACHE CORP NT 6.000% 09/15/2013 DD 10/01/08	128,280.00	112.0400	134,448.00	6,168.00
10,000.0000	BAC CAP TR XIV PFD HYBRID NT VAR RT 12/31/2049 DD 02/16/07	2,199.90	75.2500	7,525.00	5,325.10
180,000.0000	BP CAPITAL MARKETS PLC 5.250% 11/07/2013 DD 11/07/08	192,663.00	110.0420	198,075.60	5,412.60
140,000.0000	BAKER HUGHES INC SR NT 7.500% 11/15/2018 DD 10/28/08	159,110.01	119.5510	167,371.40	8,261.39
210,850.2700	BANC AMER FDG CORP 05-B 2-A-1 VAR RT 04/20/2035 DD 03/01/05	111,125.57	69.0000	151,006.69	39,881.12
10,000.0000	BACH 2007-S A3 5.620% 02/10/2051 DD 12/01/07	7,344.30	103.4920	10,349.20	3,004.90
80,000.0000	BANK AMER CORP SUB NT 7.400% 01/15/2011 DD 01/23/01	84,721.60	104.6400	83,712.00	1,009.60
257,130.9100	BEAR STEARNS ALT A 05-2 IIA4 VAR RT 04/25/2035 DD 02/01/05	119,709.80	74.8230	192,393.06	72,683.26
181,917.5600	CWALT INC 05-36 MTG P/T CL 3A1 VAR RT 08/25/2035 DD 06/01/05	114,489.74	63.0280	114,659.00	169.26
271,782.6400	CWALT INC 05-44 MTG P/T I-A-1 VAR RT 10/25/2035 DD 08/30/05	100,003.80	56.1970	152,733.69	52,729.89
396,927.3700	CWALT INC 2005-59 CL A1 VAR RT 11/20/2035 DD 09/30/05	143,753.28	52.7120	209,228.36	65,475.08

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211,039.9500	CWMBS INS 2005-HYB1 1-A-1 VAR RT 03/25/2035 DD 01/28/05	86,689.19	54.5010	115,018.88	28,329.69
128,691.0300	CWMBS INC 05-11 6-A-1 VAR RT 03/25/2035 DD 02/28/05	48,112.09	56.4140	72,599.76	24,487.67
60,000.0000	CITIGROUP INC 6.010% 01/15/2015 DD 12/15/09	61,269.24	105.0570	63,034.20	1,764.96
80,000.0000	COMCAST CABLE COMMS EXCH NTS 8.875% 05/01/2017 DD 05/01/97	86,737.60	120.9560	96,764.80	10,027.20
240,000.0000	COMCAST CORP NEW NT 6.500% 01/15/2015 DD 01/18/03	238,648.80	112.5650	270,156.00	31,507.20
20,000.0000	COMCAST CORP 5.875% 02/15/2018 DD 11/17/06	19,015.80	106.8740	21,374.80	2,359.00
200,000.0000	CONTINENTAL AIRLS PASSTHRU TR 5.983% 04/19/2022 DD 04/10/07	148,000.00	98.2500	196,500.00	48,500.00
100,000.0000	CREDIT SUISSE SE 07 C5 CL A-3 VAR RT 09/15/2040 DD 11/01/07	74,822.00	100.2640	100,264.00	25,742.00
219,497.0300	CWHEQ REV HM EQ 2006 E 2-A VAR RT 12/25/2031 DD 06/29/06	16,076.54	49.6668	109,015.39	92,938.85
420,023.1300	DSLA MTC LN TR 2006-ARI MTC VAR RT 03/19/2046 DD 03/01/06	122,058.67	42.5438	178,690.44	56,631.77
100,000.0000	DAIMLERCHRYSLER N A HLDG CORP 5.875% 03/15/2011 DD 03/14/06	95,721.00	104.0390	104,039.00	8,318.00
252,809.2390	DELTA AIR LINES SER 07-1A 6.821% 02/10/2024 DD 02/10/08	169,382.18	108.0000	252,809.24	83,427.06
75,000.0000	DEUTSCHE TELECOM INTL FIN BV 5.750% 03/23/2016 DD 03/23/06	73,584.00	107.5000	80,625.00	7,041.00

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268,000.0000	DIAGEO CAP PLC GTD NT 7.375% 01/15/2014 DD 10/21/08	285,664.60	116.2930	302,361.80	16,697.20
40,000.0000	DOMINION RES INC VA NEW SR NT 4.750% 12/15/2010 DD 06/20/05	40,284.40	102.7350	41,094.00	809.60
155,000.0000	DOMINION RES INC DEL NT 5.700% 09/17/2012 DD 09/16/02	158,016.30	108.3580	167,954.90	9,938.60
105,000.0000	DUKE ENERGY CORP SR NT 5.625% 11/30/2012 DD 11/20/02	111,011.25	109.5140	114,989.70	3,978.45
100,000.0000	ENTERPRISE PRODS OPER OPER LLC 9.750% 01/31/2014 DD 12/08/08	109,880.00	121.4300	121,430.00	11,550.00
311,317.0320	FIRST HORIZON ALT 06-FAB 1A8 VAR RT 02/25/2037 DD 12/25/06	139,323.65	49.2210	153,233.36	13,909.71
240,000.0000	FIRSTENERGY CORP NT SER C 7.375% 11/15/2031 DD 11/15/01	195,304.80	103.4880	248,371.20	53,066.40
91,000.0000	ALLY FINANCIAL INC 7.500% 12/31/2013 DD 12/31/08	43,741.80	101.7500	92,592.50	48,850.62
51,000.0000	ALLY FINANCIAL INC 8.000% 12/31/2016 DD 12/31/08	14,805.81	98.5000	50,235.00	35,429.19
320,000.0000	GENERAL MTRS CORP SR DEB 8.375% 07/15/2033 DD 07/03/03	38,399.99	37.5000	120,000.00	81,600.01
10,000.0000	GOLDMAN SACHS CAPITAL II VAR RT 12/29/2049 DD 05/15/07	4,163.40	84.7500	8,475.00	4,311.60
416,265.2580	GREENPOINT MTC FDS 07-AR2 1A1 VAR RT 04/25/2047 DD 04/25/07	254,308.88	70.8480	294,915.61	40,606.73
230,114.5800	HARBORVIEW MTC LN 2006-13 CL A VAR RT 12/19/2036 DD 12/13/06	71,022.67	44.5720	102,566.67	31,544.00

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585,898.5340	HARBORVIEW MTG 07-4 CL 2A-1 VAR RT 07/19/2047 DD 06/14/07	227,779.72	54.9320	321,845.78	94,066.06
10,000.0000	HESS CORP NT 8.125% 02/15/2019 DD 02/03/09	10,308.70	121.8950	12,189.50	1,880.80
70,000.0000	HUMANA INC SR NT 7.200% 06/15/2018 DD 06/05/08	66,141.90	108.1350	75,694.50	9,552.60
275,905.3900	JETBLUE AMYS CORP 04-2 04-2G-1 VAR RT 08/15/2016 DD 11/15/04	145,517.38	79.0100	217,992.85	72,475.47
400,000.0000	JETBLUE AMYS CORP 04-2 P/T VAR RT 11/15/2016 DD 11/15/04	218,612.00	71.0000	284,000.00	65,388.00
40,000.0000	KERR MCGEE CORP NT 7.075% 09/15/2031 DD 10/03/01	32,537.60	116.1650	46,466.00	13,928.40
110,000.0000	KERR MCGEE CORP NT 6.950% 07/01/2024 DD 07/01/04	84,288.60	111.2360	122,359.60	38,071.00
115,000.0000	KINDER MORGAN ENERGY PARTNERS 7.125% 03/15/2012 DD 03/14/02	117,687.55	109.4890	125,912.35	8,224.80
25,000.0000	KINDER MORGAN ENERGY SR NT 5.000% 12/15/2013 DD 11/21/03	23,605.75	107.2080	26,802.00	3,196.25
140,000.0000	KRAFT FOODS INC 5.375% 02/10/2020 DD 02/08/10	138,846.40	101.6350	142,289.00	3,442.60
130,000.0000	LEHMAN BROS HLDGS INC DTD VAR RT 12/31/2049 DD 05/17/07	13.00	0.2500	325.00	312.00
270,000.0000	LEHMAN BROS HLDGS INC MEDIUM 6.750% 12/28/2017 DD 12/21/07	27.00	0.2500	675.00	648.00
89,606.8300	LEHMAN XS 2006 GP4 3-A1A VAR RT 08/25/2046 DD 07/25/06	70,202.44	96.9190	86,846.04	16,643.60

