

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), 6057(b), 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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>04/01/2014</u> and ending <u>03/31/2015</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 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; include room or suite number (employer, if for a single-employer plan) <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</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 Plan Sponsor's telephone number <u>410-685-5069</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 Plan Sponsor's telephone number <u>410-685-5069</u>	2d Business code (see instructions) <u>711210</u>	
2b Employer Identification Number (EIN) <u>13-6043636</u>					
2c Plan Sponsor's telephone number <u>410-685-5069</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.	01/14/2016	RICHARD CASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2016	SAM MCCULLUM
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
5 Total number of participants at the beginning of the plan year	5 12053
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 2182 6a(2) 2169 6b 3489 6c 6018 6d 11676 6e 598 6f 12274 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 32
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4F 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
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> <u>0</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

▶ **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 2014	
b Assets	
(1) Current value of assets	1b(1) 1617169656
(2) Actuarial value of assets for funding standard account.....	1b(2) 1606565990
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2945728870
(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) 2945728870
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) 5541013794
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 77922320
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
(3) Expected plan disbursements for the plan year.....	1d(3) 194886250

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		12/11/2015
CHRISTOPHER E. FLOHR	Signature of actuary	Date
AON HEWITT	Type or print name of actuary	14-06359
		Most recent enrollment number
500 EAST PRATT STREET, BALTIMORE, MD 21202	Firm name	410-547-2800
	Address of the firm	Telephone number (including area code)

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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1617169656
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4246	1991130557
(2) For terminated vested participants	5917	2817987396
(3) For active participants:		
(a) Non-vested benefits		64950734
(b) Vested benefits		666945107
(c) Total active	2182	731895841
(4) Total	12345	5541013794
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	29.19 %

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
06/13/2014	11800000	0			
03/31/2015	293738737	0			
Totals ▶			3(b)	305538737	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 line 5.	4a	E
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	54.5 %
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" 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	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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 or other automatic approval?		<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	3.62 %
b Rates specified in insurance or annuity contracts	<div style="display: flex; justify-content: space-around;"> Pre-retirement Post-retirement </div> <div style="display: flex; justify-content: space-around;"> <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 </div>	
c Mortality table code for valuation purposes:		

(1) Males.....	6c(1)	A		A	
(2) Females	6c(2)	A		A	
d Valuation liability interest rate.....	6d	7.25%		7.25 %	
e Expense loading	6e	47.6%	<input type="checkbox"/> N/A	0.5%	<input type="checkbox"/> N/A
f Salary scale	6f	%	<input checked="" type="checkbox"/> N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	9.5 %			
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.9 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	32540761	3384077

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 checked="" type="checkbox"/> Yes <input 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 8d(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 8d(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 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....	8d(5)	
(6) If line 8d(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	32630341
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	1992293192 242984184
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	19982053
e Total charges. Add lines 9a through 9d.....	9e	295596578
Credits to funding standard account:		
f Prior year credit balance, if any	9f	433425882
g Employer contributions. Total from column (b) of line 3	9g	305538737
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	219704430 47373516
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	35535140
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	1936097488

(2) "RPA '94" override (90% current liability FFL)	9j(2)	3540443971	
(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	821873275
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	526276697
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2014 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	
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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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning **04/01/2014** and ending **03/31/2015**

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)

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
AUDAX MEZZANINE FUND III, L.P.

26-3763878

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
LANDMARK EQUITY PARTNERS

06-1519082

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKSTONE REAL ESTATE DEBT STRAT

90-0928477

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

36-4339676

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

PRIVATE ADVISORS

54-1886751

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

SIGULAR GUFF

13-3855629

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

ENTRUST

90-0644478

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

EIG ENERGY FUND XVI, LP

46-2825629

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

PICTET

98-0396762

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

PANTHEON FUND

600 MONTGOMERY STREET
23RD FLOOR
SAN FRANCISCO, CA 94111

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

PAYDEN & RYGEL

95-3921788

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

PIMCO

33-0629048

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

ARTISAN

PO BOX 8412
BOSTON, MA 02266-8412

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

VISTA EQUITY PARTNERS FUND IV, L.P.

FOUR EMBARCADERO CENTER, 20TH FLOOR
SAN FRANCISCO, CA 94111

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

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

(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

(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?
29 50	NONE	5375812	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)

AON HEWITT

22-2232264

(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 16 50	NONE	1727118	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

25-6078093

(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 50	NONE	822461	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE BOSTON CO ASSET MGT

04-3404987

(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 51	NONE	721282	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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 51	NONE	623561	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, VAN OTTERLOO CO.

42-1669171

(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 51	NONE	614256	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WELLINGTON TRUST COMPANY, LLP

04-2755549

(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 51	NONE	545898	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ST. PAUL PLAZA

200 SAINT PAUL STREET
SUITE 2121
BALTIMORE, MD 21202

(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 50	NONE	507536	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 POMA INVESTMENT COUNSEL

77-0444891

(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 51	NONE	475352	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 51	NONE	460600	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)

BENEFIT MALL

PO BOX 418742
BOSTON, MA 02241

(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 50	NONE	398495	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)

REMOTE IT SOLUTIONS

27-3142086

(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?
99 50	NONE	306238	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BNY MELLON ASSET SERVICING

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?
19 50 59 62	NONE	282030	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FONDREN ORTHOPEDIC GROUP

76-0363583

(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 50	NONE	271025	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)

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 50	NONE	268734	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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 51	NONE	264367	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)

MERCER

13-2834414

(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 50	NONE	252070	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)

MILLER, MICHAEL

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?
35	EMPLOYEE	251359	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DAVID APPLE, MD

2020 PEACHTREE ROAD NW
ATLANTA, GA 30309

(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 50	NONE	228666	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

13-6043636

(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?
16 50	CONTRACTOR	218591	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)

EARNEST PARTNERS, LLC

58-2386669

(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 51 68	NONE	200869	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	91	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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 50	NONE	199530	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)

POWER TEAM, INC.

41-1761176

(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 50	NONE	196892	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)

STEVEN W MEIER, MD

26-2053717

(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 50	NONE	188683	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ASIA ALTERNATIVES MANAGEMENT LLC

20-4391329

(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 51	NONE	187855	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SYNAPTITUDE, INC.

81-0623291

(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 50	NONE	183885	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 MGT

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 51	NONE	173221	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE GAUDA GROUP

47-1700662

(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 50	NONE	164588	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)

KANSAS CITY SPINE SPORTS MEDICINE

5701 W 119 STREET
OVERLAND PARK, KS 66209

(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 50	NONE	162549	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)

R2I HOLDINGS

46-1337598

(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 50	NONE	161550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ORTHOPEDIC CARE SPECIALISTS

65-0882367

(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 50	NONE	161500	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)

BERNSTEIN & MCCASLAND, MC, PC

58-1318583

(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 50	NONE	141000	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)

SCOTT, PAUL

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?
35	EMPLOYEE	140967	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GIANNA, JAMIE

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?
35	EMPLOYEE	131688	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)

ALLEN JACKSON, MD

P.O. BOX 188
MEDINA, WA 98039

(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 50	NONE	130250	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)

JOHNY HUNG-CHI WEN, PHD

3838 CARSON STREET
SUITE 334
TORRANCE, CA 90503

(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 50	NONE	129000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIAMS LEA, INC

13-3160717

(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 50	NONE	126880	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)

ADVANCED BUSINESS SYSTEMS

PO BOX 759319
BALTIMORE, MD 21275

(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 50	NONE	126200	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)

ATLANTA NUEROPSYCHOLOGY

PO BOX 550045
ATLANTA, GA 30355

(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 50	NONE	120000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ORTHOPAEDIC ASSOCIATES OF CHICAGO

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 50	NONE	113545	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)

COMPULINK MANAGEMENT CENTER, INC.

95-3010597

(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 50	NONE	113276	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)

SUTAPA FORD, PHD

103 MARKET STREET
CHAPEL HILL, NC 27516

(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 50	NONE	109000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

F.HARLAN SELESNICK, MD

1150 CAMPO SANO AVE.
SUITE 301
CORAL GABLES, FL 33146

(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 50	NONE	107500	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)

ERIC J. BRAHIN, MD

96 REYNOSA
SAN ANTONIO, TX 78261

(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 50	NONE	106500	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)

VINCENT, SAM

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?
35	EMPLOYEE	96023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CAROLINA HEADACHE INSTITUTE

27-0823332

(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 50	NONE	89500	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)

ORRIN SHERMAN, MD

145 E. 32ND STREET
4TH FLOOR
NEW YORK, NY 10016

(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 50	NONE	88388	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)

GLENN PERRY, MD

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 50	NONE	86808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

POINTCLICK TECHNOLOGIES

26-0291557

(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 50	NONE	85569	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)

DUFFY CONSULTING SERVICES, INC

46-4467051

(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 50	NONE	84508	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)

PERRY ORTHOPEDIC & SPORTS MEDICINE

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 50	NONE	82794	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EDWARD J O'CONNER, MD

20-5079634

(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 50	NONE	79000	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, LASHAY

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?
35	EMPLOYEE	75281	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)

M SYSTEMS INTERNATIONAL

56-1974062

(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 50	NONE	72828	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SAN DIEGO SPORTS MED & ORTHOPAEDIC

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 50	NONE	70580	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 50	NONE	70539	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)

PCA, LLC

26-2502340

(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 50	NONE	66218	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TERRY L. THOMPSON, MD

2041 GEORGIA AVE, NW, STE 4300
WASHINGTON, DC 20060

(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 50	NONE	66000	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)

THE HERTZ CORPORATION

COMMERICAL BILLING DEPT 1124
PO BOX 121124
DALLAS, TX 75312

(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 50	NONE	62252	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 S. SAENZ, MD

74-2613458

(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 50	NONE	61210	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BAGOSY, CHRISTOPHER

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?
35	EMPLOYEE	60341	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)

MARC F. SCHLOSBERG, MD

106 IRVING STREET, NW
WASHINGTON, DC 20010

(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 50	NONE	59500	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)

NATIONAL REHABILITATION HOSPITAL

52-1369749

(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 50	NONE	56000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ADVANCED RADIOLOGY OF BEVERLY HILLS

P.O. BOX 17038
BEVERLY HILLS, CA 90209

(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 50	NONE	54132	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)

MARKWARD, MEYLI

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?
35	EMPLOYEE	52256	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)

MID STATE ORTHOPAEDIC & SPORTS

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 50	NONE	49411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BANKS, ELTON

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?
35	EMPLOYEE	47233	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)

DEAN DELIS, PHD ABPP

81-0608729

(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 50	NONE	43000	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)

EDWARD RANKIN, MD

7731 ROCTON COURT
CHEVY CHASE, MD 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?
49 50	NONE	42500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

IDUWO, NICOLE

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?
35	EMPLOYEE	42494	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)

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 50	NONE	42061	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)

JOSEPH D. EUBANKS, PHD

74-2756720

(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 50	NONE	42000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIAM GARMOE, PHD

14300 GALLANT FOX LANE
SUITE 107
BOWIE, MD 20715

(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 50	NONE	39500	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)

ABRAMS, FOSTER, NOLE & WILLIAMS

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 50	NONE	38500	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)

RICHARD, ELISE

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?
35	EMPLOYEE	37467	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PARK-IT OF MARYLAND, INC.

200 SAINT PAUL STREET
SUITE 2121
BALTIMORE, MD 21202

(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 50	NONE	36299	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)

DUNN, KIA

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?
35	EMPLOYEE	33087	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)

ANDERSON, MEGAN

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?
35	EMPLOYEE	32614	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARILYN KRIEBEL

33-0098491

(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 50	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)

IHR

20-5133404

(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 50	NONE	31463	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)

CHARLES A. BUSH-JOSEPH, MD

419 NORTH LINCOLN
HINSDALE, IL 60521

(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 50	NONE	31056	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SHANNON, RONALD

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?
35	EMPLOYEE	30748	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)

RODNEY D. VANDERPLOEG, PHD

5322 PRIMROSE LAKE CIRCLE
SUITE F
TAMPA, FL 33647

(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 50	NONE	30000	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)

ASSURANT HEALTH

PO BOX 967
MILWAUKEE, WI 53201

(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 50	NONE	29858	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARCUS P. COOK, MD

46-0738495

(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 50	NONE	29618	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)

BARRY JORDAN, MD

785 MAMARONECK AVE
WHITE PLAINS, NY 10605

(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 50	NONE	29500	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)

WASHINGTON UNIVERSITY

43-0653611

(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 50	NONE	28741	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NOBLEZA, FRANK

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?
35	EMPLOYEE	28719	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)

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 50	NONE	28115	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 CENTER

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 50	NONE	28100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 50	NONE	25717	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)

FRANSISCO PEREZ, PHD

6560 FANNIN
SUITE 1810
HOUSTON, TX 77030

(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 50	NONE	25500	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)

EVES, ROSE MARY

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?
35	EMPLOYEE	25083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEON KAPLAN AND ASSOCIATES

27-1560450

(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 50	NONE	24900	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)

BARNES JEWISH HOSPITAL

23-7309937

(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 50	NONE	24118	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)

TIMOTHY TAFT, MD

115 MORGAN BEND CT
CHAPEL HILL, NC 27517

(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 50	NONE	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SILVANA RIGGIO, MD

170 EAST 87TH STREET
WEST 20C
NEW YORK, NY 10128

(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 50	NONE	23500	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)

WILLIAMS-BROADNAX, KENYA

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?
35	EMPLOYEE	23144	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)

VERIZON WIRELESS

PO BOX 25505
LEHIGH VALLEY, PA 18002

(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 50	NONE	22396	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

IMPACT OFFICE PRODUCTS

PO BOX 403846
ATLANTA, GA 30384

(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 50	NONE	20998	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)

TIMPSON, CYNTHIA

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?
35	EMPLOYEE	18153	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)

ROBERT P FUCETOLA, PHD

45-4275937

(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 50	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLER, ANNETTE

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?
35	EMPLOYEE	16763	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)

JOHNSTON, LINDA

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?
35	EMPLOYEE	16758	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)

PAETEC COMMUNICATIONS

16-1551095

(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 50	NONE	16094	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JONES NETWORKING

52-2024613

(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 50	NONE	16000	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)

METLIFE

P.O. BOX 804466
KANSAS CITY, MO 64180-4446

(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 50	NONE	15290	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)

QCC INC.

52-2334679

(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?
99 50	NONE	15058	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 50	NONE	14687	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)

JONATHAN SCHLEIMER, M.D.

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 50	NONE	14500	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)

GONZALEZ, JANETTE

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?
35	EMPLOYEE	14111	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ROTH STAFFING COMPANIES

33-0633164

(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 50	NONE	13270	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)

ASSURANT EMPLOYEE BENEFITS

81-0170040

(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 50	NONE	12824	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)

WARNER, SHELLEY

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?
35	EMPLOYEE	12775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STEPHEN N. MACCIOCCHI PHD

46-1232782

(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 50	NONE	10500	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)

JOHN HEFFERON, MD

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 50	NONE	10276	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)

ADOBE SYSTEMS, INC

77-0019522

(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 50	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BENEFITS PLUS CONSULTING GROUP, INC

23-2718020

(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 50	NONE	10000	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)

WALKER BENEFIT SERVICES, LLC

27-1791748

(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 50	NONE	10000	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)

FEDEX

P.O. BOX 371461
PITTSBURGH, PA 15250-7461

(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 50	NONE	9635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAYMOND FABER, MD

15-6384757

(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 50	NONE	9000	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)

THE BURKE REHABILITATION HOSP

785 MAMARONECK AVENUE
WHITE PLAINS, NY 10605

(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 50	NONE	9000	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)

DENVER VEIL ORTHOPEDICS

84-1548304

(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 50	NONE	7787	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAPID RESPONSE DELIVERY

8705 BOLLMAN PLACE
SUITE 300
SAVAGE, MD 20763

52-2145056

(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 50	NONE	7613	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)

JACKSON, SHERI

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?
35	EMPLOYEE	7007	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)

MOUNT SINAI SCHOOL OF MEDICINE

61-1661781

(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 50	NONE	7000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TOTALFUNDS BY HASLER

P.O. BOX 30193
TAMPA, FL 33630-3193

(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 50	NONE	7000	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)

MAILFIANCE

25881 NETWORK PLACE
CHICAGO, IL 60673

(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 50	NONE	6819	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)

PHYSICIAN GROUP OF ARIZONA

26-2055034

(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 50	NONE	6814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JANNEY MONTGOMERY SCOTT LLC

23-1918844

(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 50	NONE	6500	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 BELFIE, MD

45-1429391

(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 50	NONE	6000	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)

ADP PROCESSING

ONE ADP DRIVE MS-100
AUGUSTA, GA 30909

(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 50	NONE	5919	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NYU LANGONE PHYSICIAN SERVICES

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 50	NONE	5850	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)

WAYNE GORDON, MD

5 EAST 98TH STREET
BOX 1240B
NEW YORK, NY 10029

(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 50	NONE	5750	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)

ONLINE CONSULTING, INC

51-0297953

(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 50	NONE	5240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WINDSTREAM

16-1551095

(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 50	NONE	5072	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV GLOBAL ALPHA I 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>98612907</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT 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>217590277</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JP MORGAN STRATEGIC PROPERTY 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>64247771</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NSL INTL SIF</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>57617526</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NSL AGG BIF</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>101892006</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NSL LGE CAP SIF</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>48929160</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NSL LCG SIF</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>34966074</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **EB DV NSL LCV SIF**

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) 33708312
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LOOMIS SAYLES CREDIT ASSET TR CL B**

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) 58810349
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TBC EMERGING MARKETS EQUITY**

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) 74838400
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EB DV NSL SIF**

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) 1253750
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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) 1312436
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WAMCO OPPORTUNISTIC US HI YIELD SEC**

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) 3413164
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WA FLTG RATE HI 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) 1975834
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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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>04/01/2014</u> and ending <u>03/31/2015</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		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	8009
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	127604619	173209331
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2375772	2504620
(2) U.S. Government securities	1c(2)	26300355	23240034
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	10942701	9855167
(B) All other	1c(3)(B)	8969086	11762484
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	426988	439997
(B) Common.....	1c(4)(B)	71137744	74273480
(5) Partnership/joint venture interests	1c(5)	258614610	339092778
(6) Real estate (other than employer real property).....	1c(6)	66051960	69205201
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	709533188	792466532
(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)	5967831	6701434
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	391086845	442634903
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2107590	3120056

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	1681119289	1948514026

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	3651672	3204674
i Acquisition indebtedness	1i		
j Other liabilities	1j	60297961	137333984
k Total liabilities (add all amounts in lines 1g through 1j)	1k	63949633	140538658

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1617169656	1807975368
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	305538737	
(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)		305538737
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-283	
(B) U.S. Government securities	2b(1)(B)	857818	
(C) Corporate debt instruments	2b(1)(C)	857834	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	216453	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1931822
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	822738	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12556419	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13379157
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	238799218	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	234216785	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4582433
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	12376984	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		12376984

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		46445019
(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)		208593
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1942509
c Other income.....	2c		9360749
d Total income. Add all income amounts in column (b) and enter total.....	2d		391880985

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	180901334	
(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)		180901334
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)	5728913	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	6119894	
(4) Other.....	2i(4)	8325132	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		20173939
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		201075273

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		190805712
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<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>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015		
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): 13-5160382		
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 (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" 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) 2014 v. 140124		

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 lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 44.8% Investment-Grade Debt: 20.9% High-Yield Debt: 3.4% Real Estate: 8.2% Other: 22.7%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



Abrams
Foster
Nole &
Williams, P.A.

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

**Financial Statements
and
Independent Auditor's Report**

Years Ended March 31, 2015 and 2014

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Nole &
Williams, P.A.

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Plan"), which comprise the statements of net assets available for benefits as of March 31, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Certified Public Accountants & Business Advisors

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, 2015 and 2014, and changes therein for the years then ended and its financial status as of March 31, 2015 and 2014, and changes therein for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of investment and administrative expenses, assets held for investment purposes, assets acquired and disposed of within the plan year, and reportable transactions, together referred to as "supplementary information," are presented for the purpose of additional analysis and are not a required part of the financial statements 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



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

December 11, 2015

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Statements of Net Assets Available for Benefits
March 31, 2015 and 2014

	2015	2014
ASSETS		
Investments, at Fair Value		
Interest bearing cash	\$ 2,461,838	\$ 2,375,772
Common stock	74,273,480	65,645,899
Preferred stock	439,997	426,988
Corporate debt	21,617,651	19,911,787
U. S. government securities	23,240,034	26,300,355
Common/collective trusts	792,466,532	709,533,188
Registered investment companies	442,634,903	391,086,845
Real estate	69,205,201	66,051,960
Other investments	348,914,268	272,181,876
Total investments	<u>1,775,253,904</u>	<u>1,553,514,670</u>
Receivable for securities sold	171,230,844	54,919,256
Interest and dividends receivable	423,411	418,903
Receivable for units issued	-	70,000,000
Other plan receivables	1,555,076	2,186,226
Total receivables	<u>173,209,331</u>	<u>127,524,385</u>
Cash	50,791	80,234
Total assets	<u>1,948,514,026</u>	<u>1,681,119,289</u>
LIABILITIES		
Payable for securities purchased	137,333,984	60,297,961
Accrued expenses	3,204,674	3,651,672
Total liabilities	<u>140,538,658</u>	<u>63,949,633</u>
Net Assets Available for Benefits	<u><u>\$ 1,807,975,368</u></u>	<u><u>\$ 1,617,169,656</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, 2015 and 2014

	2015	2014
ADDITIONS		
Net Investment Income		
Dividend and interest income	\$ 24,680,472	\$ 17,678,525
Net realized and unrealized appreciation (depreciation) in fair value of investments	61,661,776	104,204,682
Total investment income	<u>86,342,248</u>	<u>121,883,207</u>
Less investment expenses	<u>(6,119,894)</u>	<u>(7,124,978)</u>
Net investment income	80,222,354	114,758,229
Contributions	<u>305,538,737</u>	<u>299,724,223</u>
Total additions	385,761,091	414,482,452
DEDUCTIONS		
Administrative expenses	14,054,045	15,533,132
Benefit payments	<u>180,901,334</u>	<u>183,087,624</u>
Total deductions	<u>194,955,379</u>	<u>198,620,756</u>
Net increase	190,805,712	215,861,696
Net assets available for benefits:		
Beginning of year	<u>1,617,169,656</u>	<u>1,401,307,960</u>
End of Year	<u><u>\$ 1,807,975,368</u></u>	<u><u>\$ 1,617,169,656</u></u>

“See Accompanying Notes”

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
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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. Capitalized terms have the meaning provided for in the Plan document.

A. General

The Plan is a multiemployer defined benefit pension plan, which provides eligible Players with pension and disability benefits, and offers survivor protection for their wives and families. The Plan is maintained in accordance with the 2011 Collective Bargaining Agreement ("CBA") between the National Football League Players Association ("NFLPA") and the National Football League Management Council ("NFLMC"). The Bert Bell/Pete Rozelle NFL Player Retirement Plan Trust holds the Plan's assets.

The Plan has been revised and amended many times since it was created. Most recently, the Plan was amended and restated effective April 1, 2014. These amendments were necessary in order to reflect new Plan terms and provisions provided for in the 2011 CBA and to comply with applicable law. The current key features are summarized below.

B. Funding Policy

Contributions from Member Clubs are made based upon amounts required to be funded under the CBA between the NFLPA and the NFLMC. During 2015 and 2014, the Clubs made contributions of \$305,538,737 and \$299,724,223, respectively. The contributions meet the minimum funding requirements under the Employee Retirement Income Security Act of 1974 (ERISA).

C. Vesting

A Vested Player is a Player who is eligible to receive retirement benefits. Generally speaking, Players become Vested Players either by earning enough Credited Seasons or by satisfying special rules. A Player may also become vested if he qualifies for total and permanent disability benefits while an Active Player.

D. Pension Benefits

Participants accrue retirement benefits based on the number of Credited Seasons earned and the credit amount assigned to each particular Credited Season, as specified in the Plan document.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
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1. DESCRIPTION OF THE PLAN (Continued)

D. Pension Benefits (continued)

There are two retirement benefits under the Plan: (1) the Benefit Credit Pension; and (2) the Legacy Credit Pension. All Vested Players are entitled to a Benefit Credit Pension. Some Vested Players will receive an increase in their Benefit Credit Pension because of Special Credits. Some Vested Players are entitled to a Legacy Credit Pension. Some Vested Players who are entitled to a Legacy Credit Pension will also receive an increase to their Benefit Credit Pension due to the Legacy Floor.

E. Death and Disability Benefits

The Plan offers death benefits to the surviving spouse or surviving minor children of a Player who dies before his Benefit Credit Annuity Starting Date if, at the time of death, the Player is (a) an Active Player; (b) Vested Inactive Player; or (c) entitled to total and permanent disability benefits or line-of-duty disability benefits. The Plan also provides death benefits to the surviving spouse of a Legacy Eligible Vested Inactive Player who dies before his Legacy Credit Annuity Starting Date. The amount depends upon the Player's Credited Seasons, marital status and other factors as specified in the Plan document.

The Plan pays total and permanent disability benefits relating to initial disability claims filed prior to January 1, 2015, and line-of-duty disability benefits to Players who, as of November 12, 2014, elected to have these benefits rolled over directly into an IRA or eligible retirement plan. Total and permanent disability benefits payable as a result of initial disability claims filed on and after January 1, 2015 and all other line-of-duty disability benefits are paid by the NFL Player Disability & Neurocognitive Benefit Plan ("Disability Plan").

F. Distributions

Players may elect to receive their retirement benefits at their Normal Retirement Date or they may defer their retirement benefits. In some cases, a Player may also be eligible to receive all or a portion of his retirement benefits earlier than his Normal Retirement Date.

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1. DESCRIPTION OF THE PLAN (Continued)

F. Distributions (continued)

The Benefit Credit Pension and Legacy Credit Pension are paid in the form of a Life Only Pension if the Player is single, as a reduced benefit, and in the form of a Qualified Joint and Survivor Annuity if the Player is married, unless the Player chooses an optional form of payment and a spousal waiver, if applicable, is signed. Optional forms of payment include the following, although not every option is available for the Legacy Credit Pension: Life Only Pension, Qualified Joint and Survivor Annuity, Qualified Optional Joint and Survivor Annuity, Life Only Pension with Social Security Adjustment, Life and Contingent Annuitant Pension, and Life and 10-Year Certain Pension.

G. Plan Amendment or Termination

The NFLPA and the NFLMC, when acting jointly, may amend the Plan in any respect and may terminate the Plan. The Retirement Board may amend the Plan subject to limitations set forth in the Plan document, and may terminate the Plan if no collective bargaining agreement has been in effect for more than one year.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. 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.

C. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
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2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Investment Valuation and Income Recognition (continued)

The Plan's Retirement Board (through the Plan's custodian and the Plan's investment consultant and advisors) determines the Plan's valuation policies utilizing information provided by its investment managers and custodian.

See Note 10 for a discussion of fair value measurements. 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. Dividend income is recognized on the ex-dividend date. Interest income is recognized on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

D. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

E. Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

F. Pension Benefit Guaranty Corporation Guarantee

The Pension Benefit Guaranty Corporation ("PBGC") guarantees pension benefits payable at normal retirement age and some early retirement benefits. The maximum benefit that the PBGC guarantees is set by law. Only benefits that have been earned and that cannot be forfeited are guaranteed. The PBGC's maximum guarantee, based on the Plan's benefit provisions, is \$35.75 per month times a Player's Credited Seasons.

3. INCOME TAX STATUS

On July 30, 2013, the Internal Revenue Service ("IRS") provided the Plan a determination letter stating that the Plan document, as amended, is qualified under Section 401(a) of the Internal Revenue Code (the "Code"), and the Trust is, therefore, exempt from federal income tax under Section 501(a) of the Code.

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3. INCOME TAX STATUS (Continued)

Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. 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, 2015.

The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for Plan years prior to March 31, 2012.

4. PLAN AMENDMENTS

The Plan was amended and restated during the period under audit to address, among other subjects: (1) the payment of certain disability benefits transitioning from the Plan to the Disability Plan, as described in Section 1 of the Notes to these Financial Statements; (2) technical matters required for compliance with IRS rules; (3) procedures for processing disability benefit claims; (4) effective dates for certain disability benefit claims; (5) the calculation of contributions for Plan Years 2011 through 2020; (6) governance and structure of the Retirement Board; and (7) the calculation of death benefit payments in certain cases.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions based upon the Credited Seasons Players earned through the valuation date. Accumulated plan benefits include benefits 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.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
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5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(Continued)

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, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 1,385,284,648	\$ 1,309,442,851
Other Participants	1,435,190,249	1,414,363,511
	<u>2,820,474,897</u>	<u>2,723,806,362</u>
Nonvested benefits	125,253,973	111,612,202
Total	<u><u>\$ 2,945,728,870</u></u>	<u><u>\$ 2,835,418,564</u></u>

The changes in accumulated Plan benefit information for the years ended March 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Value of benefits accumulated and changes in data	\$ 94,467,010	\$ 77,441,180
Increase due to passage of time	198,930,920	191,269,661
Less benefits paid	(183,087,624)	(173,437,967)
Plan amendments	-	15,224,491
Total	<u><u>\$ 110,310,306</u></u>	<u><u>\$ 110,497,365</u></u>

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
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5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(Continued)

Significant assumptions underlying the actuarial computations as of April 1, 2014 and 2013 are as follow:

Assumed rate of return on investments	7.25%
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Mortality basis	RP-2000 Table projected to 2020
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Player Turnover	1 year of service –	19.5%
	2 years of service –	11.0%
	3 years of service –	16.5%
	4 years of service –	15.8%
	5 years of service –	17.4%
	6 years of service –	18.4%
	7 years of service –	19.9%
	8 years of service –	21.4%
	9 years of service –	24.6%
	10 years of service –	26.2%
	11 years of service –	28.2%
	12 years of service –	30.5%
	13 years of service –	35.6%
	14 years of service –	37.2%
	15 years of service –	42.5%
	16 years of service –	55.8%
	17 years of service –	68.7%
	18 years of service –	78.6%
	19 years of service –	90.6%
	20 years of service –	100.0%

Actuarial Cost Method	Unit credit cost method
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BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
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5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(Continued)

<u>Retirement Age</u>	<u>Player with Pre-93 Season Rate</u>	<u>Player without Pre-93 Season Rate</u>
45	15%	0%
46 – 49	3%	0%
50 – 54	2%	0%
55	25%	50%
56 – 59	5%	5%
60	10%	10%
61	5%	5%
62 – 63	10%	10%
64	25%	25%
65	100%	100%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors, might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of April 1, 2014 and 2013. Had the valuations been performed as of March 31, 2015 and 2014, there would be no material differences.

6. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Annuity benefits that former players or their beneficiaries have been receiving for at least three years, or that players eligible to retire in that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- B. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).

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6. PLAN TERMINATION (Continued)

D. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

7. RISKS AND UNCERTAINTIES

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.

8. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

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 years ended March 31, 2015 and 2014 were \$282,030 and \$293,429, respectively. As described in Note 2, the Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

9. 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.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2015 and 2014

9. INVESTMENTS (Continued)

The Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in value during years ended March 31, 2015 and 2014, as follows:

	<u>2015</u>	<u>2014</u>
Interest bearing cash	\$ 12,532	\$ 1,025,690
Common stocks	7,430,195	17,722,591
Preferred stocks	14,343	966
Corporate debt	434,782	(1,115,642)
U.S. government securities	1,334,150	(1,417,217)
Common/collective trusts	46,439,546	52,344,253
Registered investment companies	(1,942,509)	18,030,648
Real estate	4,631,117	6,186,330
Other investments	3,307,620	11,427,063
Total	<u>\$ 61,661,776</u>	<u>\$ 104,204,682</u>

The investments that represent more than 5% of the Plan's net assets as of March 31, 2015 and 2014, respectively are as follows:

	<u>2015</u>	<u>2014</u>
PIMCO Diversified Income Fund	\$ -	\$ 99,447,825
EB Temp Inv Fund	204,092,803	170,852,942
EB DV Global Alpha I Fund	98,612,907	-
EB BV NSL AGG BIF	101,892,006	-
Grosvenor Instl Partners LP	105,811,554	-

10. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820-10-50-2, *Fair Value Measurements* (formerly 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.

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10. FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

- 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 assets 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 asset 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, 2015.

Cash: Valued at the closing price reported on the active market on which cash is traded.

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

Mutual funds and real estate: Valued at the net asset value ("NAV") of shares held by the Plan at year end. NAV is based upon the fair value of the underlying investments.

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.

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10. FAIR VALUE MEASUREMENTS (Continued)

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.

The Plan does not own mortgages directly; however, the Plan may have exposure to mortgages via collateralized mortgage obligations and asset backed mortgage securities.

The following tables, set forth by level, within fair value hierarchy, the Plan's assets at fair value as of March 31, 2015 and 2014:

Assets at Fair Value as of March 31, 2015:

	Level 1	Level 2	Level 3	Total Fair Value
Interest bearing cash	\$ -	\$ 2,461,838	\$ -	\$ 2,461,838
Common stock	70,038,044	-	4,235,436	74,273,480
Preferred common stock	-	439,997	-	439,997
Corporate debt	-	21,617,651	-	21,617,651
U.S. government securities	7,524,194	15,715,840	-	23,240,034
Common/collective trust	-	-	792,466,532	792,466,532
Registered investment companies	442,634,903	-	-	442,634,903
Real estate	-	-	69,205,201	69,205,201
Other investments	85,944	3,034,112	345,794,212	348,914,268
Total Assets	<u>\$ 520,283,085</u>	<u>\$ 43,269,438</u>	<u>\$ 1,211,701,381</u>	<u>\$ 1,775,253,904</u>

Assets at Fair Value as of March 31, 2014:

	Level 1	Level 2	Level 3	Total Fair Value
Interest bearing cash	\$ -	\$ 2,375,772	\$ -	\$ 2,375,772
Common stock	61,576,927	-	4,068,972	65,645,899
Preferred common stock	-	426,988	-	426,988
Corporate debt	-	19,911,787	-	19,911,787
U.S. government securities	8,925,553	17,374,802	-	26,300,355
Common/collective trust	-	-	709,533,188	709,533,188
Registered investment companies	391,086,845	-	-	391,086,845
Real estate	-	-	66,051,960	66,051,960
Other investments	(23,770)	2,131,360	270,074,286	272,181,876
Total Assets	<u>\$ 461,565,555</u>	<u>\$ 42,220,709</u>	<u>\$ 1,049,728,406</u>	<u>\$ 1,553,514,670</u>

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10. FAIR VALUE MEASUREMENTS (Continued)

Transfers between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

There were no transfers of assets between Level 1 and 2 classifications for the years ended March 31, 2015 and 2014.

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

Plan investment managers are required to establish and adhere to formal fair value methodologies. Significant changes in valuation methodologies are reviewed by the investment managers' independent auditors and by the Plan's investment advisors.