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68,000.0000	LEHMAN BROTHERS HLDGS INC 5.250% 02/06/2012 DD 01/12/07	8,287.50	23.2500	15,112.50	6,825.00
70,000.0000	LEHMAN BROTHERS E-CAP TRUST I VAR RT 08/19/2065 DD 05/19/06	7.00	0.2500	175.00	168.00
151,060.2200	LEHMAN XS TR 2005-7N CL 1A1B VAR RT 12/25/2035 DD 11/30/05	8,058.03	32.7530	49,476.75	41,418.72
647,734.7350	LUMINENT MTG TR 2006-7 2A1 VAR RT 12/25/2036 DD 12/27/06	226,117.64	52.9140	342,742.36	116,624.72
632,593.7250	MASTR ADJ RATE 07 3 CL 1-2A1 VAR RT 05/25/2047 DD 05/15/07	221,603.85	50.5410	319,719.19	98,115.34
40,000.0000	MEDTRONIC INC 4.450% 03/15/2020 DD 03/16/10	39,936.00	99.5210	39,808.40	127.60-
121,137.5200	MERRILL LYNCH 04-A3 CL IV-A3 VAR RT 05/25/2034 DD 08/01/04	98,987.47	97.9710	118,679.64	19,692.17
240,000.0000	METLIFE INC JR SUB DEB VAR RT 12/15/2036 DD 12/21/06	100,800.00	89.5000	214,880.00	114,080.00
60,000.0000	METLIFE INC 6.750% 06/01/2016 DD 05/29/09	59,857.80	112.0650	67,239.00	7,381.20
110,000.0000	MORGAN STANLEY 4.750% 04/01/2014 DD 03/30/04	89,933.80	102.1080	112,318.80	22,385.00
211,949.0160	MORGAN STANLEY MTG 04-11AR 1A1 VAR RT 01/25/2035 DD 12/29/04	96,774.10	65.4380	138,695.72	41,921.62
80,000.0000	PACIFIC GAS & ELEC CO 1ST MTG 6.050% 03/01/2034 DD 03/23/04	78,283.20	102.9820	82,385.60	4,102.40
10,000.0000	PACIFIC GAS & ELEC CO SR NT 5.800% 03/01/2037 DD 03/13/07	9,509.70	99.2260	9,922.60	412.90

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10,000.0000	PACIFIC GAS & ELECTRIC CO 8.250% 10/15/2018 DD 10/21/08	11,785.90	122.0760	12,297.60	421.70
161,000.0000	PEMEX PROJ FOG HASTER TR GTD 6.625% 06/15/2035 DD 12/15/05	118,326.95	98.5190	158,615.59	40,288.64
40,000.0000	PETROBRAS INTL FIN CO GLOBAL 6.125% 10/06/2016 DD 10/06/06	39,964.02	107.7230	43,089.20	3,125.18
32,000.0000	PETROBRAS INTL FIN CO 5.750% 01/20/2020 DD 10/30/09	31,943.70	102.4490	32,783.68	839.98
195,332.4150	RBSBC MTG LN TR 07-B CL 144 VAR RT 01/25/2037 DD 03/25/07	77,361.37	56.5910	110,540.57	33,179.20
70,000.0000	REED ELSEVIER CAP INC OTD NT 8.625% 01/15/2019 DD 01/16/09	71,771.70	124.7560	87,329.20	15,557.50
60,000.0000	REYNOLDS AMERN INC SR SECD NT 7.625% 06/01/2016 DD 12/01/06	53,121.60	112.3600	67,416.00	14,294.40
10,000.0000	REYNOLDS AMERN INCSR SECD NT 7.250% 06/01/2012 DD 12/01/06	10,949.70	109.2470	10,924.70	25.00-
150,000.0000	RIO TINTO FIN USA LTD NT 6.500% 07/15/2018 DD 06/27/08	131,274.00	112.5570	168,835.50	37,561.50
20,000.0000	ROGERS COMMUNICATIONS INC SR 6.600% 08/15/2018 DD 08/06/08	19,989.60	113.7550	22,751.00	2,761.40
125,000.0000	KONINKLIJKE KPN NV 8.375% 10/01/2030 DD 10/04/00	129,511.25	124.1330	155,166.25	25,655.00
167,398.6900	SACO I TR 2006-7 MTG BKD CL A VAR RT 07/25/2036 DD 06/30/06	20,838.49	14.0860	23,579.78	2,741.29
50,668.6300	SACO I TR 05-7 MTG BKD CTF A1 VAR RT 08/25/2035 DD 09/30/05	18,599.96	65.3390	33,106.38	14,506.42

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140,000.0000	SPRINT CAPITAL CORP 8.375% 03/15/2012 DD 03/14/02	124,000.00	104.0000	145,600.00	19,600.00
294,465.6400	STRUCTURED ADJ RT 05-15 CL 1A1 VAR RT 07/25/2035 DD 06/01/05	186,323.06	66.7420	196,532.26	10,209.20
640,538.8200	STRUCTURED ASSETS 07 AR4 A4B VAR RT 09/25/2037 DD 08/31/07	194,736.54	53.2880	341,330.33	146,593.79
70,000.0000	SUNTRUST CAP VIII GTD TR PFD VAR RT 12/15/2036 DD 12/06/06	39,243.40	82.3010	57,610.70	18,367.30
110,000.0000	TELECOM ITALIA CAP GTD SR NY 5.250% 10/01/2015 DD 09/28/05	92,746.50	102.3890	112,627.90	19,881.40
15,000.0000	TIME WARNER ENTERTAINMENT CO L 8.375% 07/15/2033 DD 01/15/94	14,190.30	120.4410	18,066.15	3,875.85
150,000.0000	TIME WARNER CABLE INC NY 8.750% 02/14/2019 DD 11/18/08	160,930.30	124.0180	186,027.00	25,096.70
50,000.0000	TIME WARNER CABLE INC NT 8.250% 04/01/2019 DD 03/26/09	55,636.20	121.0090	60,504.50	4,868.30
40,000.0000	TIME WARNER CABLE INC 6.750% 06/15/2039 DD 06/29/09	38,852.40	104.9010	41,960.40	3,108.00
110,000.0000	TRAVELERS COS INC JR SUB DEB VAR RT 03/15/2037 DD 03/12/07	58,372.60	98.4360	108,279.60	49,907.00
170,000.0000	TYCO INTERNATIONAL FINANCE SA 6.375% 10/15/2011 DD 10/26/01	172,235.50	107.7430	183,163.10	10,927.60
345,800.0000	TYCO INTL GROUP S A NT 6.000% 11/15/2013 DD 11/12/03	324,596.70	110.5120	381,266.40	56,669.70
70,000.0000	UNION PAC CORP SR NT 5.375% 05/01/2014 DD 05/04/04	70,389.90	107.7700	75,439.00	5,049.10

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86,000.0000	VALE OVERSEAS LTD GTD NT 6.875% 11/21/2036 DD 11/21/06	74,014.13	103.4550	88,971.30	14,957.17
30,000.0000	VERIZON COMMUNICATIONS INC NT 8.950% 03/01/2039 DD 11/04/08	34,475.70	135.6070	40,682.10	6,206.40
75,000.0000	VERIZON GLOBAL FUNDING CORP 7.575% 09/01/2012 DD 08/26/02	81,059.25	113.2420	84,931.50	3,872.25
160,000.0000	VERIZON NEW YORK INC DEB SER A 6.875% 04/01/2012 DD 03/28/02	163,881.60	106.8850	174,216.00	10,334.40
215,548.0700	WAMU MORTGAGE PASS TH AR8 1A1A VAR RT 07/25/2045 DD 07/15/05	66,815.79	78.8270	169,910.08	103,094.29
272,056.0400	WAMU MTG 2005-AR10 CL 1A4 VAR RT 09/25/2035 DD 07/01/05	193,486.20	87.4070	237,796.02	44,309.82
672,448.4400	WAMU 2007-0A6 1A1B VAR RT 07/25/2047 DD 06/01/07	179,933.68	28.2930	190,255.84	10,322.16
330,000.0000	WACHOVIA CAP TR III FIXED FLTG VAR RT 03/15/2042 DD 02/01/06	118,800.00	84.7500	279,675.00	160,875.00
273,359.0300	WAMU MTG P/T 07-HY4 CL 4-A1 VAR RT 09/25/2036 DD 03/01/07	151,541.99	80.9650	221,325.14	69,783.15
170,000.0000	WASTE MGMT INC DEL SR NT 6.375% 11/15/2012 DD 11/26/02	171,183.20	110.8010	188,361.70	17,178.50
10,000.0000	WELLPOINT INC 5.875% 06/15/2017 DD 06/08/07	9,400.70	107.3670	10,736.70	1,336.00
40,000.0000	WELLPOINT INC 7.000% 02/15/2019 DD 02/05/09	40,021.60	113.3990	45,359.60	5,338.00
100,000.0000	WELLS FARGO CAP X STD CAP SECS 5.950% 12/15/2036 DD 12/05/06	67,500.00	91.6840	91,684.00	24,184.00

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210,000.0000	WELLS FARGO CAP XV VAR RT 12/31/2049 DD 09/10/08	153,300.00	112.0000	235,200.00	81,900.00
30,000.0000	WILLIAMS COS INC DEB SER A 7.500% 01/15/2031 DD 01/17/01	30,020.00	109.8780	41,753.64	11,733.64
52,000.0000	WILLIAMS COS INC SR NT 7.750% 06/15/2031 DD 06/13/01	42,119.99	112.1820	58,334.64	16,214.65
52,000.0000	WILLIAMS COS INC/THE 7.875% 09/01/2021 DD 08/21/01	48,100.00	117.7420	61,225.84	13,125.84
8,000.0000	WILLIAMS COS INC NT STEP 03/15/2032 DD 03/15/03	7,260.00	121.8340	9,746.72	2,486.72
20,000.0000	XTO ENERGY INC 7.500% 04/15/2012 DD 04/23/02	20,946.80	112.0340	22,406.80	1,460.00
170,000.0000	XTO ENERGY INC SR NT 6.500% 12/15/2018 DD 08/07/08	168,895.00	115.4150	196,205.50	27,310.50
TOTAL CORPORATE DEBT INSTRUMENTS		11,051,687.73		14,549,434.44	3,497,746.71
CORPORATE STOCK - PREFERRED					
3.0000	ALLY FINANCIAL INC 144A PFD 7.000% CUMULATIVE	597.27	762.2500	2,286.75	1,689.48
7,400.0000	GENERAL MTRS CORP DEB SR CVT PFD 8 03/06/2032	18,796.00	8.5300	63,122.00	44,326.00
TOTAL CORPORATE STOCK - PREFERRED		19,393.27		65,408.75	46,015.48

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<u>CORPORATE STOCK - COMMON</u>					
15,580.0000	ASSURED GUARANTY LTD SHS	246,632.05	21.9700	342,292.60	95,660.55
28,750.0000	AXIS CAPITAL HLDGS LTD SHS	648,025.00	31.2600	898,725.00	250,700.00
28,900.0000	COOPER INDUSTRIES PLC	747,353.99	47.9400	1,385,466.00	638,112.01
88,600.0000	FLAGSTONE REINSURANCE HOLDINGS LIMITED SHS	963,069.32	11.4600	1,015,356.00	52,286.68
22,100.0000	HERBALIFE LTD USD COM SHS	789,587.83	46.1200	1,019,252.00	229,664.17
13,200.0000	INGERSOLL-RAND PUBLIC LIMITED COMPANY	182,160.00	34.8700	460,284.00	278,124.00
9,700.0000	MARVELL TECHNOLOGY GROUP LTD SHS	93,271.70	20.4200	198,074.00	104,802.30
28,500.0000	NABORS INDUSTRIES LTD SHS	284,715.00	19.6300	559,455.00	274,740.00
3,100.0000	PARTNERRE HLDGS LTD BERMUDA COM	192,417.00	79.7200	247,132.00	54,715.00
24,200.0000	PLATINUM UNDERWRITERS HLDGS LTD SHS	699,698.12	37.0800	897,336.00	197,637.88
11,300.0000	ACE LIMITED SHS	456,520.00	52.3000	590,990.00	134,470.00
37,400.0000	WEATHERFORD INTERNATIONAL LTD REG	414,018.00	15.8600	593,164.00	179,146.00
15,180.0000	LOGITECH INTERNATIONAL SA APPLIES NAMEN-AKT	268,634.05	16.3400	248,041.20	20,592.85-
24,900.0000	NOBLE CORPORATION BAAR NAMEN-AKT CHF4.85	598,610.42	41.8200	1,041,318.00	442,707.58

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20,400.0000	TRANSOCEAN LTD ZUG NAMEN-AKT	1,296,489.38	86.3800	1,762,152.00	465,662.62
13,100.0000	UBS AG SHS NEW	123,533.00	16.2800	213,268.00	89,735.00
1,800.0000	CORE LABORATORIES N V	131,688.00	130.8000	235,440.00	103,752.00
9,025.0000	QIAGEN N V	156,410.62	22.9900	207,486.75	51,076.13
8,260.0000	STEINER LEISURE LTD	238,249.16	44.3200	366,083.20	127,834.04
21,450.0000	ABB LTD SPONSORED ADR	454,673.45	21.8400	468,468.00	13,794.55
43,810.0000	AES CORP COM	568,907.02	11.0000	481,910.00	86,997.02-
36,000.0000	AT&T INC	907,200.00	25.8400	930,240.00	23,040.00
38,700.0000	ACACIA RESH CORP AR ACACIA TECHNOLOGIES COM	309,401.19	10.8300	419,121.00	109,719.81
15,380.0000	ACTUANT CORP CL A NEW	303,394.59	19.5500	300,679.00	2,715.59-
8,170.0000	ADVENT SOFTWARE INC	253,856.97	44.7500	365,607.50	111,750.53
8,625.0000	AGRIUM INC	308,688.75	70.6300	609,183.75	300,495.00
12,800.0000	AIR PRODUCTS & CHEMICALS INC	720,000.00	73.9500	946,560.00	226,560.00
12,985.0000	ALEXION PHARMACEUTICALS INC	499,731.51	54.3700	705,994.45	206,262.94
20,550.0000	ALIGN TECHNOLOGY INC COM	253,979.00	19.3400	397,437.00	143,458.00
7,080.0000	ALLERGAN INC/UNITED STATES	368,957.06	65.3200	462,465.60	93,508.54
5,500.0000	ALLSTATE CORP/THE	101,495.00	32.3100	171,243.00	69,748.00
23,100.0000	ALPHA NAT RES INC COM	963,840.61	49.8900	1,152,459.00	189,418.39

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9,735.0000	ALTERA CORP COM	176,939.08	24.3000	236,560.50	59,621.42
18,470.0000	AMERICA MOVIL SAB DE CV	839,022.44	50.3400	929,779.80	90,757.36
7,420.0000	AMERICAN ITALIAN PASTA CO CL A COM	203,132.68	38.8700	288,415.40	85,282.72
16,220.0000	AMERICAN MED SYS HLDS INC COM	242,266.22	18.5800	301,367.60	59,101.38
7,200.0000	AMGEN INC	356,543.99	59.8380	430,833.60	74,289.61
10,186.0000	ANADARKO PETROLEUM CORP	396,133.55	72.8300	741,846.38	345,712.83
17,000.0000	AON CORP COM	693,940.00	42.7100	726,070.00	32,130.00
11,070.0000	APPLE INC	1,254,022.84	235.0000	2,601,450.00	1,347,427.16
73,160.0000	APPLIED MATERIALS INC	796,813.75	13.4680	985,049.52	188,235.77
16,190.0000	AQUA AMER INC COM	316,213.63	17.5700	284,458.30	31,755.33-
11,330.0000	ARCSIGHT INC	178,120.66	28.1500	318,939.50	140,818.84
65,440.0000	ART TECHNOLOGY GRP INC DC-COM	268,217.26	4.4100	288,590.40	20,373.14
31,680.0000	ARUBA NETWORKS INC COM	275,117.66	13.6600	432,748.80	157,631.14
4,340.0000	ATHENAHEALTH INC COM	186,773.25	36.5600	158,670.40	28,102.85-
19,700.0000	AVON PRODS INC COM	511,423.62	33.8700	667,239.00	155,815.38
6,200.0000	AXA SA	74,276.00	22.8660	138,173.20	63,897.20
9,200.0000	BAE SYS PLC SPONSORED ADR	176,437.60	22.5290	207,829.80	30,829.20
6,600.0000	BASF SE SPONSORED ADR	201,280.20	62.2290	410,711.40	209,431.20