The following tables present a summary of changes in the fair value of the Plan's Level 3 assets for the years ended March 31, 2015 and 2014:

	<u>2015 Level 3 Investments</u>					<u>Total</u>
	<u>Common Stock</u>	<u>Common/ Collective Trust</u>	<u>103-12 Investment Entities</u>	<u>Partnership/ Joint Venture Interest</u>	<u>Real Estate</u>	
Fair Value at March 31, 2014	\$ 4,068,972	\$ 709,533,188	\$ 5,967,832	\$ 264,106,454	\$ 66,051,960	\$ 1,049,728,406
Transfer in	-	-	-	-	-	-
Net realized gains	4,009	16,838,870	294,068	5,984,664	-	23,121,611
Net change in unrealized gains/(losses)	(472,458)	29,600,676	(85,476)	(2,962,685)	4,631,117	30,711,174
Purchases	2,416,221	561,310,668	1,494,284	134,717,526	5,155,474	705,094,173
Sales	(1,781,308)	(524,816,870)	(969,273)	(62,753,182)	(6,633,350)	(596,953,983)
Fair Value at March 31, 2015	<u>\$ 4,235,436</u>	<u>\$ 792,466,532</u>	<u>\$ 6,701,435</u>	<u>\$ 339,092,777</u>	<u>\$ 69,205,201</u>	<u>\$ 1,211,701,381</u>

	<u>2014 Level 3 Investments</u>					<u>Total</u>
	<u>Common Stock</u>	<u>Common/ Collective Trust</u>	<u>103-12 Investment Entities</u>	<u>Partnership/ Joint Venture Interest</u>	<u>Real Estate</u>	
Fair Value at March 31, 2013	\$ 6,990,755	\$ 714,438,013	\$ 4,585,039	\$ 193,927,352	\$ 57,588,466	\$ 977,529,625
Transfer in	-	-	-	-	-	-
Net realized gains	93,200	37,188,791	-	2,809,744	-	40,091,735
Net change in unrealized gains/(losses)	657,626	15,155,462	302,793	10,277,134	6,186,330	32,579,345
Purchases	2,864,762	539,235,169	1,080,000	64,125,111	7,150,572	614,455,614
Sales	(6,537,371)	(596,484,247)	-	(7,032,887)	(4,873,408)	(614,927,913)
Fair Value at March 31, 2014	<u>\$ 4,068,972</u>	<u>\$ 709,533,188</u>	<u>\$ 5,967,832</u>	<u>\$ 264,106,454</u>	<u>\$ 66,051,960</u>	<u>\$ 1,049,728,406</u>

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10. FAIR VALUE MEASUREMENTS (Continued)

The amount of total gains or losses for the years ended March 31, 2015 and 2014 included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date are as follows:

<u>March 31, 2015</u>					
<u>Common Stock</u>	<u>Common/ Collective Trust</u>	<u>103-12 Investment Entities</u>	<u>Partnership/ Joint Venture Interest</u>	<u>Real Estate</u>	<u>Total</u>
<u>\$ (373,692)</u>	<u>\$ 52,733,305</u>	<u>\$ 251,117</u>	<u>\$ 6,269,080</u>	<u>\$ 7,127,403</u>	<u>\$ 66,007,213</u>

<u>March 31, 2014</u>					
<u>Common Stock</u>	<u>Common/ Collective Trust</u>	<u>103-12 Investment Entities</u>	<u>Partnership/ Joint Venture Interest</u>	<u>Real Estate</u>	<u>Total</u>
<u>\$ 686,277</u>	<u>\$ 35,515,703</u>	<u>\$ 302,793</u>	<u>\$ 12,605,726</u>	<u>\$ 8,161,299</u>	<u>\$ 57,271,798</u>

Total gains and losses (realized and unrealized) for the years ended March 31, 2015 and 2014 are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAVs per share as of March 31, 2015 and 2014, respectively.

<u>March 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common/Collective Trust (See (a) below)	\$ 574,876,255	-	Varies	Varies between one and ninety days
Other Investments (See (b) below)	\$ 124,568,577	-	Varies	Varies between three and ten days

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March 31, 2015 and 2014

10. FAIR VALUE MEASUREMENTS (Continued)

- (a) The objective of these investments is to diversify the Plan's portfolio and reduce volatility. Types of investments in the Common/Collective Trust category include collective trust funds, emerging debt commingled funds, emerging markets equity commingled funds, and US equity commingled funds. Collective trust funds have a daily redemption frequency with a redemption notice of one day before for settlement four days later.

Emerging debt commingled funds have a monthly redemption frequency with a redemption notice of ten days. Emerging debt commingled funds have a daily redemption frequency with a seven day redemption notice. There are two types of investments under US equity commingled funds: one which may be redeemed bimonthly with a thirty day redemption notice period and one with a quarterly redemption frequency and a ninety day redemption notice period.

- (b) The objective of these investments is to diversify the Plan's portfolio and reduce volatility. Types of investments in the Other Investments Fund include a 103-12 Investment Entity with a daily redemption frequency and a three day redemption notice period and a hedge fund with a monthly redemption frequency and a ten day redemption notice period.

<u>March 31, 2014</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common/Collective Trust (See (c) below)	\$ 467,172,215	-	Varies	Varies between one and ninety days
Other Investments (See (d) below)	\$ 69,489,236	-	Varies	Varies between three and ten days

- (c) The objective of these investments is to diversify the Plan's portfolio and reduce volatility. Types of investments include US debt commingled funds, emerging debt commingled funds, international commingled funds, US equity commingled funds, and collective trust funds. The commingled funds have redemption frequencies ranging from daily to quarterly and redemption notice periods ranging from four days to ninety days. The collective trust funds have daily redemption frequencies and a redemption notice of one day before, for settlement four days later.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2015 and 2014

10. FAIR VALUE MEASUREMENTS (Continued)

- (d) The objective of these investments is to diversify the Plan's portfolio and reduce volatility. Types of investments in the Other Investments Fund include a 103-12 Investment Entity with a daily redemption frequency and a three day redemption notice period and a hedge fund with a monthly redemption frequency and a ten day redemption notice period.

11. DERIVATIVE INSTRUMENTS

The Plan may enter into futures contracts and options to hedge the portfolio, manage risk, and adjust exposure along the yield curve. Specifically, futures positions are utilized to shift the portfolio's duration to its target or adjust the exposure to specific parts of the yield curve and options positions are utilized to hedge against the portfolio's exposure to interest rate volatility. The portfolio's guidelines do not permit swaps of any kind. As of March 31, 2015, the portfolio's derivative exposure consisted of six futures positions and two options positions.

The Plan has one separate account manager which holds 3.5% of Plan assets that uses derivatives. The Plan does not have direct exposure to any other derivatives except exposure gained through commingled funds. As a result, derivatives are not being used to hedge Plan operations in any way.

12. 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:

	2015	2014
NFL Player Tax-Qualified Annuity Plan	\$ 141,659	\$ 286,944
NFL Player Annuity Program	244,072	544,008
NFL Player Annuity & Insurance Company	56,676	8,116
NFL Player Second Career Savings Plan	576,119	870,684
NFL Player Disability & Neurocognitive Benefit Plan	1,052,801	145,986
88 Plan	128,756	189,861
NFL Player Capital Accumulation Plan	123,929	-
Gene Upshaw NFL Player Health Reimbursement Account Plan	187,941	140,627
Subtotal	2,511,953	2,186,226
Prepaid	(956,604)	-
Total	<u>\$ 1,555,349</u>	<u>\$ 2,186,226</u>

These amounts are reflected as receivables on the Statements of Net Assets Available for Benefits as of March 31, 2015 and 2014 because the amounts had not yet been reimbursed from the respective benefit plans as of those dates.

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Notes to Financial Statements
March 31, 2015 and 2014

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no reconciling differences; the net assets available for benefits per financial statement agree to net assets available for benefits per the Form 5500. Benefits paid to participants per the financial statement also agree to benefits paid to participants per the Form 5500.

14. RECLASSIFICATIONS

Certain amounts in the prior periods presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on the previously reported net increase in net assets available for benefits.

15. SUBSEQUENT EVENTS

FASB Accounting Standards Codification ASC 855-10-50, *Subsequent Events*, requires 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. ASC 855-10-50 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 statement 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 December 11, 2015 and determined there were no material transactions which need to be disclosed.

SCHEDULES OF INVESTMENT AND ADMINISTRATIVE EXPENSES

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
Schedules of Investment and Administrative Expenses
Years Ended March 31, 2015 and 2014

	2015	2014
INVESTMENT EXPENSES		
Trustee Fees - Bank of New York Mellon	\$ 282,030	\$ 293,429
Investment management fees*	5,377,264	6,396,635
Investment advisory fees	460,600	434,914
Total Investment Expenses	<u>\$ 6,119,894</u>	<u>\$ 7,124,978</u>

ADMINISTRATIVE EXPENSES		
Actuarial, Auditing and Benefit Statement Preparation		
Aon	\$ 1,683,115	\$ 1,371,739
Abrams, Foster, Nole & Williams, P.A.	38,500	36,000
Attorney Fees		
Groom Law Group	4,007,298	5,086,529
Other legal expenses	-	64,842
Insurance Expense		
Pension Benefit Guaranty Corporation	139,545	145,579
Fiduciary Liability Insurance	185,850	188,344
Plan Office Operating Expenses	3,455,350	3,734,625
Other		
Player medical and travel expenses	4,377,593	4,726,824
Miscellaneous expenses	69,822	11,255
Printing expenses	65,372	103,558
Marilyn Kriebel	31,600	63,837
Total Administrative Expenses	<u>\$ 14,054,045</u>	<u>\$ 15,533,132</u>

* Excludes certain investment management fees paid to NAV managers netted against investments

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES,
SCHEDULE H, line 4i**



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
NFLF12311002 AN9123455	NZD (NEW ZEALAND DOLLAR)	0.230	0.20	0.17	(0.03)
NFLF12311202 AN9123455	NZD (NEW ZEALAND DOLLAR)	4,204.920	3,159.98	3,153.27	(6.71)
NFLF12311202 LM9123455	MXN (MEXICAN PESO)	1,004,326.790	71,718.44	65,925.58	(5,792.86)
NFLF12311202 XX9123482	EUR CURRENCY AT BROKER	26,035.150	31,535.52	27,961.75	(3,573.77)
NFLF12314502 AA9123453	AUD (AUSTRALIAN DOLLARS)	0.130	0.12	0.10	(0.02)
NFLF12318102 996087094	BNY MELLON CASH RESERVE 0.010% 12/31/2049 DD 06/26/97	2,237.400	2,237.40	2,237.40	0.00
NFLF12384502 999476674	CASH ON DEPOSIT-CUSTODIAN	2,362,559.680	2,362,559.68	2,362,559.68	0.00
<u>TOTAL INTEREST-BEARING CASH</u>			<u>2,471,211.34</u>	<u>2,461,837.95</u>	<u>(9,373.39)</u>
U. S. GOVERNMENT SECURITIES					
NFLF12311202 01F022451	COMMIT TO PUR FNMA SF MTG 2.500% 05/01/2029 DD 05/01/14	300,000.000	306,562.50	307,488.00	925.50
NFLF12311202 01F030454	COMMIT TO PUR FNMA SF MTG 3.000% 05/01/2029 DD 05/01/14	1,600,000.000	1,669,835.94	1,674,128.00	4,292.06
NFLF12311202 01F032450	COMMIT TO PUR FNMA SF MTG 3.500% 05/01/2029 DD 05/01/14	400,000.000	422,921.88	423,860.00	938.12
NFLF12311202 01F032658	COMMIT TO PUR FNMA SF MTG 3.500% 05/01/2044 DD 05/01/14	400,000.000	419,578.13	419,108.00	(470.13)
NFLF12311202 01F040651	COMMIT TO PUR FNMA SF MTG 4.000% 05/01/2044 DD 05/01/14	100,000.000	106,734.38	106,750.00	15.62
NFLF12311202 01F042657	COMMIT TO PUR FNMA SF MTG 4.500% 05/01/2044 DD 05/01/14	400,000.000	434,187.51	435,280.00	1,092.49
NFLF12311202 01F050650	COMMIT TO PUR FNMA SF MTG 5.000% 05/01/2044 DD 05/01/14	400,000.000	443,687.50	444,196.00	508.50
NFLF12311202 01N032659	COMMIT TO PUR GNMA SF MTG 3.500% 05/15/2044 DD 05/01/14	100,000.000	104,843.75	105,094.00	250.25
NFLF12311202 21H032654	COMMIT TO PUR GNMA II JUMBOS 3.500% 05/20/2044 DD 05/01/14	100,000.000	104,718.75	104,973.00	254.25
NFLF12311202 3128L8KE4	FHLMC POOL #A7-4793 5.000% 03/01/2038 DD 03/01/08	82,145.520	89,118.87	90,981.91	1,863.04
NFLF12311202 3128M4A45	FHLMC POOL #G0-2427 5.500% 12/01/2036 DD 11/01/06	196,802.192	216,049.40	220,795.59	4,746.19
NFLF12311202 3128M6AX6	FHLMC POOL #G0-4222 5.500% 04/01/2038 DD 04/01/08	6,650.425	7,301.64	7,459.78	158.14
NFLF12311202 3128M8FM1	FHLMC POOL #G0-6172 5.500% 12/01/2038 DD 11/01/10	44,899.007	49,286.08	50,386.56	1,100.48
NFLF12311202 3128M8N26	FHLMC POOL #G0-6409 6.000% 11/01/2039 DD 04/01/11	95,663.466	106,182.63	108,795.19	2,612.56
NFLF12311202 3128M8W67	FHLMC POOL #G0-6669 6.500% 09/01/2039 DD 08/01/11	27,683.897	31,010.40	32,458.54	1,448.14
NFLF12311202 3128M9G22	FHLMC POOL #G0-7117 6.000% 10/01/2036 DD 09/01/12	42,223.480	47,508.17	48,540.11	1,031.94
NFLF12311202 3128M9PU0	FHLMC POOL #G0-7335 7.000% 03/01/2039 DD 04/01/13	46,627.750	51,013.07	55,831.14	4,818.07
NFLF12311202 3128QHTC4	FHLMC POOL #1N-1447 VAR RT 02/01/2037 DD 04/01/07	18,728.370	19,753.56	19,730.71	(22.85)
NFLF12311202 3128QHTU4	FHLMC POOL #1N-1463 VAR RT 05/01/2037 DD 05/01/07	43,270.200	45,524.13	46,381.33	857.20
NFLF12311202 3128QH XK1	FHLMC POOL #1N-1582 VAR RT 05/01/2037 DD 06/01/07	40,684.340	43,048.89	42,717.34	(331.55)
NFLF12311202 3128X4UZ2	FEDERAL HOME LN MTG CORP 5.625% 11/23/2035 DD 11/22/05	110,000.000	117,366.70	113,576.10	(3,790.60)
NFLF12311202 3129412C0	FHLMC POOL #A9-3471 4.500% 08/01/2040 DD 08/01/10	32,629.452	35,402.96	35,621.57	218.61
NFLF12311202 312941VH7	FHLMC POOL #A9-3316 4.500% 08/01/2040 DD 08/01/10	26,860.585	29,143.73	29,316.99	173.26
NFLF12311202 31297VKR8	FHLMC POOL #A3-9304 5.500% 11/01/2035 DD 11/01/05	11,421.759	12,543.83	12,789.97	246.14
NFLF12311202 3132H32D4	FHLMC POOL #U9-0772 3.500% 01/01/2043 DD 01/01/13	94,144.564	93,896.96	99,497.62	5,600.66



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 3132H3K51	FHLMC POOL #U9-0316 4.000% 10/01/2042 DD 10/01/12	87,145.090	89,911.08	94,983.79	5,072.71
NFLF12311202 3132H7C51	FHLMC POOL #U9-9091 4.500% 03/01/2044 DD 03/01/14	96,082.398	103,547.55	107,414.36	3,866.81
NFLF12311202 3132H7CN2	FHLMC POOL #U9-9076 4.500% 12/01/2043 DD 11/01/13	191,124.358	205,973.83	213,698.06	7,724.23
NFLF12311202 3132H7CW2	FHLMC POOL #U9-9084 4.500% 02/01/2044 DD 02/01/14	191,834.268	206,738.91	214,466.87	7,727.96
NFLF12311202 3132J9C63	FHLMC POOL #Q1-7792 3.500% 05/01/2043 DD 04/01/13	86,919.633	87,458.54	91,637.63	4,179.09
NFLF12311202 3134G3V72	FEDERAL HOME LN MTG CORP 1.620% 11/21/2019 DD 11/21/12	40,000.000	39,820.00	39,842.80	22.80
NFLF12311202 313586RC5	FEDERAL NATL MTG ASSN 0.000% 10/09/2019 DD 10/09/84	110,000.000	94,695.70	101,080.10	6,384.40
NFLF12311202 3136A03E5	FNMA GTD REMIC P/T 11-87 SG VAR RT 04/25/2040 DD 08/25/11	198,079.298	35,935.54	36,070.24	134.70
NFLF12311202 3136A04A2	FNMA GTD REMIC P/T 11-90 QI 5.000% 05/25/2034 DD 08/01/11	98,117.590	13,197.83	12,223.49	(974.34)
NFLF12311202 3136A1QW8	FNMA GTD REMIC P/T 11-96 IO VAR RT 10/25/2041 DD 09/25/11	172,689.530	27,433.44	30,842.35	3,408.91
NFLF12311202 3136A35F4	FNMA GTD REMIC P/T 12-28 B 6.500% 06/25/2039 DD 02/01/12	45,945.450	51,052.28	51,627.06	574.78
NFLF12311202 3136A54N3	FNMA GTD REMIC P/T 12-51 B 7.000% 05/25/2042 DD 04/01/12	79,447.170	88,146.63	90,751.71	2,605.08
NFLF12311202 3136A5J49	FNMA GTD REMIC P/T 12-46 BA 6.000% 05/25/2042 DD 04/01/12	81,592.930	89,857.48	93,068.16	3,210.68
NFLF12311202 3136A65Y6	FNMA GTD REMIC P/T 12-74 IO VAR RT 03/25/2042 DD 06/25/12	60,760.700	9,336.47	11,213.99	1,877.52
NFLF12311202 3136A75X6	FNMA GTD REMIC P/T 12-101 AI 3.000% 06/25/2027 DD 08/01/12	347,141.280	41,257.73	36,422.06	(4,835.67)
NFLF12311202 3136A7ER9	FNMA GTD REMIC P/T 12-70 IO VAR RT 02/25/2041 DD 06/25/12	71,599.480	13,212.26	13,998.41	786.15
NFLF12311202 3136AAXW0	FNMA GTD REMIC P/T 12-133 IO VAR RT 12/25/2042 DD 11/25/12	80,552.030	17,100.40	16,394.75	(705.65)
NFLF12311202 3136ABQF3	FNMA GTD REMIC P/T 13-9 BC 6.500% 07/25/2042 DD 01/01/13	167,476.950	186,745.17	192,214.97	5,469.80
NFLF12311202 3136ABQH9	FNMA GTD REMIC P/T 13-9 CB 5.500% 04/25/2042 DD 01/01/13	143,432.080	158,957.18	162,246.07	3,288.89
NFLF12311202 3136AEZ67	FNMA GTD REMIC P/T 13-70 JZ 3.000% 07/25/2043 DD 06/01/13	105,383.345	82,502.91	103,349.45	20,846.54
NFLF12311202 3136AFFD1	FNMA GTD REMIC P/T 13-67 KS IO VAR RT 07/25/2043 DD 06/25/13	87,860.081	19,417.96	21,378.99	1,961.03
NFLF12311202 3136AKQQ9	FNMA GTD REMIC P/T 14-M8 X2 VAR RT 06/25/2024 DD 07/01/14	2,552,275.200	83,846.22	79,605.46	(4,240.76)
NFLF12311202 3136AKTB9	FNMA GTD REMIC P/T 1.884% 08/25/2044 DD 07/01/14	362,468.310	27,355.03	26,659.54	(695.49)
NFLF12311202 3136FLEV4	FNMA GTD REMIC P/T 409 C2 IO 3.000% 04/25/2027 DD 06/01/12	118,967.520	14,736.52	13,161.38	(1,575.14)
NFLF12311202 3136FLFG6	FNMA POOL # 3.500% 11/25/2041 DD 06/01/12	111,304.658	24,431.37	19,344.75	(5,086.62)
NFLF12311202 3136FLFM3	FNMA GTD REMIC P/T 409 C1 IO 4.000% 04/25/2042 DD 06/01/12	111,515.680	27,651.43	21,530.33	(6,121.10)
NFLF12311202 3136FLFR2	FNMA GTD REMIC P/T 409 C2 IO 4.500% 11/25/2039 DD 06/01/12	39,448.950	8,386.05	7,442.83	(943.22)
NFLF12311202 3137A1NA7	FHLMC MULTICLASS MTG K008 X1 VAR RT 06/25/2020 DD 09/01/10	169,719.202	13,166.82	10,991.02	(2,175.80)
NFLF12311202 3137AGE55	FHLMC MULTICLASS MTG 3947 SG VAR RT 10/15/2041 DD 10/15/11	289,916.882	57,560.11	51,318.19	(6,241.92)
NFLF12311202 3137AMDJ3	FHLMC MULTICLASS MTG 3997 SK VAR RT 11/15/2041 DD 02/15/12	207,112.571	36,870.20	41,008.29	4,138.09
NFLF12311202 3137AT2F8	FHLMC MULTICLASS MTG 4092 AIIO 3.000% 09/15/2031 DD 08/01/12	728,858.090	103,672.78	89,037.30	(14,635.48)
NFLF12311202 3137B1J94	FHLMC MULTICLASS MTG 4194 BIIO 3.500% 04/15/2043 DD 04/01/13	332,536.336	54,972.41	50,894.69	(4,077.72)
NFLF12311202 3137B1W73	FHLMC MULTICLASS MTG 4210 Z 3.000% 05/15/2043 DD 05/01/13	103,456.463	85,055.68	101,837.37	16,781.69
NFLF12311202 3137B3FH6	FHLMC MULTICLASS MTG 4226 GZ 3.000% 07/15/2043 DD 07/01/13	105,120.540	84,163.07	101,784.01	17,620.94
NFLF12311202 3137B4A30	FHLMC MULTICLASS MTG 4239 IO 3.500% 06/15/2027 DD 08/01/13	301,558.146	42,094.50	36,687.56	(5,406.94)
NFLF12311202 3137EADM8	FEDERAL HOME LN MTG CORP 1.250% 10/02/2019 DD 10/02/12	20,000.000	19,156.20	19,833.40	677.20