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21,100.0000	BP PLC	846,109.99	57.0700	1,204,177.00	358,067.01
65,972.0000	BANK OF AMERICA CORP	551,339.48	17.8500	1,177,600.20	626,260.72
35,700.0000	BANK OF THE OZARKS INC COM	1,098,243.16	35.1900	1,256,283.00	158,039.84
11,100.0000	BANK OF NEW YORK MELLON CORP/T	321,256.20	30.8800	342,768.00	21,511.80
17,970.0000	BEACON ROOFING SUPPLY INC COM	240,618.30	19.1300	343,766.10	103,147.80
7,530.0000	BED BATH & BEYOND INC	291,647.08	43.7600	329,512.80	37,865.72
13,700.0000	BHP BILLITON LTD	611,020.00	80.3200	1,100,384.00	489,364.00
13,800.0000	BIG RAD LABS INC CL A	909,420.00	103.5200	1,428,576.00	519,156.00
33,940.0000	BIOCRIP INC	255,948.52	7.9900	271,180.60	15,232.08
4,270.0000	BLACKROCK INC COM	603,378.24	217.7600	929,835.20	326,456.96
11,440.0000	BLUE COAT SYS INC COM NEW	226,261.52	31.0400	355,097.60	128,836.08
13,900.0000	BOEING CO/THE	535,212.02	72.6100	1,009,279.00	474,066.98
6,340.0000	BORGWARNER INC	209,629.55	38.1800	242,061.20	32,431.65
36,400.0000	BOSTON SCIENTIFIC CORP	289,380.00	7.2200	262,888.00	26,572.00-
24,200.0000	BRISTOL-MYERS SQUIBB CO	530,464.00	26.7000	646,140.00	115,676.00
6,700.0000	BRITISH AMERN TOB PLC SPONSORED ADR	308,200.00	68.9000	461,630.00	153,430.00
24,610.0000	BROADCOM CORP	526,342.39	33.2000	817,052.00	290,709.61
7,500.0000	BROOKFIELD ASSET MGMT INC CL A VOTING SHS	183,350.00	25.4200	190,650.00	87,300.00

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22,730.0000	BRUKER CORPORATION COM	232,793.09	14.6500	332,994.50	100,201.41
32,200.0000	CBS CORP	123,647.99	13.9400	448,868.00	325,220.01
35,700.0000	CIGNA CORP COM	665,833.55	36.5800	1,305,906.00	640,072.45
15,110.0000	CSG SYS INTL INC	303,560.54	21.0000	317,310.00	13,749.46
21,570.0000	CVS CAREMARK CORP	594,482.68	36.5600	788,599.20	194,116.52
20,100.0000	CA INC	353,960.99	23.4700	471,747.00	117,786.01
34,220.0000	CABLEVISION NY GRP CL A COM STK	393,528.14	24.1400	826,070.80	432,542.66
44,600.0000	CAL DIVE INTERNATIONAL INC	382,130.23	7.3300	326,918.00	55,212.23-
25,380.0000	CAMERON INTERNATIONAL CORP	682,505.06	42.8600	1,087,786.80	405,281.74
13,625.0000	CANADIAN NATL RY CO COM	483,006.25	60.5900	825,538.75	342,532.50
4,100.0000	CANADIAN NAT RES LTD	158,096.00	74.0400	303,564.00	145,468.00
11,975.0000	CANADIAN PAC RY LTD COM	354,819.25	56.2400	673,476.00	318,656.75
10,550.0000	CARTER HLDS INC COM	198,445.50	30.1500	318,082.50	119,637.00
28,450.0000	CASEYS GEN STORES INC	795,207.25	31.4000	893,330.00	98,122.75
11,100.0000	CATALYST HEALTH SOLUTIONS INC	220,002.01	41.3800	459,318.00	239,315.99
14,970.0000	CATERPILLAR INC	778,994.58	62.8500	940,866.50	161,869.92
6,820.0000	CERNER CORP	538,160.93	84.9300	579,222.60	41,061.67

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17,070.0000	CHECKPOINT SYS INC COM	284,809.65	22.1200	377,588.40	92,778.75
12,470.0000	CHEESECAKE FACTORY (THE)	256,158.61	27.0600	337,438.20	81,279.59
15,300.0000	CHEVRON CORP	1,028,772.01	75.8300	1,160,199.00	131,426.99
2,870.0000	CHIPOTLE MEXICAN GRILL INC CL A	233,318.68	112.6700	323,362.90	90,044.22
74,320.0000	CISCO SYSTEMS INC	1,758,190.29	26.0300	1,934,549.60	176,359.31
4,310.0000	CITY NATIONAL CORP/CA	232,431.63	53.9700	232,610.70	179.07
2,610.0000	CLOROX CO COM	151,834.84	64.1400	167,405.40	15,570.56
15,810.0000	COACH INC COM	476,622.59	39.5200	624,811.20	148,188.61
6,190.0000	COINSTAR INC COM	193,734.73	32.5000	201,175.00	7,440.27
8,900.0000	COLGATE PALMOLIVE CO	527,235.22	85.2600	758,814.00	231,578.78
13,700.0000	COLLECTIVE BRANDS INC COM	314,552.49	22.7400	311,538.00	3,014.49-
5,115.0000	COMMUNITY HEALTH SYSTEMS INC	78,444.08	36.9300	188,896.95	110,452.87
15,290.0000	COMMVAULT SYS INC COM	298,529.86	21.3500	326,441.50	27,911.64
23,000.0000	CONDOPHILLIPS	900,680.00	51.1700	1,176,910.00	276,230.00
17,850.0000	COOPER TIRE & RUBR CO	194,046.34	19.0200	339,507.00	145,460.66
4,050.0000	COVANCE INC	144,381.50	61.3900	248,629.50	104,248.00
33,770.0000	GRAY INC	261,918.53	5.9500	200,931.50	60,987.03-
9,845.0000	CREE INC	447,745.58	70.2200	691,315.90	243,570.32

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41,420.0000	CROCS INC CMO	327,226.72	8.7800	363,667.60	36,440.88
7,439.0000	CROWN HOLDINGS INC COM	192,053.61	26.9600	200,312.80	8,259.19
15,390.0000	CUBIST PHARMACEUTICALS INC	316,360.12	22.5400	346,890.60	30,530.48
13,420.0000	CUMMINS INC	530,036.42	61.9500	831,369.00	301,332.58
17,420.0000	CYBERSOURCE CORP DEL COM	257,990.20	17.6600	307,637.20	49,647.00
9,800.0000	DTE ENERGY CO COM	271,459.99	44.6000	437,080.00	165,620.01
10,640.0000	DSW INC CL A	282,283.53	25.5300	271,639.20	10,644.33-
39,240.0000	DARLING INTL INC	328,766.78	8.9600	351,590.40	22,823.62
11,080.0000	DEERE & CO	361,569.99	59.4600	654,060.00	292,490.01
34,300.0000	DELL INC	403,575.79	15.0200	515,186.00	111,610.21
13,900.0000	DEVON ENERGY CORP	787,686.09	64.4300	895,577.00	107,890.91
3,660.0000	DEVRY INC DEL COM	183,210.86	65.2000	238,632.00	55,421.14
7,100.0000	DIAGEO PLC SPONSORED ADR NEW	317,725.00	67.4500	478,895.00	161,170.00
6,720.0000	DIGITAL RLTY TR INC COM	253,241.08	54.2000	364,224.00	110,982.92
18,070.0000	DIODES INC	363,643.85	22.4000	404,768.00	41,124.15
29,900.0000	DISNEY WALT CO COM	542,983.99	34.9100	1,043,809.00	500,825.01
3,030.0000	DOLLAR TREE INC	135,789.75	59.2200	179,436.60	43,646.85
33,400.0000	DOW CHEMICAL CO/THE	283,853.76	29.5700	987,638.00	703,784.24

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9,160.0000	DR PEPPER SNAPPLE INC COM	329,635.22	35.1700	322,157.20	7,478.02-
13,830.0000	DRESS BARN INC COM	169,970.71	26.1430	361,557.69	191,586.98
26,250.0000	DRESSER RAND GROUP INC COM	773,371.19	31.4200	824,775.00	51,403.81
21,900.0000	EI DU PONT DE NEMOURS & CO	489,026.99	37.2400	815,556.00	326,529.01
9,880.0000	EXCO RESOURCES INC	165,742.94	18.3800	181,594.40	15,851.46
10,900.0000	EATON CORP	401,773.99	75.7700	825,893.00	424,119.01
16,960.0000	ECLIPSYS CORP	267,855.54	19.8800	337,164.80	69,309.26
37,700.0000	ELECTRONICS FOR IMAGING INC	369,460.00	11.6300	438,451.00	68,991.00
17,900.0000	EMERGENT BIOSOLUTIONS INC COM	269,772.90	16.7900	300,541.00	30,768.10
25,510.0000	EMULEX CORP NEW	304,576.80	13.2800	338,772.80	34,196.00
14,590.0000	ENERSYS COM	250,678.96	24.6600	357,570.00	106,891.04
10,160.0000	EVERCORE PARTNERS INC	330,494.33	30.0000	304,800.00	25,694.33-
7,620.0000	EXPRESS SCRIPTS INC	425,896.04	101.7600	775,411.20	349,515.16
19,400.0000	EXXON MOBIL CORP	1,330,770.07	66.9800	1,299,412.00	31,358.07-
8,400.0000	FTI CONSULTING INC COM	316,672.00	39.3200	251,648.00	65,024.00-
7,180.0000	F5 NETWORK INC COM	150,420.99	61.6300	442,503.40	292,082.41
2,020.0000	FIBRIA CELULOSE SA	33,027.00	21.8800	44,197.60	11,170.60

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114,930.0000	FIFTH THIRD BANCORP	1,080,605.52	13.5600	1,558,450.80	477,845.28
26,300.0000	FINISH LINE INC/THE	209,084.19	16.3500	430,005.00	220,920.81
7,050.0000	FOSSYL INC COM	230,198.65	37.7400	266,067.00	35,868.35
7,240.0000	FREEPORT-MCMORAN COPPER & GOLD	545,344.43	83.5400	604,829.60	59,485.17
15,400.0000	FUEL SYS SOL KIRKLAND & ELLIS LLP	510,645.93	31.9400	491,876.00	18,769.93-
39,330.0000	GT SOLAR INTL INC COM	196,435.68	5.2300	205,695.90	9,260.22
10,410.0000	GSI COMMERCE INC COM	231,351.46	27.7200	288,565.20	57,213.74
66,100.0000	GENERAL ELECTRIC CO	668,270.99	18.2000	1,203,020.80	534,749.01
20,100.0000	GILEAD SCIENCES INC	927,089.12	45.4700	913,947.00	13,142.12-
6,170.0000	GOLDMAN SACHS GROUP INC/THE	810,458.47	170.6300	1,052,787.10	242,328.63
3,320.0000	GOOGLE INC	1,251,178.45	567.1200	1,882,838.40	631,659.95
2,850.0000	GRAINGER W W INC COM	255,535.55	108.1200	308,142.00	52,606.45
4,670.0000	GREEN MTN COFFEE ROASTERS INC COM	256,611.42	96.8700	452,382.90	195,771.48
3,123.0000	GREENHILL & CO INC	255,615.03	82.0900	256,367.07	752.04
13,260.0000	GUESS? INC	374,323.10	46.9800	622,954.80	248,631.70
8,700.0000	HAEMONETICS CORP MASS COM	497,040.50	57.1500	497,205.00	164.50
33,040.0000	HALLIBURTON CO	742,592.64	30.1300	995,495.20	252,902.56

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28,700.0000	HANDOVER INS GROUP INC COM	927,870.02	43.6100	1,251,607.00	323,736.98
25,610.0000	HARLEY-DAVIDSON INC	691,061.93	28.0700	718,872.70	27,810.77
5,380.0000	HARMAN INTERNATIONAL INDUSTRIE	164,016.23	46.7800	251,676.40	87,660.17
19,300.0000	HARTFORD FINANCIAL SERVICES GR	194,090.28	28.4200	548,506.00	354,415.72
40,060.0000	HAWAIIAN HLOGS INC	212,967.29	7.3700	295,242.20	82,274.91
16,920.0000	HEALTHSDUTH CORP COM NEW	328,799.55	18.7000	316,404.00	12,395.55-
19,530.0000	HEARTLAND EXPRESS INC COM	288,666.66	16.5000	322,245.00	33,578.34
59,900.0000	HENRY JACK & ASSOC INC COM	977,568.00	24.0600	1,441,194.00	463,626.00
20,600.0000	HEWLETT-PACKARD CO	660,436.01	53.1500	1,094,890.00	434,453.99
25,100.0000	HOME DEPOT INC	591,355.99	32.3500	811,985.00	220,629.01
17,600.0000	HONDA MOTOR CO LTD	417,120.00	35.2900	621,104.00	203,984.00
4,460.0000	HOSPIRA INC	254,067.55	56.6500	252,659.00	1,408.55-
28,320.0000	ICU MED INC	1,020,164.92	34.4500	975,624.00	44,540.92-
17,200.0000	IBERIABANK CORP COM	950,774.79	60.8100	1,032,172.00	81,397.21
21,520.0000	IMPAX LABORATORIES INC COM	259,308.98	17.8800	384,777.60	125,468.62
27,270.0000	INFOSPACE INC COM PAR \$.0001	316,119.60	11.0500	301,333.50	12,786.10-
15,240.0000	INSITUFORM TECHNOLOGIES INC	238,353.60	26.6100	405,536.40	167,182.80
42,500.0000	INTEL CORP	731,326.68	22.2900	947,325.00	215,998.32
6,510.0000	INTERCONTINENTALEXCHANGE INC	590,829.25	112.1800	730,291.80	139,462.55

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11,700.0000	INTERNATIONAL BUSINESS MACHINE	1,133,613.01	128.2500	1,500,525.00	366,911.99
2,200.0000	INTUITIVE SURGICAL INC	383,909.12	348.1300	765,886.00	381,976.88
10,960.0000	INVACARE CORP	302,228.05	26.5400	290,878.40	11,349.65-
17,950.0000	INVESTORS BANCORP INC	231,956.72	13.2000	236,940.00	4,983.28
64,430.0000	ION GEOPHYSICAL CORP COM	334,064.43	4.9200	316,995.60	17,068.83-
10,750.0000	IRON MTN INC PA COM	279,120.19	27.4000	294,550.00	15,429.81
5,150.0000	J CREW GROUP INC	222,397.09	45.9000	236,385.00	13,987.91
9,100.0000	JDA SOFTWARE GROUP INC	209,217.66	27.8200	253,162.00	43,944.32
59,310.0000	JPMORGAN CHASE & CO	2,206,501.43	44.7500	2,654,122.50	447,621.07
7,900.0000	JD ANN STORES INC COM	169,516.86	41.9800	331,642.00	162,125.14
12,300.0000	JOHNSON & JOHNSON	674,030.66	65.2000	801,960.00	127,929.34
6,190.0000	KLA TENCOR CORP	213,040.06	30.9250	253,275.75	39,435.69
21,300.0000	KEYCORP	167,630.99	7.7500	165,075.00	2,555.99-
4,800.0000	KIRBY CORP	127,871.99	38.1500	183,120.00	55,248.01
5,620.0000	KOPPERS HLDGS INC COM	183,769.07	28.3200	159,158.40	24,610.67-
12,648.0000	LKQ CORP	191,859.85	20.3000	256,754.40	64,894.55
34,850.0000	LAM RESH CORP COM	947,981.55	37.3200	1,300,602.00	352,620.45
5,610.0000	LANCASTER COLONY CORP COM	287,349.26	58.9600	330,765.60	43,416.34

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4,980.0000	ESTEE LAUDER COS INC CL A	125,257.89	64.8700	323,852.60	197,794.71
7,870.0000	LEAR CORP	563,570.22	79.3500	624,484.50	60,914.28
25,600.0000	LENNOX INTL INC COM	677,376.00	44.3200	1,134,592.00	457,216.00
13,410.0000	LINCOLN EDL SVCS CORP COM	294,350.17	25.3000	339,273.00	44,922.83
19,800.0000	LINCOLN NATIONAL CORP	505,872.61	30.7000	607,860.00	101,987.39
7,700.0000	LINDSAY CORP	321,616.62	41.4100	318,857.00	2,759.62-
13,010.0000	LINEAR TECHNOLOGY CORP COM	394,715.87	28.2500	367,532.50	27,183.37-
36,930.0000	LOWE'S COS INC	746,473.31	24.2400	895,183.20	148,709.89
4,130.0000	LUFKIN INDS INC COM	306,876.10	79.1500	326,889.50	20,013.40
9,500.0000	MTS SYS CORP	211,667.96	29.0300	275,785.00	64,117.04
29,900.0000	MYR GROUP INC/DELAWARE	494,049.33	16.3100	487,669.00	6,380.33-
40,700.0000	STEVEN MADDEN LTD	984,015.30	48.8000	1,986,160.00	1,002,144.70
6,310.0000	MANHATTAN ASSOCS INC COM	155,759.16	25.4800	160,778.80	5,019.64
12,450.0000	MANPOWER INC WIS	702,992.91	57.1200	711,144.00	8,151.09
6,000.0000	MANULIFE FINL CORP COM	67,200.00	19.6900	118,140.00	50,940.00
18,400.0000	MAXIMUS INC COM	821,617.79	60.9300	1,121,112.00	299,494.21
16,800.0000	MCDONALD'S CORP	926,484.27	66.7200	1,120,896.00	194,411.73
7,520.0000	MCKESSON CORP	467,716.28	65.7200	494,214.40	26,498.12