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 3138EGGZ1	FNMA POOL #0AL0215 4.500% 04/01/2041 DD 04/01/11	289,024.728	308,669.74	316,745.09	8,075.35
NFLF12311202 3138EK6J9	FNMA POOL #0AL3572 5.000% 07/01/2041 DD 04/01/13	72,706.280	79,126.96	80,751.96	1,625.00
NFLF12311202 3138EKY33	FNMA POOL #0AL3429 4.500% 06/01/2041 DD 03/01/13	125,658.850	134,115.68	137,588.90	3,473.22
NFLF12311202 3138EKYL3	FNMA POOL #0AL3414 4.500% 09/01/2041 DD 03/01/13	65,990.980	70,448.65	72,279.26	1,830.61
NFLF12311202 3138ELYW7	FNMA POOL #0AL4324 6.500% 05/01/2040 DD 11/01/13	120,978.780	135,732.14	139,899.86	4,167.72
NFLF12311202 3138M3TF1	FNMA POOL #0AP0549 4.000% 07/01/2042 DD 07/01/12	80,353.774	83,537.39	86,700.12	3,162.73
NFLF12311202 3138M8J38	FNMA POOL #0AP4781 3.000% 09/01/2042 DD 09/01/12	164,868.972	159,424.99	169,135.78	9,710.79
NFLF12311202 3138MDV33	FNMA POOL #0AP9633 2.500% 10/01/2042 DD 10/01/12	85,570.840	79,188.14	84,710.00	5,521.86
NFLF12311202 3138MLBZ6	FNMA POOL #0AQ4555 4.000% 12/01/2042 DD 11/01/12	82,041.516	86,822.91	88,165.92	1,343.01
NFLF12311202 3138W9CG3	FNMA POOL #0AS0070 4.000% 08/01/2043 DD 07/01/13	95,551.401	98,623.39	104,247.53	5,624.14
NFLF12311202 3138W9TS9	FNMA POOL #0AS0560 4.500% 09/01/2043 DD 08/01/13	451,169.210	488,390.67	492,388.03	3,997.36
NFLF12311202 3138WUH30	FNMA POOL #0AT6549 4.000% 06/01/2043 DD 06/01/13	86,338.168	90,099.93	93,853.91	3,753.98
NFLF12311202 3138WXV79	FNMA POOL #0AT9637 4.000% 07/01/2043 DD 06/01/13	89,955.930	93,681.00	97,290.04	3,609.04
NFLF12311202 3138WXVV6	FNMA POOL #0AT9627 4.000% 07/01/2043 DD 06/01/13	90,986.660	94,758.96	98,404.80	3,645.84
NFLF12311202 3138WXP8	FNMA POOL #0AT9653 4.000% 07/01/2043 DD 06/01/13	90,860.060	94,786.11	98,769.43	3,983.32
NFLF12311202 3138X33A8	FNMA POOL #0AU4392 3.500% 10/01/2033 DD 09/01/13	181,783.747	190,063.42	193,150.68	3,087.26
NFLF12311202 31396NRF5	FHLMC MULTICLASS MTG R007 ZA 6.000% 05/15/2036 DD 05/01/06	84,496.362	94,263.29	96,226.15	1,962.86
NFLF12311202 31397TP97	FHLMC MULTICLASS MTG 3451 SB VAR RT 05/15/2038 DD 05/15/08	36,427.660	4,110.49	4,272.96	162.47
NFLF12311202 31397UUU1	FNMA GTD REMIC P/T 11-59 NZ 5.500% 07/25/2041 DD 06/01/11	122,848.140	138,754.09	147,197.87	8,443.78
NFLF12311202 31398SKY8	FNMA GTD REMIC P/T 10-142 IO VAR RT 12/25/2040 DD 11/25/10	38,997.295	4,829.41	6,201.35	1,371.94
NFLF12311202 31398W2M5	FHLMC MULTICLASS MTG 3621 SB VAR RT 01/15/2040 DD 01/15/10	45,047.750	6,836.02	8,390.59	1,554.57
NFLF12311202 31403DWU9	FNMA POOL #0745959 5.500% 11/01/2036 DD 10/01/06	21,770.959	24,080.62	24,531.95	451.33
NFLF12311202 31407PJH2	FNMA POOL #0836464 VAR RT 10/01/2035 DD 09/01/05	75,848.820	80,199.49	79,851.36	(348.13)
NFLF12311202 31407PP28	FNMA POOL #0836641 VAR RT 10/01/2035 DD 09/01/05	72,331.230	76,277.63	75,981.79	(295.84)
NFLF12311202 31410GE90	FNMA POOL #0888560 6.000% 11/01/2035 DD 07/01/07	14,281.521	16,060.14	16,398.04	337.90
NFLF12311202 31410GPR8	FNMA POOL #0888832 6.500% 11/01/2037 DD 10/01/07	29,901.101	33,793.02	34,469.39	676.37
NFLF12311202 31410GYN7	FNMA POOL #0889117 5.000% 10/01/2035 DD 01/01/08	26,117.218	28,621.59	29,161.44	539.85
NFLF12311202 31410LBR2	FNMA POOL #0890248 6.000% 08/01/2037 DD 09/01/10	24,335.399	27,365.88	27,951.40	585.52
NFLF12311202 31410LNV0	FNMA POOL #0890604 4.500% 10/01/2044 DD 10/01/14	194,702.676	213,503.66	216,075.19	2,571.53
NFLF12311202 31411UWP2	FNMA POOL #0915154 5.000% 04/01/2037 DD 04/01/07	77,631.870	84,487.56	86,222.61	1,735.05
NFLF12311202 31412TzM8	FNMA POOL #0934648 7.000% 11/01/2038 DD 11/01/08	9,898.958	10,937.85	11,043.48	105.63
NFLF12311202 31415QFG6	FNMA POOL #0985867 7.000% 08/01/2038 DD 08/01/08	4,161.333	4,688.04	4,681.58	(6.46)
NFLF12311202 31416BMV7	FNMA POOL #0995072 5.500% 08/01/2038 DD 11/01/08	26,322.500	29,118.47	29,996.07	877.60
NFLF12311202 31416Y4B1	FNMA POOL #0AB3517 4.500% 09/01/2041 DD 08/01/11	42,203.618	45,067.55	46,269.94	1,202.39
NFLF12311202 31417C3K9	FNMA POOL #0AB6201 3.000% 09/01/2042 DD 08/01/12	420,783.590	406,859.86	431,677.68	24,817.82
NFLF12311202 31417GM94	FNMA POOL #0AB9383 4.000% 05/01/2043 DD 04/01/13	89,324.867	93,017.55	96,607.52	3,589.97



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COMBINED PLAN - NFLGCALL1000

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BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 31417GXM3	FNMA POOL #0AB9683 4.000% 06/01/2043 DD 05/01/13	85,372.511	88,823.29	92,070.84	3,247.55
NFLF12311202 31417Y2J5	FNMA POOL #0MA0776 4.500% 06/01/2031 DD 05/01/11	167,015.130	180,600.14	183,128.75	2,528.61
NFLF12311202 31418A3V8	FNMA POOL #0MA1711 4.500% 12/01/2043 DD 11/01/13	93,816.966	102,289.82	105,039.35	2,749.53
NFLF12311202 31418AHY7	FNMA POOL #0MA1146 4.000% 08/01/2042 DD 07/01/12	258,212.840	266,506.62	281,668.89	15,162.27
NFLF12311202 31418AQ27	FNMA POOL #0MA1372 3.500% 03/01/2043 DD 02/01/13	180,000.750	180,083.53	190,762.99	10,679.46
NFLF12311202 31418ARZ3	FNMA POOL #0MA1403 3.500% 04/01/2043 DD 03/01/13	180,315.970	180,398.91	191,098.87	10,699.96
NFLF12311202 31418AS25	FNMA POOL #0MA1436 3.500% 05/01/2043 DD 04/01/13	180,085.212	180,168.03	190,847.10	10,679.07
NFLF12311202 31418AXV5	FNMA POOL #0MA1591 4.500% 09/01/2043 DD 08/01/13	93,757.583	102,247.05	104,968.18	2,721.13
NFLF12311202 31418AY36	FNMA POOL #0MA1629 4.500% 10/01/2043 DD 09/01/13	94,639.282	103,208.59	105,978.01	2,769.42
NFLF12311202 31419AZY6	FNMA POOL #0AE0758 7.000% 02/01/2039 DD 12/01/10	62,329.885	68,966.78	73,513.74	4,546.96
NFLF12311202 36202EPZ6	GNMA II POOL #0004040 6.500% 10/20/2037 DD 10/01/07	27,238.348	30,585.66	31,490.53	904.87
NFLF12311202 36202EUU1	GNMA II POOL #0004195 6.000% 07/20/2038 DD 07/01/08	32,341.360	36,626.92	36,697.42	70.50
NFLF12311202 36202EWE5	GNMA II POOL #0004245 6.000% 09/20/2038 DD 09/01/08	205,190.450	232,443.86	232,794.72	350.86
NFLF12311202 36202FDW3	GNMA II POOL #0004617 4.500% 01/20/2040 DD 01/01/10	40,331.258	43,543.26	44,122.40	579.14
NFLF12311202 36202FGD2	GNMA II POOL #0004696 4.500% 05/20/2040 DD 05/01/10	41,788.361	45,110.55	45,694.32	583.77
NFLF12311202 36202FLS3	GNMA II POOL #0004837 6.000% 10/20/2040 DD 10/01/10	84,898.580	95,223.93	98,135.12	2,911.19
NFLF12311202 36202FPG5	GNMA II POOL #0004923 4.500% 01/20/2041 DD 01/01/11	45,432.704	49,111.40	49,626.14	514.74
NFLF12311202 36202FQ74	GNMA II POOL #0004978 4.500% 03/20/2041 DD 03/01/11	286,676.489	309,908.76	312,858.65	2,949.89
NFLF12311202 36241LW51	GNMA II POOL #0783368 4.500% 07/20/2041 DD 08/01/11	43,148.744	46,512.18	47,054.57	542.39
NFLF12311202 38374YVW0	GNMA GTD REMIC P/T 10-85 IO VAR RT 01/20/2040 DD 07/20/10	38,485.640	6,316.29	6,496.76	180.47
NFLF12311202 38375BCN0	GNMA GTD REMIC P/T 10-H10 FC VAR RT 05/20/2060 DD 06/20/10	144,463.340	146,395.18	147,202.36	807.18
NFLF12311202 38375BGF3	GNMA GTD REMIC P/T 10-H20 AF VAR RT 10/20/2060 DD 10/20/10	230,481.600	227,556.36	229,361.46	1,805.10
NFLF12311202 38375BGP1	GNMA GTD REMIC P/T 10-H24 FA VAR RT 10/20/2060 DD 11/20/10	202,077.820	199,584.44	200,810.79	1,226.35
NFLF12311202 38375BHR6	GNMA GTD REMIC P/T 10-H22 FE VAR RT 05/20/2059 DD 11/20/10	111,328.830	110,602.90	111,353.32	750.42
NFLF12311202 38375BKL5	GNMA GTD REMIC P/T 11-H06 FA VAR RT 02/20/2061 DD 02/20/11	193,066.970	191,810.11	193,068.90	1,258.79
NFLF12311202 38375BLE0	GNMA GTD REMIC P/T 11-H09 AF VAR RT 03/20/2061 DD 03/20/11	79,815.960	79,445.03	79,973.20	528.17
NFLF12311202 38378EMF7	GNMA GTD REMIC P/T 12-66 CIO 3.500% 02/20/2038 DD 05/01/12	437,925.062	63,179.44	50,308.83	(12,870.61)
NFLF12311202 38378KHA0	GNMA GTD REMIC P/T 13-57 IO VAR RT 06/16/2054 DD 04/01/13	3,621,948.073	195,528.63	182,220.21	(13,308.42)
NFLF12311202 38378NJA2	GNMA GTD REMIC P/T 13-178 A 2.250% 03/16/2035 DD 11/01/13	9,320.683	9,326.09	9,414.17	88.08
NFLF12311202 38378NJF1	GNMA GTD REMIC P/T 13-178 IO VAR RT 06/16/2055 DD 11/01/13	165,116.950	10,780.47	9,872.34	(908.13)
NFLF12311202 38378NMP5	GNMA GTD REMIC P/T 13-193 AB 2.000% 12/16/2049 DD 12/01/13	0.004	0.00	0.00	0.00
NFLF12311202 38378UWY9	GNMA GTD REMIC P/T 13-152 HSIO VAR RT 06/20/2043 DD 10/20/13	83,085.015	17,504.36	14,760.05	(2,744.31)
NFLF12311202 38378X5W7	GNMA GTD REMIC P/T 15-5 KA 2.500% 11/16/2039 DD 01/01/15	0.007	0.01	0.01	0.00
NFLF12311202 38379EWA6	GNMA GTD REMIC P/T 14-117 SJIO VAR RT 08/20/2044 DD 08/20/14	92,400.580	15,708.10	15,640.65	(67.45)
NFLF12311202 83162CVV2	SBA GTD PARTN CTFS 2013-20J 1 3.370% 10/01/2033 DD 10/16/13	95,203.612	99,614.21	100,356.98	742.77
NFLF12311202 83162CWX7	SBA GTD PARTN CTFS 2015-20C 1 VAR RT 03/01/2035 DD 03/11/15	100,000.000	100,000.00	101,432.00	1,432.00



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BERT BELL/PETE ROZELLE NFL RET