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10,790.0000	HEAD JOHNSON NUTRITION CO COM CL A	485,863.79	52.0300	561,403.70	75,539.91
15,010.0000	MEDASSETS INC COM	331,678.48	21.0000	315,210.00	16,468.48-
463.0000	MEDICAL RES INC COM	0.00	0.0000	0.00	0.00
12,768.0000	MEDICIS PHARMACEUTICAL CORP CL A NEW COM	172,889.69	25.1600	321,041.60	148,151.91
21,400.0000	MERCK & CO INC	748,180.17	37.3500	799,290.00	51,109.83
14,450.0000	METLIFE INC COM	329,026.49	43.3400	626,263.00	297,236.51
31,850.0000	METROPCS COMMUNICATIONS INC COM	413,190.73	7.0800	225,498.00	187,692.73-
29,800.0000	MICROSYS INC COM	755,401.16	32.8900	980,122.00	224,720.84
640.0000	MICRO STRATEGY INC WTS TO PUR COM 06/24/2007	6.40	0.0100	6.40	0.00
3,850.0000	MICROSTRATEGY INC CL A NEW	261,999.18	85.0700	327,519.50	65,520.32
31,000.0000	MICRON TECHNOLOGY INC COM	292,151.15	10.3700	321,470.00	29,318.85
6,020.0000	MIDDLEBY CORP	301,251.67	57.5900	392,763.80	91,512.13
6,470.0000	MONSANTO CO	537,657.02	71.4200	462,087.40	75,569.62-
19,000.0000	MORGAN STANLEY	563,176.24	29.2900	556,510.00	6,666.24-
30,500.0000	NBTY INC	569,193.80	47.9800	1,463,390.00	894,196.20
12,091.0000	NALCO HOLDING CO	173,544.38	24.3300	294,174.03	120,629.65

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19,280.0000	NATIONAL CINEMEDIA INC COM	254,110.40	17.2600	332,772.80	78,662.40
14,750.0000	NESTLE SA SPON ADR REPSTG REG SHS COM	499,169.50	51.3040	756,734.00	257,564.50
12,110.0000	NETGEAR INC COM	184,076.63	26.1000	316,071.00	131,994.37
11,840.0000	NETLOGIC MICROSYSTEMS INC COM	162,681.60	29.4300	348,451.20	185,769.60
18,420.0000	99 CENTS ONLY STORES	182,799.32	16.3000	300,246.00	117,446.68
37,100.0000	NOKIA OYJ	432,956.99	15.5400	576,536.00	143,577.01
3,600.0000	NORDSON CORP	249,972.88	67.9200	244,512.00	5,460.88-
7,620.0000	NORDSTROM INC	315,299.27	40.8500	311,277.00	4,022.27-
9,200.0000	NOVARTIS AG	348,036.00	54.1000	497,720.00	149,684.00
21,070.0000	NU SKIN ENTERPRISES INC CL A COM	345,785.01	29.1000	613,137.00	267,351.99
7,360.0000	NUVASIVE INC COM	275,974.71	45.2000	332,672.00	56,697.29
15,630.0000	OCCIDENTAL PETROLEUM CORP	916,274.89	84.5400	1,321,360.20	405,085.31
6,000.0000	OCEANEERING INTERNATIONAL INC	221,220.01	63.4900	380,940.00	159,719.99
24,612.0000	OLD REPUBLIC INTERNATIONAL COR	266,301.83	12.6800	312,080.16	45,778.33
3,680.0000	ONYX PHARMACEUTICALS INC	102,537.24	30.2800	111,430.40	8,893.16
66,600.0000	ORIENTAL FINL GROUP INC COM	758,581.10	13.5000	899,100.00	140,518.90

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6,490.0000	OWENS CORNING NEW COM	155,235.06	25.4400	165,105.60	9,870.54
11,100.0000	PG&E CORP	424,242.00	42.4200	470,862.00	46,620.00
15,900.0000	PNC FINANCIAL SERVICES GROUP	517,845.62	59.7000	949,230.00	431,384.38
54,000.0000	PACIFIC SUNWEAR CALIF INC COM	89,639.99	5.3100	286,740.00	197,100.01
5,300.0000	PALL CORP COM	131,477.94	40.4900	214,597.00	83,119.06
12,300.0000	PAPA JOHNS INTL INC COM	286,088.49	25.7100	316,233.00	30,144.51
14,090.0000	PARAMETRIC TECHNOLOGY CORP COM NEW	231,801.33	18.0500	254,324.50	22,523.17
14,800.0000	PAREXEL INTERNATIONAL CORP	285,505.50	23.3100	344,988.00	59,482.50
37,000.0000	PATTERSON CUS INC COM	713,119.00	31.0500	1,148,850.00	435,731.00
9,380.0000	PEGASYS INC	297,859.18	37.0000	347,060.00	49,200.82
21,900.0000	JC PENNEY CO INC	439,533.00	32.1700	704,523.00	264,990.00
30,300.0000	PEPSICO INC/MC	1,571,634.40	66.1600	2,004,648.00	433,013.60
43,800.0000	PFIZER INC	623,844.26	17.1500	751,170.00	127,325.74
45,570.0000	PIONEER DRILLING CO	362,673.04	7.0400	320,812.80	41,860.24
18,800.0000	PLANTRONICS INC	492,101.28	31.2600	588,064.00	95,962.72
7,340.0000	POLYCOM INC	211,447.47	30.5800	224,657.20	13,009.73
33,030.0000	POLYONE CORP	232,552.16	10.2400	338,227.20	105,675.04
7,340.0000	POTASH CORP OF SASKATCHEWAN IN	593,145.40	119.3500	876,029.00	282,883.60

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9,040.0000	POWER INTEGRATIONS INC	293,369.43	41.2000	372,448.00	79,078.57
28,440.0000	T ROWE PRICE GROUP INC	961,400.80	54.9700	1,563,346.80	601,946.00
6,700.0000	PROCTER & GAMBLE CO/THE	317,998.75	63.2700	423,909.00	105,910.25
9,700.0000	PUBLIC SVC ENTERPRISE GROUP INC COM	285,859.01	29.5200	286,344.00	484.99
85,810.0000	PULTE GROUP INC	895,863.02	11.2500	965,362.50	69,499.48
26,660.0000	QUALCOMM INC	1,042,431.43	41.9600	1,118,653.60	76,222.17
12,400.0000	QUESTAR CORP	392,383.06	43.2000	535,680.00	143,296.94
2,000.0000	RWE AG SPONS ADR REPSTG ORD PAR DM 50	141,028.00	88.9940	177,988.00	36,960.00
17,900.0000	RAYTHEON CO	697,026.01	57.1200	1,022,448.00	325,421.99
7,310.0000	REGENERON PHARMACEUTICALS INC COM	113,142.49	26.4900	193,641.90	80,499.41
12,030.0000	REHABSCARE GROUP INC COM	335,739.78	27.2700	328,050.10	7,681.68
8,070.0000	RIO TINTO PLC	1,295,295.74	236.7300	1,910,411.10	615,115.36
9,400.0000	ROBERT HALF INTERNATIONAL INC	259,093.03	30.4300	286,042.00	26,948.97
6,390.0000	ROCK-TENN CO CL A	242,456.01	45.5700	291,192.30	48,736.29
8,400.0000	ROVI CORP	201,877.76	37.1300	311,892.00	110,014.24
3,820.0000	SPX CORP	244,981.82	66.3200	253,342.40	8,360.58
18,600.0000	SAFeway INC	375,534.80	24.8600	462,896.00	86,862.00