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NFLF12311202 880591CK6	TENNESSEE VALLEY AUTH BD 5.980% 04/01/2036 DD 04/18/96	300,000.000	370,656.00	414,798.00	44,142.00
NFLF12311202 880591EH1	TENNESSEE VALLEY AUTH BD 5.250% 09/15/2039 DD 09/15/09	30,000.000	33,971.70	39,282.00	5,310.30
NFLF12311202 880591EL2	TENNESSEE VALLEY AUTH BD 3.875% 02/15/2021 DD 02/08/11	110,000.000	118,561.30	122,829.30	4,268.00
NFLF12311202 912810FR4	US TREAS-CPI INFLAT 2.375% 01/15/2025 DD 07/15/04	24,800.800	29,404.00	30,059.31	655.31
NFLF12311202 912810QF8	US TREAS-CPI INFLAT 2.125% 02/15/2040 DD 02/15/10	97,329.600	116,548.70	129,942.80	13,394.10
NFLF12311202 912810QV3	US TREAS-CPI INFLAT 0.750% 02/15/2042 DD 02/15/12	103,444.000	90,133.91	104,607.75	14,473.84
NFLF12311202 912810RF7	US TREAS-CPI INFLAT 1.375% 02/15/2044 DD 02/15/14	531,552.900	584,465.70	624,781.96	40,316.26
NFLF12311202 912810RK6	U S TREASURY BOND 2.375% 02/15/2045 DD 02/15/15	530,000.000	525,019.79	525,113.40	93.61
NFLF12311202 912810RL4	US TREAS-CPI INFLAT 0.625% 02/15/2045 DD 02/15/15	238,228.800	232,405.68	242,250.10	9,844.42
NFLF12311202 912828A67	U S TREASURY NOTE 0.250% 12/31/2015 DD 12/31/13	120,000.000	119,840.40	120,019.20	178.80
NFLF12311202 912828A75	U S TREASURY NOTE 1.500% 12/31/2018 DD 12/31/13	220,000.000	219,512.11	222,921.60	3,409.49
NFLF12311202 912828B25	US TREAS-CPI INFLAT 0.050% 01/15/2024 DD 01/15/14	260,460.200	262,404.73	271,284.93	8,880.20
NFLF12311202 912828D56	U S TREASURY NOTE 2.375% 08/15/2024 DD 08/15/14	120,000.000	120,942.49	124,743.60	3,801.11
NFLF12311202 912828EA4	US TREAS-CPI INFLAT 1.875% 07/15/2015 DD 07/15/05	324,459.000	329,634.80	329,478.38	(156.42)
NFLF12311202 912828F39	U S TREASURY NOTE 1.750% 09/30/2019 DD 09/30/14	150,000.000	150,042.19	152,859.00	2,816.81
NFLF12311202 912828G95	U S TREASURY NOTE 1.625% 12/31/2019 DD 12/31/14	680,000.000	679,292.42	688,656.40	9,363.98
NFLF12311202 912828H86	U S TREASURY NOTE 1.625% 01/31/2022 DD 01/31/15	390,000.000	387,684.96	384,972.90	(2,712.06)
NFLF12311202 912828J27	U S TREASURY NOTE 1.750% 02/15/2025 DD 02/17/15	460,000.000	463,165.63	462,911.80	(253.83)
NFLF12311202 912828J50	U S TREASURY NOTE 1.500% 02/29/2020 DD 02/28/15	90,000.000	89,414.84	90,020.70	605.86
NFLF12311202 912828RE2	U S TREASURY NOTE 1.500% 08/31/2018 DD 08/31/11	420,000.000	419,214.60	426,463.80	7,249.20
NFLF12311202 912828UA6	U S TREASURY NOTE 0.625% 11/30/2017 DD 11/30/12	90,000.000	88,860.24	89,620.20	759.96
NFLF12311202 912828WJ5	U S TREASURY NOTE 2.625% 05/15/2024 DD 05/15/14	560,000.000	573,142.71	588,263.20	15,120.49
NFLF12311202 912828WN6	U S TREASURY NOTE 2.000% 05/31/2021 DD 05/31/14	570,000.000	564,420.25	583,668.60	19,248.35
NFLF12311202 912828WU0	US TREAS-CPI INFLAT 0.250% 07/15/2024 DD 07/15/14	127,972.000	123,166.27	127,922.09	4,755.82
NFLF12311202 912828WW6	U S TREASURY NOTE 1.625% 07/31/2019 DD 07/31/14	440,000.000	442,968.75	446,600.00	3,631.25
NFLF12311202 912828WY2	U S TREASURY NOTE 2.125% 07/31/2021 DD 07/31/14	730,000.000	740,604.54	757,031.90	16,427.36
TOTAL U. S. GOVERNMENT SECURITIES			22,754,170.54	23,240,034.09	485,863.55

CORPORATE DEBT INSTRUMENTS - PREFERRED

NFLF12311202 009503AA1	AIRSPEED LTD/CAYMAN 1A G1 144A VAR RT 06/15/2032 DD 06/27/07	154,286.647	129,600.77	128,909.27	(691.50)
NFLF12311202 02364WAN5	AMERICA MOVIL SAB DE CV 5.625% 11/15/2017 DD 10/30/07	40,000.000	45,350.00	44,184.00	(1,166.00)
NFLF12311202 03523TAV0	ANHEUSER-BUSCH INBEV WORLDWIDE 5.000% 04/15/2020 DD 03/29/10	130,000.000	146,840.20	148,292.30	1,452.10
NFLF12311202 03523TBP2	ANHEUSER-BUSCH INBEV WORLDWIDE 2.500% 07/15/2022 DD 07/16/12	40,000.000	37,767.60	39,462.80	1,695.20
NFLF12311202 05377RBF0	AVIS BUDGET RENTAL C 2A A 144A 2.970% 02/20/2020 DD 09/18/13	120,000.000	123,295.20	123,943.20	648.00
NFLF12311202 055451AL2	BHP BILLITON FINANCE USA LTD 3.250% 11/21/2021 DD 11/21/11	160,000.000	161,785.60	167,124.80	5,339.20
NFLF12311202 055451AV0	BHP BILLITON FINANCE USA LTD 5.000% 09/30/2043 DD 09/30/13	40,000.000	42,327.20	45,808.00	3,480.80



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NFLF12311202 05565QBU1	BP CAPITAL MARKETS PLC 3.561% 11/01/2021 DD 11/01/11	10,000.000	10,278.80	10,520.80	242.00
NFLF12311202 05565QDA3	BP CAPITAL MARKETS PLC 3.506% 03/17/2025 DD 03/17/15	60,000.000	60,000.00	61,197.60	1,197.60
NFLF12311202 05567L7E1	BNP PARIBAS SA 2.375% 09/14/2017 DD 09/14/12	40,000.000	40,969.20	40,773.20	(196.00)
NFLF12311202 057224AY3	BAKER HUGHES INC 7.500% 11/15/2018 DD 10/28/08	140,000.000	172,043.20	166,814.20	(5,229.00)
NFLF12311202 097014AL8	BOEING CAPITAL CORP 4.700% 10/27/2019 DD 10/27/09	30,000.000	33,473.10	33,770.40	297.30
NFLF12311202 097023AZ8	BOEING CO/THE 4.875% 02/15/2020 DD 07/28/09	70,000.000	78,402.80	80,455.20	2,052.40
NFLF12311202 12591KAG0	COMM 2013-CCRE12 MORTG CR12 AM 4.300% 10/10/2046 DD 11/01/13	20,000.000	20,578.80	22,072.20	1,493.40
NFLF12311202 12591KAH8	COMM 2013-CCRE12 MORTGA CR12 B VAR RT 10/10/2046 DD 11/01/13	10,000.000	10,346.60	11,149.60	803.00
NFLF12311202 12624PAE5	COMMERCIAL MORTGAGE PAS CR3 A3 2.822% 10/15/2045 DD 10/01/12	10,000.000	9,569.10	10,251.70	682.60
NFLF12311202 12630BBB3	COMM 2013-CCRE13 MORTG CR13 XA VAR RT 12/10/2023 DD 12/01/13	1,359,512.334	84,650.89	76,622.12	(8,028.77)
NFLF12311202 12641TCQ7	CSMC SERIES 2009-5 5R 4A3 144A VAR RT 07/26/2049 DD 06/01/09	401,688.204	407,713.53	404,387.55	(3,325.98)
NFLF12311202 1266716B7	CWABS INC ASSET-BACKED CE 5 1A VAR RT 10/25/2034 DD 05/27/04	452,483.198	408,515.41	413,691.81	5,176.40
NFLF12311202 14916RAD6	CATHOLIC HEALTH INITIATIVES 4.350% 11/01/2042 DD 10/31/12	10,000.000	9,149.90	10,018.00	868.10
NFLF12311202 17319WAA7	CITIGROUP COMMERCIA SMP A 144A 2.110% 01/12/2018 DD 03/01/13	112,608.200	113,437.00	114,260.16	823.16
NFLF12311202 17320DAL2	CITIGROUP COMMERCIAL M GC11 XA VAR RT 04/10/2046 DD 04/01/13	1,204,157.291	114,112.73	100,800.01	(13,312.72)
NFLF12311202 17323CAK3	CITIGROUP COMMERCIAL MO GC27 B 3.725% 02/10/2048 DD 02/01/15	100,000.000	102,992.37	102,004.00	(988.37)
NFLF12311202 20030NAM3	COMCAST CORP 6.450% 03/15/2037 DD 03/02/06	10,000.000	13,015.00	13,541.10	526.10
NFLF12311202 20030NAV3	COMCAST CORP 6.950% 08/15/2037 DD 08/23/07	50,000.000	64,948.00	71,020.00	6,072.00
NFLF12311202 20030NAY7	COMCAST CORP 6.550% 07/01/2039 DD 06/18/09	10,000.000	12,482.40	13,667.30	1,184.90
NFLF12311202 20030NBB6	COMCAST CORP 6.400% 03/01/2040 DD 03/01/10	10,000.000	12,893.10	13,628.60	735.50
NFLF12311202 20030NBH3	COMCAST CORP 4.250% 01/15/2033 DD 01/14/13	10,000.000	10,784.60	10,727.10	(57.50)
NFLF12311202 20030NBL4	COMCAST CORP 3.375% 02/15/2025 DD 08/12/14	20,000.000	20,237.80	20,915.40	677.60
NFLF12311202 20030NBM2	COMCAST CORP 4.200% 08/15/2034 DD 08/12/14	10,000.000	10,077.20	10,833.30	756.10
NFLF12311202 208251AE8	CONOCOPHILLIPS HOLDING CO 6.950% 04/15/2029 DD 04/20/99	40,000.000	53,318.80	54,658.80	1,340.00
NFLF12311202 21685WDD6	COOPERATIEVE CENTRALE RAIFFEIS 3.875% 02/08/2022 DD 02/08/12	10,000.000	10,356.20	10,761.90	405.70
NFLF12311202 21686CAD2	COOPERATIEVE CENTRALE RAIFFEIS 3.375% 01/19/2017 DD 01/19/12	40,000.000	42,407.20	41,688.00	(719.20)
NFLF12311202 22944FBG3	CSMC SERIES 2009- 2R 1A16 144A VAR RT 09/26/2034 DD 04/01/09	279,999.997	276,332.11	274,450.40	(1,881.71)
NFLF12311202 233851AQ7	DAIMLER FINANCE NORTH AME 144A 1.300% 07/31/2015 DD 08/01/12	150,000.000	151,045.50	150,399.00	(646.50)
NFLF12311202 24422ERR2	JOHN DEERE CAPITAL CORP 2.250% 04/17/2019 DD 04/17/12	30,000.000	30,026.10	30,633.30	607.20
NFLF12311202 24422ERY7	JOHN DEERE CAPITAL CORP 1.700% 01/15/2020 DD 10/12/12	10,000.000	9,576.00	9,912.80	336.80
NFLF12311202 247367BH7	DELTA AIR LINES 2007-1 CLASS A 6.821% 02/10/2024 DD 02/10/08	181,537.129	213,306.12	213,088.28	(217.84)
NFLF12311202 25243YAP4	DIAGEO CAPITAL PLC 4.828% 07/15/2020 DD 05/14/10	160,000.000	177,873.60	181,753.60	3,880.00
NFLF12311202 36191YAA6	GS MORTGAGE SECURI GC5 XA 144A VAR RT 08/10/2044 DD 10/01/11	94,284.260	6,418.89	5,198.83	(1,220.06)
NFLF12311202 36248GAJ9	GS MORTGAGE SECURITIES GC16 B VAR RT 11/10/2046 DD 11/01/13	30,000.000	31,974.90	34,107.30	2,132.40
NFLF12311202 36250HAJ2	GS MORTGAGE SECURITIES GC26 AS 3.964% 11/10/2047 DD 12/01/14	130,000.000	133,897.70	139,129.90	5,232.20
NFLF12311202 36250HAK9	GS MORTGAGE SECURITIES GC26 B VAR RT 11/10/2047 DD 12/01/14	130,000.000	133,895.18	137,866.30	3,971.12



Schedule of Investments at End of Plan Year at Revalued Cost

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Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 369604BE2	GENERAL ELECTRIC CO 0.850% 10/09/2015 DD 10/09/12	40,000.000	40,180.80	40,126.00	(54.80)
NFLF12311202 369604BH5	GENERAL ELECTRIC CO 4.500% 03/11/2044 DD 03/11/14	30,000.000	30,465.30	33,675.30	3,210.00
NFLF12311202 36962G3M4	GENERAL ELECTRIC CAPITAL CORP VAR RT 11/15/2067 DD 11/15/07	120,000.000	132,000.00	130,200.00	(1,800.00)
NFLF12311202 36962G4B7	GENERAL ELECTRIC CAPITAL CORP 6.875% 01/10/2039 DD 01/09/09	320,000.000	421,420.80	460,329.60	38,908.80
NFLF12311202 36962G5Z3	GENERAL ELECTRIC CAPITAL CORP 1.625% 07/02/2015 DD 07/02/12	30,000.000	30,407.70	30,090.90	(316.80)
NFLF12311202 375558AW3	GILEAD SCIENCES INC 3.700% 04/01/2024 DD 03/07/14	70,000.000	72,594.20	74,746.00	2,151.80
NFLF12311202 377373AD7	GLAXOSMITHKLINE CAPITAL PLC 2.850% 05/08/2022 DD 05/09/12	50,000.000	48,814.00	50,774.00	1,960.00
NFLF12311202 40429CGD8	HSBC FINANCE CORP 6.676% 01/15/2021 DD 07/15/11	50,000.000	58,347.00	59,371.50	1,024.50
NFLF12311202 46625HJC5	JPMORGAN CHASE & CO 4.350% 08/15/2021 DD 08/10/11	10,000.000	10,719.00	10,999.70	280.70
NFLF12311202 46625HJX9	JPMORGAN CHASE & CO 3.625% 05/13/2024 DD 05/13/14	60,000.000	59,696.50	62,387.40	2,690.90
NFLF12311202 46640UAJ1	JPMBB COMMERCIAL MORTGAG C17 B VAR RT 01/15/2047 DD 12/01/13	10,000.000	10,578.40	11,269.10	690.70
NFLF12311202 46643GAK6	JPMBB COMMERCIAL MORTGAG C24 B VAR RT 11/15/2047 DD 10/01/14	100,000.000	102,999.80	106,434.00	3,434.20
NFLF12311202 46643RAG1	JP MORGAN CHASE COM FL6 B 144A VAR RT 11/15/2031 DD 12/08/14	140,000.000	138,600.00	140,168.00	1,568.00
NFLF12311202 542514EE0	LONG BEACH MORTGAGE LOAN 4 AV1 VAR RT 08/25/2033 DD 07/10/03	116,286.177	107,161.20	107,964.74	803.54
NFLF12311202 585055AS5	MEDTRONIC INC 4.450% 03/15/2020 DD 03/16/10	40,000.000	43,912.00	44,505.60	593.60
NFLF12311202 585055BM7	MEDTRONIC INC 144A 3.500% 03/15/2025 DD 12/10/14	100,000.000	99,042.00	104,539.00	5,497.00
NFLF12311202 58933YAR6	MERCK & CO INC 2.750% 02/10/2025 DD 02/10/15	40,000.000	39,934.00	39,967.60	33.60
NFLF12311202 59156RAU2	METLIFE INC 6.750% 06/01/2016 DD 05/29/09	60,000.000	67,287.60	64,036.80	(3,250.80)
NFLF12311202 59562VAR8	BERKSHIRE HATHAWAY ENERGY CO 6.500% 09/15/2037 DD 08/28/07	10,000.000	12,367.00	13,537.90	1,170.90
NFLF12311202 61690KAE2	MORGAN STANLEY BANK OF A C7 A4 2.918% 02/15/2046 DD 01/01/13	10,000.000	9,576.70	10,263.20	686.50
NFLF12311202 61690KAG7	MORGAN STANLEY BANK OF A C7 AS 3.214% 02/15/2046 DD 01/01/13	10,000.000	9,550.70	10,226.90	676.20
NFLF12311202 61746REV9	MORGAN STANLEY ABS CAPI HE1 A4 VAR RT 01/25/2034 DD 02/26/04	409,487.277	398,866.20	389,831.89	(9,034.31)
NFLF12311202 61750CAG2	MORGAN STANLEY CAPITAL HQ9 AM VAR RT 07/12/2044 DD 08/01/06	80,000.000	87,443.20	84,059.20	(3,384.00)
NFLF12311202 61764PBX9	MORGAN STANLEY BANK OF A C19 B 4.000% 12/15/2047 DD 12/01/14	110,000.000	113,028.97	115,390.00	2,361.03
NFLF12311202 63543PAX4	NATIONAL COLLEGIATE STUDE 2 A4 VAR RT 11/27/2028 DD 10/28/04	33,939.153	32,018.89	33,368.30	1,349.41
NFLF12311202 63543TAD0	NATIONAL COLLEGIATE STUDE 3 A4 VAR RT 04/25/2029 DD 10/12/05	270,000.000	257,123.70	263,876.40	6,752.70
NFLF12311202 63946BAE0	NBCUNIVERSAL MEDIA LLC 4.375% 04/01/2021 DD 04/01/11	10,000.000	11,098.90	11,141.30	42.40
NFLF12311202 64828YAR2	NEW RESIDENTIAL MOR 2A A3 144A 3.750% 05/25/2054 DD 09/01/14	356,441.100	364,990.48	366,959.68	1,969.20
NFLF12311202 674599CC7	OCCIDENTAL PETROLEUM CORP 3.125% 02/15/2022 DD 08/18/11	30,000.000	29,793.60	30,897.00	1,103.40
NFLF12311202 68389XAN5	ORACLE CORP 1.200% 10/15/2017 DD 10/25/12	80,000.000	79,371.20	80,260.00	888.80
NFLF12311202 694308GN1	PACIFIC GAS & ELECTRIC CO 8.250% 10/15/2018 DD 10/21/08	20,000.000	24,898.20	24,422.20	(476.00)
NFLF12311202 706451BG5	PETROLEOS MEXICANOS 6.625% 06/15/2035 DD 12/15/05	161,000.000	178,710.00	184,345.00	5,635.00
NFLF12311202 713448BJ6	PEPSICO INC 7.900% 11/01/2018 DD 10/24/08	28,000.000	35,147.56	33,939.64	(1,207.92)
NFLF12311202 713448CA4	PEPSICO INC 0.700% 08/13/2015 DD 08/13/12	80,000.000	80,184.00	80,141.60	(42.40)
NFLF12311202 71654QBG6	PETROLEOS MEXICANOS 3.500% 01/30/2023 DD 07/30/13	121,000.000	113,861.00	118,156.50	4,295.50
NFLF12311202 71654QBR2	PETROLEOS MEXICANOS 6.375% 01/23/2045 DD 07/23/14	70,000.000	75,512.50	78,260.00	2,747.50



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Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 718172AL3	PHILIP MORRIS INTERNATIONAL IN 2.900% 11/15/2021 DD 11/15/11	70,000.000	69,081.60	71,949.50	2,867.90
NFLF12311202 718172AP4	PHILIP MORRIS INTERNATIONAL IN 4.500% 03/20/2042 DD 03/20/12	30,000.000	29,363.40	32,520.60	3,157.20
NFLF12311202 718172AT6	PHILIP MORRIS INTERNATIONAL IN 2.500% 08/22/2022 DD 08/21/12	30,000.000	28,202.40	29,781.00	1,578.60
NFLF12311202 755111BT7	RAYTHEON CO 3.125% 10/15/2020 DD 10/20/10	30,000.000	30,306.90	31,643.40	1,336.50
NFLF12311202 767201AC0	RIO TINTO FINANCE USA LTD 6.500% 07/15/2018 DD 06/27/08	70,000.000	82,263.30	80,418.10	(1,845.20)
NFLF12311202 767201AM8	RIO TINTO FINANCE USA LTD 2.500% 05/20/2016 DD 05/20/11	20,000.000	20,647.80	20,377.00	(270.80)
NFLF12311202 767201AN6	RIO TINTO FINANCE USA LTD 4.125% 05/20/2021 DD 05/20/11	10,000.000	10,536.70	10,772.30	235.60
NFLF12311202 767201AQ9	RIO TINTO FINANCE USA LTD 3.750% 09/20/2021 DD 09/19/11	40,000.000	41,196.80	42,189.20	992.40
NFLF12311202 76720AAM8	RIO TINTO FINANCE USA PLC 2.250% 12/14/2018 DD 06/19/13	10,000.000	9,999.20	10,165.60	166.40
NFLF12311202 78443DAD4	SLM PRIVATE CREDIT STUDE A A4A VAR RT 12/16/2041 DD 03/29/07	300,000.000	263,062.50	264,486.00	1,423.50
NFLF12311202 822582AD4	SHELL INTERNATIONAL FINANCE BV 6.375% 12/15/2038 DD 12/11/08	20,000.000	25,782.40	27,691.20	1,908.80
NFLF12311202 822582AM4	SHELL INTERNATIONAL FINANCE BV 4.375% 03/25/2020 DD 03/25/10	20,000.000	21,951.80	22,375.20	423.40
NFLF12311202 82937WAE5	SINOPEC GROUP OVERSEAS DE 144A 4.375% 04/10/2024 DD 04/10/14	200,000.000	199,534.00	216,978.00	17,444.00
NFLF12311202 857477AF0	STATE STREET CORP VAR RT 03/15/2018 DD 09/15/10	110,000.000	119,834.00	119,025.50	(808.50)
NFLF12311202 865622AE4	SUMITOMO MITSUI BANKING C 144A 3.150% 07/22/2015 DD 07/22/10	100,000.000	103,039.00	100,770.00	(2,269.00)
NFLF12311202 89233P6S0	TOYOTA MOTOR CREDIT CORP 1.250% 10/05/2017 DD 10/05/12	90,000.000	89,176.50	90,267.30	1,090.80
NFLF12311202 907818DK1	UNION PACIFIC CORP 4.163% 07/15/2022 DD 06/23/11	42,000.000	44,404.08	46,993.38	2,589.30
NFLF12311202 913017BT5	UNITED TECHNOLOGIES CORP 4.500% 06/01/2042 DD 06/01/12	40,000.000	40,730.80	44,365.60	3,634.80
NFLF12311202 91324PAR3	UNITEDHEALTH GROUP INC 5.800% 03/15/2036 DD 03/02/06	20,000.000	23,275.60	25,780.00	2,504.40
NFLF12311202 91324PBK7	UNITEDHEALTH GROUP INC 6.875% 02/15/2038 DD 02/07/08	40,000.000	55,412.40	57,593.60	2,181.20
NFLF12311202 91324PBM3	UNITEDHEALTH GROUP INC 3.875% 10/15/2020 DD 10/25/10	30,000.000	31,726.50	32,826.60	1,100.10
NFLF12311202 92935JAE5	WF-RBS COMMERCIAL M C2 XA 144A VAR RT 02/15/2044 DD 03/01/11	243,280.462	8,945.44	6,673.18	(2,272.26)
NFLF12311202 92936TAF9	WFRBS COMMERCIAL MO C7 XA 144A VAR RT 06/15/2045 DD 06/01/12	124,415.639	11,499.74	10,482.02	(1,017.72)
NFLF12311202 92937EAF1	WFRBS COMMERCIAL MORTGA C11 AS 3.311% 03/15/2045 DD 02/01/13	60,000.000	58,257.00	62,187.00	3,930.00
NFLF12311202 92939LAH9	WFRBS COMMERCIAL MORTGAG C25 B VAR RT 11/15/2047 DD 12/01/14	100,000.000	102,997.90	107,170.00	4,172.10
NFLF12311202 949746QU8	WELLS FARGO & CO STEP 06/15/2016 DD 09/15/2010	50,000.000	53,017.00	51,772.50	(1,244.50)
NFLF12311202 949746RE3	WELLS FARGO & CO 4.480% 01/16/2024 DD 11/26/13	263,000.000	271,721.08	285,444.42	13,723.34
NFLF12311202 94974BEV8	WELLS FARGO & CO 4.600% 04/01/2021 DD 03/29/11	10,000.000	11,006.40	11,224.80	218.40
NFLF12311202 94974BFD7	WELLS FARGO & CO 2.100% 05/08/2017 DD 05/07/12	20,000.000	20,478.60	20,431.80	(46.80)
NFLF12311202 94974BFG0	WELLS FARGO & CO 1.500% 01/16/2018 DD 12/26/12	30,000.000	29,713.50	30,143.70	430.20
NFLF12311202 94974BFJ4	WELLS FARGO & CO 3.450% 02/13/2023 DD 02/13/13	30,000.000	29,117.70	30,696.00	1,578.30
NFLF12311202 94974BFP0	WELLS FARGO & CO 5.375% 11/02/2043 DD 10/28/13	40,000.000	42,135.60	47,119.20	4,983.60
NFLF12311202 94974BGE4	WELLS FARGO & CO 4.650% 11/04/2044 DD 11/04/14	20,000.000	19,862.40	21,450.60	1,588.20
NFLF12311202 94989EAG2	WELLS FARGO COMMERCIAL LC20 AS 3.467% 04/15/2050 DD 03/01/15	100,000.000	102,994.70	102,994.70	0.00
NFLF12311202 983024AN0	WYETH LLC 5.950% 04/01/2037 DD 03/27/07	80,000.000	96,824.00	102,420.80	5,596.80



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TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			9,403,868.24	9,564,335.88	160,467.64
CORPORATE DEBT INSTRUMENTS					
NFLF12311202	00080QAB1 ROYAL BANK OF SCOTLAND NV 4.650% 06/04/2018 DD 12/04/03	20,000.000	21,160.60	21,065.40	(95.20)
NFLF12311202	00184AAG0 TIME WARNER INC 7.700% 05/01/2032 DD 04/08/02	140,000.000	189,005.70	199,094.00	10,088.30
NFLF12311202	00206RAJ1 AT&T INC 5.500% 02/01/2018 DD 02/01/08	40,000.000	45,130.80	44,033.60	(1,097.20)
NFLF12311202	00206RBD3 AT&T INC 3.000% 02/15/2022 DD 02/13/12	30,000.000	29,709.30	30,102.60	393.30
NFLF12311202	00206RBK7 AT&T INC 4.350% 06/15/2045 DD 06/15/13	40,000.000	36,381.70	38,259.20	1,877.50
NFLF12311202	00206RCE0 AT&T INC 3.900% 03/11/2024 DD 03/10/14	30,000.000	30,544.20	31,395.60	851.40
NFLF12311202	00287YAJ8 ABBVIE INC 1.750% 11/06/2017 DD 05/06/13	60,000.000	60,189.60	60,213.00	23.40
NFLF12311202	004421DK6 ACE SECURITIES CORP HOM FM1 M1 VAR RT 09/25/2033 DD 01/29/04	120,375.715	112,064.97	112,795.66	730.69
NFLF12311202	00507UAR2 ACTAVIS FUNDING SCS 3.450% 03/15/2022 DD 03/12/15	30,000.000	29,957.40	30,728.40	771.00
NFLF12311202	00507UAS0 ACTAVIS FUNDING SCS 3.800% 03/15/2025 DD 03/12/15	50,000.000	49,822.50	51,601.50	1,779.00
NFLF12311202	00507UAT8 ACTAVIS FUNDING SCS 4.550% 03/15/2035 DD 03/12/15	20,000.000	20,456.00	20,846.40	390.40
NFLF12311202	00507UAU5 ACTAVIS FUNDING SCS 4.750% 03/15/2045 DD 03/12/15	20,000.000	20,564.00	21,257.20	693.20
NFLF12311202	02209SAE3 ALTRIA GROUP INC 9.950% 11/10/2038 DD 11/10/08	20,000.000	32,089.60	34,709.80	2,620.20
NFLF12311202	02209SAH6 ALTRIA GROUP INC 10.200% 02/06/2039 DD 02/06/09	30,000.000	50,775.60	53,054.10	2,278.50
NFLF12311202	02209SAL7 ALTRIA GROUP INC 4.750% 05/05/2021 DD 05/05/11	110,000.000	120,046.30	122,782.00	2,735.70
NFLF12311202	02209SAN3 ALTRIA GROUP INC 2.850% 08/09/2022 DD 08/09/12	60,000.000	56,304.00	59,647.20	3,343.20
NFLF12311202	02209SAR4 ALTRIA GROUP INC 5.375% 01/31/2044 DD 10/31/13	40,000.000	41,815.60	46,780.80	4,965.20
NFLF12311202	023135AQ9 AMAZON.COM INC 4.950% 12/05/2044 DD 12/05/14	60,000.000	59,092.71	65,458.20	6,365.49
NFLF12311202	025816AU3 AMERICAN EXPRESS CO VAR RT 09/01/2066 DD 08/01/06	120,000.000	131,484.00	126,024.00	(5,460.00)
NFLF12311202	026874BE6 AMERICAN INTERNATIONAL GROUP I 6.250% 03/15/2087 DD 03/13/07	130,000.000	136,500.00	148,155.80	11,655.80
NFLF12311202	031162BV1 AMGEN INC 3.625% 05/22/2024 DD 05/22/14	30,000.000	29,950.20	31,549.50	1,599.30
NFLF12311202	032511BH9 ANADARKO PETROLEUM CORP 6.375% 09/15/2017 DD 08/12/10	10,000.000	11,448.20	11,126.30	(321.90)
NFLF12311202	060505DA9 BANK OF AMERICA CORP 5.420% 03/15/2017 DD 03/15/07	70,000.000	77,123.20	74,766.30	(2,356.90)
NFLF12311202	060505DP6 BANK OF AMERICA CORP 5.750% 12/01/2017 DD 12/04/07	10,000.000	11,321.40	11,003.50	(317.90)
NFLF12311202	06051GEB1 BANK OF AMERICA CORP 4.500% 04/01/2015 DD 03/11/10	190,000.000	197,121.20	190,000.00	(7,121.20)
NFLF12311202	06051GEC9 BANK OF AMERICA CORP 5.625% 07/01/2020 DD 06/22/10	140,000.000	160,177.41	161,403.20	1,225.79
NFLF12311202	06051GEH8 BANK OF AMERICA CORP 5.000% 05/13/2021 DD 05/13/11	40,000.000	44,105.60	45,151.20	1,045.60
NFLF12311202	06051GEQ8 BANK OF AMERICA CORP 3.875% 03/22/2017 DD 03/22/12	20,000.000	21,333.00	20,930.80	(402.20)
NFLF12311202	06051GEU9 BANK OF AMERICA CORP 3.300% 01/11/2023 DD 01/11/13	40,000.000	39,552.20	40,521.60	969.40
NFLF12311202	06051GEX3 BANK OF AMERICA CORP 2.600% 01/15/2019 DD 10/22/13	60,000.000	60,237.00	61,067.40	830.40
NFLF12311202	06051GFB0 BANK OF AMERICA CORP 4.125% 01/22/2024 DD 01/21/14	10,000.000	10,112.70	10,708.40	595.70
NFLF12311202	06051GFC8 BANK OF AMERICA CORP 5.000% 01/21/2044 DD 01/21/14	130,000.000	132,715.70	149,216.60	16,500.90
NFLF12311202	06051GFF1 BANK OF AMERICA CORP 4.000% 04/01/2024 DD 04/01/14	70,000.000	69,917.39	74,460.40	4,543.01



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NFLF12311202 06051GFG9	BANK OF AMERICA CORP 4.875% 04/01/2044 DD 04/01/14	70,000.000	70,334.30	78,787.10	8,452.80
NFLF12311202 06051GFH7	BANK OF AMERICA CORP 4.200% 08/26/2024 DD 08/26/14	110,000.000	110,044.80	113,802.70	3,757.90
NFLF12311202 067901AL2	BARRICK GOLD CORP 3.850% 04/01/2022 DD 04/03/12	20,000.000	19,103.60	19,557.20	453.60
NFLF12311202 067901AQ1	BARRICK GOLD CORP 4.100% 05/01/2023 DD 05/02/13	70,000.000	66,404.10	69,055.70	2,651.60
NFLF12311202 06849RAF9	BARRICK NORTH AMERICA FINANCE 4.400% 05/30/2021 DD 06/01/11	90,000.000	90,686.70	92,427.30	1,740.60
NFLF12311202 12592PBH5	*COMM 2014-UBS6 MORTGAG UBS6 AM VAR RT 12/10/2047 DD 12/01/14	92,000.000	94,756.85	98,474.04	3,717.19
NFLF12311202 12592RBJ7	COMM 2014-CCRE21 MORTG CR21 AM 3.987% 12/10/2047 DD 12/01/14	100,000.000	102,993.26	106,368.00	3,374.74
NFLF12311202 12629NAJ4	COMM 2015-DC1 MORTGAGE T DC1 B VAR RT 02/10/2048 DD 03/01/15	100,000.000	102,992.18	104,566.00	1,573.82
NFLF12311202 126650BX7	CVS HEALTH CORP 5.750% 05/15/2041 DD 05/12/11	90,000.000	104,303.70	114,882.30	10,578.60
NFLF12311202 126673N57	CWABS ASSET-BACKED CERTI 4 AF3 VAR RT 10/25/2035 DD 06/01/05	3,974.990	3,983.74	3,970.10	(13.64)
NFLF12311202 12669GLJ8	CHL MORTGAGE PASS-THR HYB1 1A1 VAR RT 03/25/2035 DD 01/28/05	139,056.660	119,605.50	120,165.81	560.31
NFLF12311202 12669GMS7	CHL MORTGAGE PASS-THROUG 4 4A1 VAR RT 02/25/2035 DD 01/28/05	13,452.300	9,424.74	11,338.27	1,913.53
NFLF12311202 12669GNP2	CHL MORTGAGE PASS-THROUG 7 2A1 VAR RT 03/25/2035 DD 01/27/05	39,365.260	34,216.24	33,511.25	(704.99)
NFLF12311202 12669GUX7	CHL MORTGAGE PASS-THROU 11 6A1 VAR RT 03/25/2035 DD 02/28/05	48,447.310	42,492.98	43,452.39	959.41
NFLF12311202 151191AW3	CELULOSA ARAUCO Y CONSTITUCION 4.750% 01/11/2022 DD 07/11/12	40,000.000	40,192.40	42,067.60	1,875.20
NFLF12311202 172967BL4	CITIGROUP INC 6.625% 06/15/2032 DD 06/06/02	10,000.000	11,698.90	12,471.30	772.40
NFLF12311202 172967GT2	CITIGROUP INC 3.500% 05/15/2023 DD 05/14/13	40,000.000	37,738.00	39,889.20	2,151.20
NFLF12311202 172967HA2	CITIGROUP INC 6.675% 09/13/2043 DD 09/13/13	70,000.000	81,970.00	93,342.20	11,372.20
NFLF12311202 172967HB0	CITIGROUP INC 5.500% 09/13/2025 DD 09/13/13	140,000.000	153,337.70	158,674.60	5,336.90
NFLF12311202 172967HS3	CITIGROUP INC 5.300% 05/06/2044 DD 05/06/14	10,000.000	10,327.90	11,240.30	912.40
NFLF12311202 17322FAA9	CITIGROUP COMMERCIAL 388G A 144A VAR RT 06/15/2018 DD 06/19/14	100,000.000	99,687.50	99,525.00	(162.50)
NFLF12311202 20029PAG4	COMCAST CABLE COMMUNICATIONS L 8.875% 05/01/2017 DD 05/01/97	80,000.000	97,601.60	92,638.40	(4,963.20)
NFLF12311202 20030NAR2	COMCAST CORP 5.875% 02/15/2018 DD 11/17/06	20,000.000	22,900.20	22,532.60	(367.60)
NFLF12311202 210805CB1	CONTINENTAL AIRLINES 1998-1 CL 6.648% 03/15/2019 DD 02/20/98	13,304.064	14,102.31	13,869.49	(232.82)
NFLF12311202 22944FBC2	CSMC SERIES 2009- 2R 1A14 144A VAR RT 09/26/2034 DD 04/01/09	426,599.999	427,666.50	421,561.85	(6,104.65)
NFLF12311202 23242QAE2	CWHEQ REVOLVING HOME EQUI E 2A VAR RT 07/15/2036 DD 06/29/06	81,660.960	62,119.14	69,140.70	7,021.56
NFLF12311202 23332UCM4	DSLA MORTGAGE LOAN TR AR1 2A1A VAR RT 03/19/2045 DD 02/28/05	91,644.050	80,574.15	83,605.95	3,031.80
NFLF12311202 25156PAH6	DEUTSCHE TELEKOM INTERNATIONAL 5.750% 03/23/2016 DD 03/23/06	75,000.000	81,939.75	78,493.50	(3,446.25)
NFLF12311202 25179MAL7	DEVON ENERGY CORP 5.600% 07/15/2041 DD 07/12/11	50,000.000	55,376.50	58,224.00	2,847.50
NFLF12311202 25179SAD2	DEVON FINANCING CORP LLC 7.875% 09/30/2031 DD 10/03/01	10,000.000	13,603.10	13,630.40	27.30
NFLF12311202 278062AB0	EATON CORP 1.500% 11/02/2017 DD 11/02/13	20,000.000	19,903.80	20,076.00	172.20
NFLF12311202 278062AC8	EATON CORP 2.750% 11/02/2022 DD 11/02/13	120,000.000	113,720.90	120,249.60	6,528.70
NFLF12311202 278062AE4	EATON CORP 4.150% 11/02/2042 DD 11/02/13	40,000.000	37,356.80	41,210.40	3,853.60
NFLF12311202 278865AL4	ECOLAB INC 4.350% 12/08/2021 DD 12/08/11	10,000.000	10,760.00	11,019.10	259.10
NFLF12311202 279158AJ8	ECOPETROL SA 5.875% 05/28/2045 DD 05/28/14	60,000.000	59,601.60	55,827.00	(3,774.60)
NFLF12311202 337932AC1	FIRSTENERGY CORP 7.375% 11/15/2031 DD 11/15/01	210,000.000	241,218.60	266,683.20	25,464.60