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4,208.0000	ST JUDE MED INC COM	156,965.75	41.0500	172,410.00	15,444.25
12,580.0000	SALESFORCE.COM INC	524,672.65	74.4500	936,581.00	411,908.35
5,830.0000	SANDERSON FARMS INC	262,911.82	53.6100	312,546.30	49,634.48
11,300.0000	SCHLUMBERGER LTD	459,006.00	63.4600	717,098.00	258,092.00
54,290.0000	CHARLES SCHWAB CORP/THE	983,745.46	18.6900	1,014,680.10	30,934.64
10,990.0000	SEATTLE GENETICS INC COM	136,461.73	11.9400	131,220.60	5,241.13-
21,250.0000	SENTECH CORP	361,508.89	17.4300	370,387.50	8,878.61
6,040.0000	SIGMA ALDRICH CORP	308,815.46	53.6600	324,106.40	15,290.94
6,050.0000	SIGNATURE BANK/NEW YORK NY	207,440.34	37.0500	224,152.50	16,712.16
4,030.0000	SILICON LABORATORIES INC	188,518.82	47.6700	192,110.10	3,591.28
5,400.0000	SILGAN HLDGS INC COM	284,515.25	60.2300	325,242.00	40,726.75
24,300.0000	SIRONA DENTAL SYS INC COM	762,106.59	38.8300	924,129.00	162,022.41
10,265.0000	SKYWORKS SOLUTIONS INC COM	102,906.36	15.6000	160,134.00	57,227.64
23,500.0000	SNAP-ON INC	790,046.30	43.3400	1,018,498.00	228,443.70
8,580.0000	SONOSITE INC COM	271,130.78	32.1100	275,503.80	4,373.02
12,710.0000	SOURCEFIRE INC COM	248,275.59	22.9500	291,694.50	43,418.91
76,740.0000	SOUTHWEST AIRLINES CO	578,604.81	13.2200	1,014,502.80	435,897.99
25,620.0000	SOUTHWESTERN ENERGY CO (DEL) COM	928,465.92	40.7200	1,043,246.40	114,780.48

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27,600.0000	STANTEC INC COM	502,319.99	26.0800	719,808.00	217,488.01
12,100.8000	STATE STREET CORP	507,667.80	45.1400	546,194.00	38,527.00
10,660.0000	STERIS CORP COM	306,596.65	33.6600	358,815.60	52,218.95
5,406.0000	STIFEL FINL CORP	273,335.10	53.7500	290,572.50	17,237.40
14,810.0000	STILLWATER MNG CO COM	99,981.75	12.9800	192,233.80	92,252.05
20,650.0000	SUCCESSFACTORS INC	332,751.37	19.0400	393,176.00	60,424.63
19,200.0000	SUNCOR ENERGY INC NEW	426,432.00	32.5400	624,768.00	198,336.00
54,100.0000	SUPERIOR ENERGY SERVICES INC	697,349.00	21.0200	1,137,182.00	439,833.00
11,350.0000	SYNNEX CORP COM	349,960.05	29.5600	335,506.00	14,454.05-
14,677.0000	TW TELECOM INC COM	183,413.15	18.1600	266,534.32	83,121.17
11,500.0000	TALISMAN ENERGY INC COM	120,750.00	17.0600	196,190.00	75,440.00
11,400.0000	TARGET CORP	392,046.00	52.6000	599,640.00	207,594.00
10,200.0000	TECK RESOURCES LTD	56,610.00	43.5600	444,312.00	387,702.00
8,070.0000	TEMPLE INLAND INC COM	144,523.85	20.4300	164,870.10	20,346.25
10,810.0000	TEMPUR PEDIC INTL INC COM	128,087.20	30.1600	326,029.60	197,942.40
17,300.0000	TENARIS SA SPONSORED ADR	348,941.00	42.9400	742,862.00	393,921.00
8,910.0000	TEVA PHARMACEUTICAL INDUSTRIES	451,346.88	63.0800	562,042.80	110,695.92

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14,700.0000	THORATEC CORP	413,133.96	33.4500	491,715.00	78,581.04
11,100.0000	3M CO	551,891.99	83.5700	927,627.00	375,735.01
33,570.0000	TIBCO SOFTWARE INC COM	274,504.44	10.8000	362,536.00	88,031.56
18,700.0000	TRAVELERS COS INC/THE	759,968.00	53.9400	1,008,678.00	248,710.00
16,810.0000	TREX INC COM	332,093.75	21.2900	357,884.90	25,791.15
30,700.0000	TUPPERWARE BRANDS CORP COM	966,384.76	48.2200	1,480,354.00	513,969.24
7,350.0000	II-VI INC	243,518.67	33.8400	248,724.00	5,205.33
24,100.0000	US BANCORP DEL COM NEW	352,100.99	25.8800	623,708.00	271,607.01
16,410.0000	ULTA SALON COSMETICS & FRAGRANCE INC COM	334,968.98	22.6200	371,194.20	36,225.22
4,950.0000	ULTRA PETROLEUM CORP	203,286.07	46.6300	230,818.50	27,532.43
15,700.0000	UNILEVER N V NEW YORK SHS NEW	307,720.00	30.1600	473,512.00	165,792.00
10,600.0000	UNITED TECHNOLOGIES CORP	455,588.00	73.6100	780,266.00	324,678.00
5,770.0000	UNITED THERAPEUTICS CORP DEL COM	339,165.28	55.3300	319,254.10	19,911.18-
29,940.0000	UNITEDHEALTH GROUP INC	759,555.73	32.6700	978,139.80	218,584.07
7,940.0000	URBAN OUTFITTERS INC COM	145,886.95	38.0700	302,275.80	156,468.85
21,300.0000	VALE S A ADR	283,290.00	32.1900	685,647.00	402,357.00
8,730.0000	VALSPAR CORP	209,534.91	29.4800	257,360.40	47,825.49
26,860.0000	VANDA PHARMACEUTICALS INC COM	325,739.80	11.5400	309,964.40	15,775.40-

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11,470.0000	VISA INC	669,814.96	91.0300	1,044,114.10	374,299.14
17,400.0000	VODAFONE GROUP PLC-SP ADR	382,965.30	23.3100	405,594.00	22,628.70
11,780.0000	VOLTERRA SEMICONDUCTOR CORP COM	196,476.95	25.1000	295,478.00	99,201.05
15,900.0000	WABTEC CORP/DE	419,442.00	42.1200	669,708.00	250,266.00
13,500.0000	WAL-MART STORES INC	703,350.01	55.6000	750,600.00	47,249.99
29,400.0000	WARNACO GROUP INC COM NEW	795,072.15	47.7100	1,402,674.00	607,601.85
5,680.0000	WATERS CORP COM	332,424.69	67.5400	383,627.20	51,202.51
7,300.0000	WATSCO INC CL A	381,604.89	56.8800	415,224.00	33,619.11
17,600.0000	WELLS FARGO & CO	462,864.16	31.1200	547,712.00	84,847.84
6,170.0000	WESTAMERICA BANCORPORATION COM	292,131.24	57.6500	355,700.50	63,569.26
7,150.0000	WHIRLPOOL CORP COM	574,417.67	87.2500	623,837.50	49,419.83
27,690.0000	WHOLE FOODS MKT INC	640,219.70	36.1500	1,000,993.50	360,773.80
15,170.0000	WILLBROS GROUP INC DEL COM	182,249.03	12.0100	182,191.70	57.33-
10,460.0000	WILLIAMS COS INC/THE	226,570.08	23.1000	241,626.00	15,055.92
9,740.0000	WORLD FUEL SVC CORP	163,242.33	26.6400	259,473.60	96,231.27
14,660.0000	WORLD WRESTLING ENTERTAINMENT INC CL A	256,056.99	17.3000	253,618.00	2,438.99-
12,790.0000	WRIGHT EXPRESS CORP COM	314,913.70	38.1200	385,234.80	70,321.10

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600.0000	YARA INTL ASA SPONSORED ADR	13,084.80	43.4660	26,079.60	12,994.80
8,455.0000	ZEBRA TECHNOLOGIES CORP CL A COH	225,610.93	29.6000	250,268.00	24,657.07
TOTAL CORPORATE STOCK - COMMON		148,174,881.16		199,448,755.47	51,273,874.31
<u>PARTNERSHIP/JOINT VENTURE INTEREST</u>					
17,588,569.0000	GMO MULTI STRATEGY FD OFFSHORE CLASS E	18,431,722.00	1.0000	17,588,569.00	843,153.00-
515,949.2250	RREEF AMERICA II	43,205,755.61	68.7039	35,447,758.53	7,757,997.08-
33,781,317.0000	GROSVENOR INSTL PARTNERS LP	29,168,602.00	1.0000	33,781,317.00	4,612,715.00
12,470,016.0000	SIGULER CUFF LP	10,206,457.47	1.0000	12,470,016.00	2,263,558.53
845,764.0000	LANDMARK EQUITY PARTNERS XIV LP	572,934.00	1.0000	845,764.00	272,830.00
370,000.0000	ADAMS STREET	370,000.00	1.0000	370,000.00	0.00
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST		101,955,471.08		100,503,424.53	1,452,046.55-
<u>OTHER INVESTMENTS</u>					
50,000.0000	CALIFORNIA ST 7.500% 10/01/2039 DD 10/15/09	50,411.50	100.3539	50,176.99	234.51-
30,000.0000	MUNICIPAL ELEC AUTH GA 6.637% 04/01/2057 DD 03/11/10	30,000.00	99.1869	29,754.10	245.90-
20,000.0000	MUNICIPAL ELEC AUTH GA 6.655% 04/01/2057 DD 03/12/10	20,000.00	99.4199	19,884.00	116.00-