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NFLF12311202 337932AE7	FIRSTENERGY CORP 2.750% 03/15/2018 DD 03/05/13	20,000.000	19,939.40	20,481.80	542.40
NFLF12311202 337932AF4	FIRSTENERGY CORP 4.250% 03/15/2023 DD 03/05/13	100,000.000	96,994.00	104,670.00	7,676.00
NFLF12311202 345370CQ1	FORD MOTOR CO 4.750% 01/15/2043 DD 01/08/13	220,000.000	218,918.40	240,541.40	21,623.00
NFLF12311202 35671DAU9	FREEPORT-MCMORAN INC 3.550% 03/01/2022 DD 02/13/12	15,000.000	14,420.95	13,884.45	(536.50)
NFLF12311202 35671DBG9	FREEPORT-MCMORAN INC 3.100% 03/15/2020 DD 09/15/13	30,000.000	29,184.60	29,230.80	46.20
NFLF12311202 37045VAF7	GENERAL MOTORS CO 6.250% 10/02/2043 DD 04/02/14	10,000.000	11,637.50	12,250.60	613.10
NFLF12311202 38141EA58	GOLDMAN SACHS GROUP INC/THE 5.375% 03/15/2020 DD 03/08/10	70,000.000	78,101.80	79,433.20	1,331.40
NFLF12311202 38141EA66	GOLDMAN SACHS GROUP INC/THE 6.000% 06/15/2020 DD 06/03/10	80,000.000	91,953.40	93,372.80	1,419.40
NFLF12311202 38141GFD1	GOLDMAN SACHS GROUP INC/THE 6.750% 10/01/2037 DD 10/03/07	20,000.000	22,910.40	26,261.00	3,350.60
NFLF12311202 38141GGM0	GOLDMAN SACHS GROUP INC/THE 6.250% 02/01/2041 DD 01/28/11	140,000.000	166,243.00	182,487.20	16,244.20
NFLF12311202 38141GGQ1	GOLDMAN SACHS GROUP INC/THE 5.250% 07/27/2021 DD 07/27/11	30,000.000	33,214.30	34,116.30	902.00
NFLF12311202 38141GRC0	GOLDMAN SACHS GROUP INC/THE 2.375% 01/22/2018 DD 01/22/13	90,000.000	90,597.60	91,838.70	1,241.10
NFLF12311202 38141GVM3	GOLDMAN SACHS GROUP INC/THE 4.000% 03/03/2024 DD 03/03/14	60,000.000	59,734.20	63,411.00	3,676.80
NFLF12311202 38147MAA3	GOLDMAN SACHS GROUP INC/THE 2.900% 07/19/2018 DD 07/19/13	10,000.000	10,197.90	10,335.10	137.20
NFLF12311202 423012AB9	HEINEKEN NV 144A 1.400% 10/01/2017 DD 10/10/12	20,000.000	19,912.60	20,098.60	186.00
NFLF12311202 444859AY8	HUMANA INC 7.200% 06/15/2018 DD 06/05/08	70,000.000	83,216.70	81,283.30	(1,933.40)
NFLF12311202 444859BA9	HUMANA INC 3.150% 12/01/2022 DD 12/10/12	10,000.000	9,513.50	10,063.00	549.50
NFLF12311202 444859BB7	HUMANA INC 4.625% 12/01/2042 DD 12/10/12	10,000.000	10,159.70	10,413.40	253.70
NFLF12311202 44923QAD6	HYUNDAI CAPITAL AMERICA 144A 2.125% 10/02/2017 DD 10/01/12	20,000.000	20,145.60	20,197.40	51.80
NFLF12311202 45685EAE6	VOYA FINANCIAL INC STEP 02/15/2018 DD 02/11/2013	10,000.000	10,246.20	10,318.10	71.90
NFLF12311202 459745GA7	INTERNATIONAL LEASE FINAN 144A 6.750% 09/01/2016 DD 08/20/10	160,000.000	178,000.00	170,000.00	(8,000.00)
NFLF12311202 46115HAT4	INTESA SANPAOLO SPA 144A 5.017% 06/26/2024 DD 06/26/14	200,000.000	200,000.00	204,698.00	4,698.00
NFLF12311202 46625HDF4	JPMORGAN CHASE & CO 5.150% 10/01/2015 DD 10/04/05	120,000.000	127,350.00	122,486.40	(4,863.60)
NFLF12311202 46625HGN4	JPMORGAN CHASE & CO 6.125% 06/27/2017 DD 06/27/07	120,000.000	136,029.60	131,488.80	(4,540.80)
NFLF12311202 46625HJJ0	JPMORGAN CHASE & CO 3.375% 05/01/2023 DD 05/01/13	60,000.000	56,797.20	60,403.80	3,606.60
NFLF12311202 46625HJY7	JPMORGAN CHASE & CO 3.875% 09/10/2024 DD 09/10/14	180,000.000	182,923.40	184,660.20	1,736.80
NFLF12311202 46641WAX5	JPMBB COMMERCIAL MORTGA C19 XA VAR RT 04/15/2047 DD 05/01/14	1,518,943.940	99,132.37	84,483.66	(14,648.71)
NFLF12311202 492386AU1	KERR-MCGEE CORP 6.950% 07/01/2024 DD 07/01/04	110,000.000	133,384.90	137,655.10	4,270.20
NFLF12311202 50076QAU0	KRAFT FOODS GROUP INC 5.375% 02/10/2020 DD 08/10/12	48,000.000	54,734.88	54,576.00	(158.88)
NFLF12311202 50076QAZ9	KRAFT FOODS GROUP INC 3.500% 06/06/2022 DD 12/06/12	50,000.000	50,301.50	51,733.00	1,431.50
NFLF12311202 501044CK5	KROGER CO/THE 6.900% 04/15/2038 DD 03/27/08	20,000.000	24,774.00	27,305.00	2,531.00
NFLF12311202 524ESC7M6	*LEHMAN BRTH HLD (RICI) ESCROW 0.000% 12/28/2017 DD 12/21/07	270,000.000	27.00	27.00	0.00
NFLF12311202 524ESCXA3	*LEHMAN BRTH HLD (RICI) ESCROW 5.857% 11/30/2056 DD 05/17/07	130,000.000	13.00	13.00	0.00
NFLF12311202 525ESCRB7	*LEHMAN BRTH HLD (RICI) ESCROW 0.000% 08/19/2065 DD 06/14/06	70,000.000	7.00	7.00	0.00
NFLF12311202 544152AG6	RJ REYNOLDS TOBACCO CO/NC 3.750% 05/20/2023 DD 05/20/13	80,000.000	76,298.40	81,452.80	5,154.40
NFLF12311202 59018YN64	BANK OF AMERICA CORP 6.875% 04/25/2018 DD 04/25/08	10,000.000	11,793.10	11,438.60	(354.50)



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NFLF12311202 59020UUK9	MERRILL LYNCH MORTGAGE I 1 2A1 VAR RT 04/25/2035 DD 04/01/05	22,486.090	21,197.87	21,289.16	91.29
NFLF12311202 59156RAP3	METLIFE INC 6.400% 12/15/2066 DD 12/21/06	180,000.000	189,900.00	213,300.00	23,400.00
NFLF12311202 60871RAC4	MOLSON COORS BREWING CO 3.500% 05/01/2022 DD 05/03/12	10,000.000	9,975.80	10,310.30	334.50
NFLF12311202 609207AB1	MONDELEZ INTERNATIONAL INC 4.000% 02/01/2024 DD 01/16/14	80,000.000	81,180.00	86,639.20	5,459.20
NFLF12311202 61746BDC7	MORGAN STANLEY VAR RT 10/18/2016 DD 10/18/06	50,000.000	49,875.50	49,939.00	63.50
NFLF12311202 61747YDT9	MORGAN STANLEY 4.750% 03/22/2017 DD 03/22/12	10,000.000	10,913.30	10,645.90	(267.40)
NFLF12311202 61748HGR6	MORGAN STANLEY MORTGA 11AR 1A1 VAR RT 01/25/2035 DD 12/29/04	113,909.836	104,552.14	106,190.17	1,638.03
NFLF12311202 655044AF2	NOBLE ENERGY INC 4.150% 12/15/2021 DD 12/08/11	100,000.000	105,355.00	105,915.00	560.00
NFLF12311202 694308GE1	PACIFIC GAS & ELECTRIC CO 6.050% 03/01/2034 DD 03/23/04	90,000.000	108,989.60	117,582.30	8,592.70
NFLF12311202 71645WAL5	PETROBRAS GLOBAL FINANCE BV 6.125% 10/06/2016 DD 10/06/06	40,000.000	43,048.80	39,889.60	(3,159.20)
NFLF12311202 71645WAP6	PETROBRAS GLOBAL FINANCE BV 5.750% 01/20/2020 DD 10/30/09	32,000.000	33,402.24	29,682.56	(3,719.68)
NFLF12311202 71645WAR2	PETROBRAS GLOBAL FINANCE BV 5.375% 01/27/2021 DD 01/27/11	220,000.000	222,490.40	199,573.00	(22,917.40)
NFLF12311202 71647NAF6	PETROBRAS GLOBAL FINANCE BV 4.375% 05/20/2023 DD 05/20/13	30,000.000	27,450.60	25,653.00	(1,797.60)
NFLF12311202 71647NAM1	PETROBRAS GLOBAL FINANCE BV 6.250% 03/17/2024 DD 03/17/14	80,000.000	82,420.80	75,424.00	(6,996.80)
NFLF12311202 726505AN0	FREEPORT-MCMORAN OIL & GAS LLC 6.500% 11/15/2020 DD 10/26/12	6,000.000	6,607.50	6,367.50	(240.00)
NFLF12311202 726505AP5	FREEPORT-MCMORAN OIL & GAS LLC 6.875% 02/15/2023 DD 10/26/12	10,000.000	11,625.00	10,612.50	(1,012.50)
NFLF12311202 761713AX4	REYNOLDS AMERICAN INC 3.250% 11/01/2022 DD 10/31/12	30,000.000	28,224.00	29,851.50	1,627.50
NFLF12311202 761713AZ9	REYNOLDS AMERICAN INC 6.150% 09/15/2043 DD 09/17/13	30,000.000	33,847.20	37,067.40	3,220.20
NFLF12311202 772739AP3	ROCK-TENN CO 3.500% 03/01/2020 DD 03/01/13	40,000.000	40,572.80	41,524.00	951.20
NFLF12311202 775109AK7	ROGERS COMMUNICATIONS INC 6.800% 08/15/2018 DD 08/06/08	20,000.000	23,753.20	23,202.40	(550.80)
NFLF12311202 780097AH4	ROYAL BANK OF SCOTLAND GROUP P VAR RT 08/29/2049 DD 08/20/01	10,000.000	10,750.00	12,600.00	1,850.00
NFLF12311202 780097AY7	ROYAL BANK OF SCOTLAND GROUP P 6.100% 06/10/2023 DD 06/10/13	80,000.000	83,041.60	88,964.80	5,923.20
NFLF12311202 780097AZ4	ROYAL BANK OF SCOTLAND GROUP P 6.000% 12/19/2023 DD 12/19/13	80,000.000	83,040.80	88,987.20	5,946.40
NFLF12311202 780099CC9	ROYAL BANK OF SCOTLAND GROUP P 2.550% 09/18/2015 DD 09/18/12	10,000.000	10,212.10	10,073.00	(139.10)
NFLF12311202 780099CE5	ROYAL BANK OF SCOTLAND GROUP P 6.125% 12/15/2022 DD 12/04/12	40,000.000	43,620.40	45,044.00	1,423.60
NFLF12311202 78412FAP9	SESI LLC 7.125% 12/15/2021 DD 06/15/12	10,000.000	11,150.00	10,100.00	(1,050.00)
NFLF12311202 78577PAA1	SACO I TRUST 2006-7 7 A1 VAR RT 07/25/2036 DD 06/30/06	49,659.219	72,125.49	79,201.98	7,076.49
NFLF12311202 802815AT7	SANTANDER US DEBT SAU 144A 3.781% 10/07/2015 DD 10/07/10	100,000.000	103,426.00	101,625.00	(1,801.00)
NFLF12311202 84265VAG0	SOUTHERN COPPER CORP 5.250% 11/08/2042 DD 11/08/12	120,000.000	102,739.20	109,386.00	6,646.80
NFLF12311202 863579WR5	STRUCTURED ADJUSTABLE 16XS A1 VAR RT 08/25/2035 DD 07/25/05	41,716.110	38,892.53	39,800.51	907.98
NFLF12311202 87938WAG8	TELEFONICA EMISIONES SAU 6.221% 07/03/2017 DD 07/02/07	20,000.000	22,623.40	22,083.00	(540.40)
NFLF12311202 87938WAH6	TELEFONICA EMISIONES SAU 5.877% 07/15/2019 DD 07/06/09	30,000.000	33,747.00	34,696.80	949.80
NFLF12311202 883556AZ5	THERMO FISHER SCIENTIFIC INC 3.600% 08/15/2021 DD 08/16/11	20,000.000	20,370.00	20,876.00	506.00
NFLF12311202 883556BG6	THERMO FISHER SCIENTIFIC INC 5.300% 02/01/2044 DD 12/11/13	10,000.000	10,776.60	11,944.30	1,167.70
NFLF12311202 887317AL9	TIME WARNER INC 6.250% 03/29/2041 DD 04/01/11	10,000.000	11,714.80	12,905.70	1,190.90
NFLF12311202 88731EAJ9	TIME WARNER ENTERTAINMENT CO L 8.375% 07/15/2033 DD 01/15/94	15,000.000	20,671.35	21,998.40	1,327.05