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15,000.0000	UNITED MEXICAN SYS MTN TR00017 6.750% 09/27/2034 DD 09/27/04	14,317.48	110.0000	16,500.00	2,182.52
12,000.0000	UNITED MEXICAN MTN #TR00019 5.625% 01/15/2017 DD 03/10/06	11,736.00	107.0000	12,840.00	1,104.00
35.0000-	US TREAS 8D FUTURE (CBT) EXP JUN 10	0.00	116.1250	39,617.17-	39,617.17-
80.0000	US 10 YR TREAS NTS FUTURE(CBT) EXP JUN 10	0.00	116.2500	4,101.59-	4,101.59-
65.0000-	US 5YR TREAS NTS FUT(CBT) EXP JUN 10	0.00	114.8437	26,898.46	26,898.46
1.0000	US 2YR TREAS NTS FUT (CBT) EXP JUN 10	0.00	108.4765	46.87-	46.87-
12.0000	US ULTRA BOND (CBT) EXP JUN 10	0.00	119.9687	5,421.87	5,421.87
TOTAL OTHER INVESTMENTS		126,464.98		117,711.79	8,753.19-
<u>WRITTEN OPTIONS</u>					
2.0000-	90DAY EURODOLLAR FUTURE JUN 10 CALL JUN 10 099.375 ED 6/14/10	925.64-	0.2650	1,325.00-	399.36-
2.0000-	90DAY EURODOLLAR FUTURE SEP 10 CALL SEP 10 099.250 ED 09/13/10	1,188.95-	0.2825	1,412.50-	223.55-
TOTAL WRITTEN OPTIONS		2,114.59-		2,737.50-	622.91-

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FL GCALL10
ERT BELL/PETE ROZELLE NFL RET
VERALL COMPOSITE

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
31 MARCH 2010

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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
<u>PURCHASE OPTIONS</u>					
12.0000	US 10 YR TREAS NTS FUT JUN 10 CALL JUN 10 119.000 ED 5/21/10	4,320.27	17.1875	2,062.50	2,257.77-
TOTAL PURCHASE OPTIONS		4,320.27		2,062.50	2,257.77-
<u>COMMON/COLLECTIVE TRUST</u>					
401,152.3870	EB DV GLOBAL ALPHA I FUND	64,134,562.66	142.4419	57,140,936.68	6,993,625.98-
97,445,561.9800	EB TEMPORARY INVESTMENT FD II 0.379% 12/31/2040 DD 11/01/01	97,445,561.98	1.0000	97,445,561.98	0.00
33,024.1510	JP MORGAN STRATEGIC PROPERTY FUND	39,071,669.93	1,272.4100	42,020,259.97	2,948,590.04
28,552.0000	BENCHMARK PLUS INTL OFFSHORE FUND	28,552,000.00	805.9870	23,012,541.99	5,539,458.01-
269,927.1700	GOTTEX MKT NEUTRAL S&P 500 FUND	28,641,696.78	71.5480	19,312,749.16	9,328,947.62-
285,371.8900	GOTTEX AGGREGATE REPLICATION FUND	28,535,093.34	99.3500	28,351,697.27	183,396.07-
370,970.8710	ENTRUST CAPITAL DIVERSIFIED FUND LTD	36,718,500.00	99.1070	36,765,816.05	47,316.05
28,432.0000	BENCHMARK PORTABLE ALPHA FIXED INC	28,432,000.00	1,101.1255	31,307,201.01	2,875,201.01
1,467,562.5160	ALLIANCEBERNSTEIN INTL STRATEGIC VALUES SERIES DBT	36,688,487.40	33.5667	49,261,230.71	12,572,743.31

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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
2,872,584.2200	LOOMIS SAYLES CREDIT ASSET TRUST - CLASS B	34,950,669.57	13.5000	38,779,886.97	3,829,217.40
26,514.2580	EB DV STOCK INDEX FUND	26,671,723.00	1,403.8101	37,220,984.10	10,549,261.10
TOTAL COMMON/COLLECTIVE TRUST		449,841,964.66		460,618,865.89	10,776,901.23
<u>103-12 INVESTMENT ENTITIES</u>					
88,549.2000	WA FLTG RATE HI INCOME FD	956,976.04	14.1770	1,255,362.01	298,385.17
89,624.7850	WAMCO OPPORTUNISTIC US\$ HIGH YIELD SEC PORT LLC	1,297,723.37	19.5450	1,751,716.42	453,993.05
37,981.0000	WAMCO OPPORTUNISTIC INTL INVESTMENT GRADE SEC LLC	967,983.78	26.1090	991,645.93	23,662.15
TOTAL 103-12 INVESTMENT ENTITIES		3,222,683.99		3,998,724.36	776,040.37
<u>REGISTERED INVESTMENT COMPANIES</u>					
2,686,854.5680	ARTISAN FDS INC INTL FD INSTL	53,815,865.96	20.2600	54,435,673.55	619,807.59
2,424,872.2520	GMO TR STRATEGIC BALANCED ALLOCATION FD CL III	52,698,725.37	19.3000	46,800,034.46	5,898,690.91-
7,216,824.2660	PIMCO FDS PAC INVT MGMT SER DIVERSIFIED INCOME FD INSTL CL	78,152,796.25	10.9800	79,240,730.44	1,087,934.19
221,950.0300	PAYDEN CORPORATE BOND FUND	2,231,304.41	11.2000	2,485,840.34	254,535.93
3,547,315.3210	PAYDEN CORE BOND FUND R	36,679,708.74	10.3000	36,537,347.81	142,360.93-
324,145.2690	PAYDEN & RYCEL INVT GROUP EMERGING MKT BD FD CL R	4,298,428.63	13.9000	4,505,619.24	207,190.61

SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Part IV, 4 (j)

THE BANK OF NEW YORK MELLON

GCALL10
IT BELL/PETE ROZELLE NFL RET
RALL COMPOSITE

SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 APRIL 2009 THROUGH 31 MARCH 2010

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IN	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	5% VALUE: COST OF PURCHASES	PROCEEDS FROM SALES	44,723,914.05 COST OF ASSETS DISPOSED	GAIN/LOSS
	8,982,035.92	PIMCO FDS PAC INVT MGMT SER ALL ASSET FD INSTL CL	.00	105,000,000.00	.00	.00	.00
	118,974,148.24	BSDT-LATE MONEY DEPOSIT ACCT 0.550% 12/31/2049 DD 06/26/97	.00	.00	118,974,148.24	118,974,148.24	.00
	112,162,502.75	EB TEMPORARY INVESTMENT FD II 0.840%	.00	112,162,502.75	.00	.00	.00
	82,813,405.00	EB TEMPORARY INVESTMENT FD II 0.379% 12/31/2040 DD 11/01/01	.00	82,813,405.00	.00	.00	.00
	105,000,000.00	COMMIT TO PUR MUTUAL FD	.00	105,000,000.00	.00	.00	.00
	105,000,000.00	COMMIT TO PUR MUTUAL FD	.00	.00	105,000,000.00	105,000,000.00	.00

GCALL10
IT BELL/PETE ROZELLE NFL RET
RALL COMPOSITE

SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 APRIL 2009 THROUGH 31 MARCH 2010

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IN	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	5% VALUE: PROCEEDS FROM SALES	44,723,914.05 COST OF ASSETS DISPOSED	GAIN/LOSS
.72	8,701,856.43	BSDT-LATE MONEY DEPOSIT ACCT 0.025% 12/31/2049 DD 06/26/97	8,701,856.43	.00	.00	.00
.74	127,700,068.51	BSDT-LATE MONEY DEPOSIT ACCT 0.025% 12/31/2049 DD 06/26/97	.00	127,700,068.51	127,700,068.51	.00
.10	297,104,772.04	EB TEMPORARY INVESTMENT FD II 0.379% 12/31/2040 DD 11/01/01	297,104,772.04	.00	.00	.00
.70	210,457,576.54	EB TEMPORARY INVESTMENT FD II 0.379% 12/31/2040 DD 11/01/01	.00	210,457,576.54	210,457,576.54	.00
2	105,047,955.76	COMMIT TO PUR MUTUAL FD	105,047,955.76	.00	.00	.00
2	105,047,955.76	COMMIT TO PUR MUTUAL FD	.00	105,047,955.76	105,047,955.76	.00