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NFLF12311202 88732JAJ7	TIME WARNER CABLE INC 6.550% 05/01/2037 DD 04/09/07	10,000.000	12,497.32	12,558.50	61.18
NFLF12311202 88732JAP3	TIME WARNER CABLE INC 8.750% 02/14/2019 DD 11/18/08	50,000.000	63,251.00	61,722.50	(1,528.50)
NFLF12311202 88732JAU2	TIME WARNER CABLE INC 6.750% 06/15/2039 DD 06/29/09	10,000.000	11,852.20	12,817.30	965.10
NFLF12311202 88732JAX6	TIME WARNER CABLE INC 4.125% 02/15/2021 DD 11/15/10	50,000.000	52,344.00	53,774.50	1,430.50
NFLF12311202 88732JAY4	TIME WARNER CABLE INC 5.875% 11/15/2040 DD 11/15/10	30,000.000	32,506.80	35,880.30	3,373.50
NFLF12311202 893830BA6	TRANSOCEAN INC 5.050% 12/15/2016 DD 12/05/11	40,000.000	43,507.20	40,400.00	(3,107.20)
NFLF12311202 902494AY9	TYSON FOODS INC 5.150% 08/15/2044 DD 08/08/14	10,000.000	10,391.10	11,638.50	1,247.40
NFLF12311202 90269GAG6	*UBS COMMERCIAL MORT C1 XA 144A VAR RT 05/10/2045 DD 05/01/12	1,292,698.332	161,890.30	147,134.92	(14,755.38)
NFLF12311202 909317BE8	UAL 2009-2A PASS THROUGH TRUST 9.750% 07/15/2018 DD 11/24/09	14,246.326	16,383.27	15,813.42	(569.85)
NFLF12311202 90969QAA0	UBM PLC 144A 5.750% 11/03/2020 DD 11/03/10	30,000.000	32,147.40	33,143.10	995.70
NFLF12311202 91911TAH6	VALE OVERSEAS LTD 6.875% 11/21/2036 DD 11/21/06	86,000.000	91,631.28	83,179.20	(8,452.08)
NFLF12311202 91911TAM5	VALE OVERSEAS LTD 4.375% 01/11/2022 DD 01/11/12	172,000.000	170,766.76	165,338.44	(5,428.32)
NFLF12311202 92343VBJ2	VERIZON COMMUNICATIONS INC 2.450% 11/01/2022 DD 11/07/12	10,000.000	9,112.90	9,693.20	580.30
NFLF12311202 92343VBQ6	VERIZON COMMUNICATIONS INC 4.500% 09/15/2020 DD 09/18/13	110,000.000	120,521.50	121,469.70	948.20
NFLF12311202 92343VBR4	VERIZON COMMUNICATIONS INC 5.150% 09/15/2023 DD 09/18/13	60,000.000	66,211.83	68,788.80	2,576.97
NFLF12311202 92343VBS2	VERIZON COMMUNICATIONS INC 6.400% 09/15/2033 DD 09/18/13	82,000.000	97,354.50	102,347.48	4,992.98
NFLF12311202 92343VBT0	VERIZON COMMUNICATIONS INC 6.550% 09/15/2043 DD 09/18/13	295,000.000	376,957.83	384,137.20	7,179.37
NFLF12311202 92343VBY9	VERIZON COMMUNICATIONS INC 4.150% 03/15/2024 DD 03/17/14	30,000.000	30,843.60	32,226.60	1,383.00
NFLF12311202 92343VCC6	VERIZON COMMUNICATIONS INC 3.450% 03/15/2021 DD 03/17/14	50,000.000	50,913.56	52,292.50	1,378.94
NFLF12311202 92553PAT9	VIACOM INC 4.250% 09/01/2023 DD 08/19/13	20,000.000	20,574.80	21,130.00	555.20
NFLF12311202 92890NAA7	*WF-RBS COMMERCIAL C10 XA 144A VAR RT 12/15/2045 DD 12/01/12	472,598.673	49,567.47	45,175.71	(4,391.76)
NFLF12311202 92922F4M7	WAMU MORTGAGE PASS-T AR13 A1A1 VAR RT 10/25/2045 DD 10/25/05	109,443.140	99,426.19	100,341.85	915.66
NFLF12311202 92922FJ25	WAMU MORTGAGE PASS-TH AR6 2A1A VAR RT 04/25/2045 DD 04/26/05	71,385.790	65,906.57	67,273.25	1,366.68
NFLF12311202 92922FW53	WAMU MORTGAGE PASS-TH AR10 1A4 VAR RT 09/25/2035 DD 07/01/05	126,373.090	118,939.83	125,501.12	6,561.29
NFLF12311202 92927BAB8	WAMU MORTGAGE PASS-TH OA6 1A1B VAR RT 07/25/2047 DD 06/01/07	350,161.030	142,816.71	130,224.89	(12,591.82)
NFLF12311202 92936MAD9	WPP FINANCE 2010 5.125% 09/07/2042 DD 09/07/12	20,000.000	19,672.60	22,148.00	2,475.40
NFLF12311202 939336X81	WAMU MORTGAGE PASS-TH AR1 A2A3 VAR RT 01/25/2045 DD 01/18/05	154,412.980	143,925.25	146,258.43	2,333.18
NFLF12311202 941063AQ2	WASTE MANAGEMENT INC 4.600% 03/01/2021 DD 02/28/11	20,000.000	21,691.80	22,359.00	667.20
NFLF12311202 94106LAG4	WASTE MANAGEMENT INC 7.375% 05/15/2029 DD 11/15/99	10,000.000	12,714.30	14,244.50	1,530.20
NFLF12311202 94106LAZ2	WASTE MANAGEMENT INC 3.500% 05/15/2024 DD 05/08/14	30,000.000	29,924.40	31,232.40	1,308.00
NFLF12311202 94973VAM9	ANTHEM INC 5.875% 06/15/2017 DD 06/08/07	10,000.000	11,275.00	10,938.80	(336.20)
NFLF12311202 94973VAR8	ANTHEM INC 7.000% 02/15/2019 DD 02/05/09	10,000.000	11,892.20	11,791.60	(100.60)
NFLF12311202 94973VAW7	ANTHEM INC 3.700% 08/15/2021 DD 08/15/11	10,000.000	10,210.80	10,573.80	363.00
NFLF12311202 94973VAX5	ANTHEM INC 3.125% 05/15/2022 DD 05/07/12	30,000.000	28,709.10	30,412.50	1,703.40
NFLF12311202 94973VAZ0	ANTHEM INC 1.250% 09/10/2015 DD 09/10/12	20,000.000	20,134.00	20,047.80	(86.20)
NFLF12311202 969457BB5	WILLIAMS COS INC/THE 7.500% 01/15/2031 DD 01/17/01	24,000.000	26,411.04	26,751.36	340.32



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NFLF12311202 969457BD1	WILLIAMS COS INC/THE 7.750% 06/15/2031 DD 06/13/01	26,000.000	29,169.92	29,822.00	652.08
NFLF12311202 969457BG4	WILLIAMS COS INC/THE 7.875% 09/01/2021 DD 08/21/01	33,000.000	39,208.29	38,308.05	(900.24)
NFLF12311202 969457BM1	WILLIAMS COS INC/THE VAR RT 03/15/2032 DD 03/15/03	5,000.000	6,027.60	5,983.90	(43.70)
NFLF12311202 982526AQ8	WM WRIGLEY JR CO 144A 3.375% 10/21/2020 DD 10/21/13	10,000.000	10,095.80	10,478.90	383.10
NFLF12311202 982526AU9	WM WRIGLEY JR CO 144A 2.400% 10/21/2018 DD 10/21/13	10,000.000	10,028.90	10,179.20	150.30
NFLF12311202 982526AV7	WM WRIGLEY JR CO 144A 2.900% 10/21/2019 DD 10/21/13	50,000.000	50,450.50	51,553.00	1,102.50
NFLF12311202 98417EAB6	GLENCORE FINANCE CANADA L 144A 5.800% 11/15/2016 DD 11/15/06	10,000.000	11,009.60	10,642.30	(367.30)
NFLF12311202 98417EAS9	GLENCORE FINANCE CANADA L 144A STEP 10/23/2015 DD 10/25/12	70,000.000	70,804.30	70,294.00	(510.30)
NFLF12311202 98417EAU4	GLENCORE FINANCE CANADA L 144A STEP 10/25/2017 DD 10/25/12	70,000.000	70,847.00	71,024.80	177.80
NFLF12311202 98978VAB9	ZOETIS INC 3.250% 02/01/2023 DD 08/01/13	10,000.000	9,645.50	9,966.00	320.50
TOTAL CORPORATE DEBT INSTRUMENTS			11,818,204.76	12,053,315.22	235,110.46
CORPORATE STOCK - PREFERRED					
NFLF12311202 05518VAA3	BAC CAPITAL TRUST XIV VAR RT 09/29/2049 DD 02/16/07	10,000.000	7,800.00	7,942.50	142.50
NFLF12311202 225313AB1	CREDIT AGRICOLE SA 144A VAR RT 10/29/2049 DD 10/13/09	100,000.000	113,500.00	118,210.00	4,710.00
NFLF12311202 381427AA1	GOLDMAN SACHS CAPITAL II VAR RT 12/01/2049 DD 05/15/07	10,000.000	7,700.00	7,750.00	50.00
NFLF12311202 92978AAA0	WACHOVIA CAPITAL TRUST III VAR RT 03/29/2049 DD 02/01/06	310,000.000	297,987.50	306,094.00	8,106.50
TOTAL CORPORATE STOCK - PREFERRED			426,987.50	439,996.50	13,009.00
CORPORATE STOCK - COMMON					
NFLF12310002 594972119	MICRO STRATEGY INC WTS TO PUR COM 06/24/2007	640.000	6.40	35.20	28.80
NFLF12314002 003881307	ACACIA RESEARCH CORP	16,575.000	278,879.24	177,352.50	(101,526.74)
NFLF12314002 011311107	ALAMO GROUP INC	8,250.000	463,783.73	520,822.50	57,038.77
NFLF12314002 032359309	AMTRUST FINANCIAL SERVICES INC	11,857.000	501,673.04	675,671.15	173,998.11
NFLF12314002 056525108	BADGER METER INC	13,475.000	702,889.04	807,691.50	104,802.46
NFLF12314002 063904106	BANK OF THE OZARKS INC	55,450.000	1,886,963.50	2,047,768.50	160,805.00
NFLF12314002 128126109	CALAMP CORP	11,800.000	328,866.00	191,042.00	(137,824.00)
NFLF12314002 136635109	CANADIAN SOLAR INC	43,350.000	1,264,338.43	1,447,456.50	183,118.07
NFLF12314002 192479103	COHERENT INC	19,850.000	1,278,198.56	1,289,456.00	11,257.44
NFLF12314002 218681104	CORE-MARK HOLDING CO INC	35,475.000	1,285,275.62	2,281,752.00	996,476.38
NFLF12314002 26168L205	DREW INDUSTRIES INC	20,550.000	1,040,490.02	1,264,647.00	224,156.98
NFLF12314002 286082102	ELECTRONICS FOR IMAGING INC	10,575.000	454,283.95	441,506.25	(12,777.70)
NFLF12314002 29275Y102	ENERSYS	15,750.000	1,082,419.60	1,011,780.00	(70,639.60)
NFLF12314002 320209109	FIRST FINANCIAL BANCORP	87,050.000	1,485,151.68	1,550,360.50	65,208.82
NFLF12314002 41068X100	HANNON ARMSTRONG SUSTAINABLE I	78,550.000	1,273,496.03	1,435,894.00	162,397.97
NFLF12314002 426281101	JACK HENRY & ASSOCIATES INC	19,400.000	1,081,744.00	1,355,866.00	274,122.00



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NFLF12314002 44980X109	IPG PHOTONICS CORP	10,850.000	773,519.45	1,005,795.00	232,275.55
NFLF12314002 458665304	INTERFACE INC	37,100.000	762,405.00	770,938.00	8,533.00
NFLF12314002 511656100	LAKELAND FINANCIAL CORP	22,475.000	911,628.39	912,035.50	407.11
NFLF12314002 516012101	LANNETT CO INC	23,000.000	1,160,150.84	1,557,330.00	397,179.16
NFLF12314002 55306N104	MKS INSTRUMENTS INC	49,800.000	1,488,522.00	1,683,738.00	195,216.00
NFLF12314002 556269108	STEVEN MADDEN LTD	29,837.000	1,078,331.65	1,133,806.00	55,474.35
NFLF12314002 577933104	MAXIMUS INC	15,975.000	683,106.75	1,066,491.00	383,384.25
NFLF12314002 58461Q102	MEDICAL RES INC COM	463.000	0.00	0.00	0.00
NFLF12314002 620071100	MOTORCAR PARTS OF AMERICA INC	39,250.000	1,011,157.70	1,090,757.50	79,599.80
NFLF12314002 629337106	NN INC	39,975.000	835,223.18	1,002,573.00	167,349.82
NFLF12314002 67103X102	OFG BANCORP	29,550.000	514,539.59	482,256.00	(32,283.59)
NFLF12314002 671044105	OSI SYSTEMS INC	20,900.000	1,250,440.48	1,552,034.00	301,593.52
NFLF12314002 695263103	PACWEST BANCORP	36,025.000	1,539,369.73	1,689,212.25	149,842.52
NFLF12314002 703343103	PATRICK INDUSTRIES INC	30,225.000	1,319,055.44	1,882,110.75	563,055.31
NFLF12314002 743815102	PROVIDENCE SERVICE CORP/THE	33,350.000	1,362,653.89	1,771,552.00	408,898.11
NFLF12314002 82966C103	SIRONA DENTAL SYSTEMS INC	10,800.000	856,990.90	971,892.00	114,901.10
NFLF12314002 833034101	SNAP-ON INC	13,300.000	1,509,284.00	1,955,898.00	446,614.00
NFLF12314002 85472N109	STANTEC INC	27,825.000	849,476.97	665,017.50	(184,459.47)
NFLF12314002 858155203	STEELCASE INC	59,550.000	1,021,524.71	1,127,877.00	106,352.29
NFLF12314002 885160101	THOR INDUSTRIES INC	16,850.000	978,854.67	1,065,088.50	86,233.83
NFLF12314002 899896104	TUPPERWARE BRANDS CORP	17,700.000	1,398,205.30	1,221,654.00	(176,551.30)
NFLF12314002 913004107	UNITED STATIONERS INC	35,675.000	1,449,811.85	1,462,318.25	12,506.40
NFLF12314002 929740108	WABTEC CORP/DE	16,200.000	1,255,500.00	1,539,162.00	283,662.00
NFLF12314002 G4617B105	HORIZON PHARMA PLC	53,050.000	887,199.82	1,377,708.50	490,508.68
NFLF12314002 M75253100	ORBOTECH LTD	99,125.000	1,531,782.54	1,588,973.75	57,191.21
NFLF12318102 00507V109	ACTIVISION BLIZZARD INC	18,500.000	378,140.00	420,412.50	42,272.50
NFLF12318102 00846U101	AGILENT TECHNOLOGIES INC	5,400.000	217,698.49	224,370.00	6,671.51
NFLF12318102 00971T101	AKAMAI TECHNOLOGIES INC	8,600.000	500,606.00	610,987.00	110,381.00
NFLF12318102 01741R102	ALLEGHENY TECHNOLOGIES INC	9,000.000	339,120.00	270,090.00	(69,030.00)
NFLF12318102 03027X100	AMERICAN TOWER CORP	7,900.000	646,773.00	743,785.00	97,012.00
NFLF12318102 03073E105	AMERISOURCEBERGEN CORP	5,470.000	358,777.30	621,774.90	262,997.60
NFLF12318102 03662Q105	ANSYS INC	4,200.000	323,484.00	370,398.00	46,914.00
NFLF12318102 052769106	AUTODESK INC	7,500.000	368,850.00	439,800.00	70,950.00
NFLF12318102 067383109	CR BARD INC	2,100.000	310,758.00	351,435.00	40,677.00
NFLF12318102 090572207	BIO-RAD LABORATORIES INC	2,000.000	256,240.00	270,360.00	14,120.00
NFLF12318102 099724106	BORGWARNER INC	9,000.000	553,230.00	544,320.00	(8,910.00)



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NFLF12318102 101121101	BOSTON PROPERTIES INC	2,600.000	297,778.00	365,248.00	67,470.00
NFLF12318102 12504L109	CBRE GROUP INC	17,906.000	491,161.58	693,141.26	201,979.68
NFLF12318102 126408103	CSX CORP	16,100.000	466,417.00	533,232.00	66,815.00
NFLF12318102 127055101	CABOT CORP	4,680.000	276,400.80	210,600.00	(65,800.80)
NFLF12318102 231021106	CUMMINS INC	3,800.000	566,162.00	526,832.00	(39,330.00)
NFLF12318102 23331A109	DR HORTON INC	25,700.000	556,405.00	731,936.00	175,531.00
NFLF12318102 237194105	DARDEN RESTAURANTS INC	6,000.000	304,560.00	416,040.00	111,480.00
NFLF12318102 249030107	DENTSPLY INTERNATIONAL INC	6,956.000	372,318.77	353,990.84	(18,327.93)
NFLF12318102 260003108	DOVER CORP	3,878.000	344,523.20	268,047.36	(76,475.84)
NFLF12318102 277432100	EASTMAN CHEMICAL CO	6,600.000	568,986.00	457,116.00	(111,870.00)
NFLF12318102 278265103	EATON VANCE CORP	10,100.000	385,416.00	420,564.00	35,148.00
NFLF12318102 278768106	ECHOSTAR CORP	6,800.000	323,408.00	351,696.00	28,288.00
NFLF12318102 30219G108	EXPRESS SCRIPTS HOLDING CO	5,900.000	443,031.00	511,943.00	68,912.00
NFLF12318102 361448103	GATX CORP	7,306.000	495,931.28	423,601.88	(72,329.40)
NFLF12318102 369550108	GENERAL DYNAMICS CORP	3,200.000	348,544.00	434,336.00	85,792.00
NFLF12318102 45822P105	INTEGRYS ENERGY GROUP INC	5,700.000	340,005.00	410,514.00	70,509.00
NFLF12318102 45866F104	INTERCONTINENTAL EXCHANGE INC	2,600.000	514,358.00	606,502.00	92,144.00
NFLF12318102 461202103	INTUIT INC	8,100.000	629,613.00	785,376.00	155,763.00
NFLF12318102 481165108	JOY GLOBAL INC	6,400.000	371,200.00	250,752.00	(120,448.00)
NFLF12318102 493267108	KEYCORP	27,300.000	388,752.00	386,568.00	(2,184.00)
NFLF12318102 49338L103	KEYSIGHT TECHNOLOGIES INC	2,700.000	84,269.51	100,305.00	16,035.49
NFLF12318102 50540R409	LABORATORY CORP OF AMERICA HOL	1,154.000	133,621.66	145,507.86	11,886.20
NFLF12318102 574599106	MASCO CORP	17,568.000	390,185.28	469,065.60	78,880.32
NFLF12318102 58502B106	MEDNAX INC	5,200.000	322,296.00	377,052.00	54,756.00
NFLF12318102 626717102	MURPHY OIL CORP	3,700.000	232,582.00	172,420.00	(60,162.00)
NFLF12318102 651290108	NEWFIELD EXPLORATION CO	10,082.000	316,171.52	353,777.38	37,605.86
NFLF12318102 743315103	PROGRESSIVE CORP/THE	11,800.000	285,796.00	320,960.00	35,164.00
NFLF12318102 754730109	RAYMOND JAMES FINANCIAL INC	8,800.000	492,184.00	499,664.00	7,480.00
NFLF12318102 759351604	REINSURANCE GROUP OF AMERICA I	4,400.000	350,372.00	410,036.00	59,664.00
NFLF12318102 760759100	REPUBLIC SERVICES INC	13,000.000	444,080.00	527,280.00	83,200.00
NFLF12318102 78388J106	SBA COMMUNICATIONS CORP	2,900.000	263,784.00	339,590.00	75,806.00
NFLF12318102 810186106	SCOTTS MIRACLE-GRO CO/THE	4,700.000	288,016.00	315,699.00	27,683.00
NFLF12318102 81211K100	SEALED AIR CORP	15,500.000	509,485.00	706,180.00	196,695.00
NFLF12318102 833034101	SNAP-ON INC	5,200.000	590,096.00	764,712.00	174,616.00
NFLF12318102 860630102	STIFEL FINANCIAL CORP	8,262.000	411,117.12	460,606.50	49,489.38
NFLF12318102 871607107	SYNOPSYS INC	7,600.000	291,916.00	352,032.00	60,116.00



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NFLF12318102 872540109	TJX COS INC/THE	12,100.000	733,865.00	847,605.00	113,740.00
NFLF12318102 920355104	VALSPAR CORP/THE	7,600.000	548,112.00	638,628.00	90,516.00
NFLF12318102 966387102	WHITING PETROLEUM CORP	4,900.000	340,011.00	151,410.00	(188,601.00)
NFLF12318102 983919101	XILINX INC	9,300.000	504,711.00	393,390.00	(111,321.00)
NFLF12318102 G6359F103	NABORS INDUSTRIES LTD	21,085.000	519,745.25	287,810.25	(231,935.00)
NFLF12318102 G7496G103	RENAISSANCERE HOLDINGS LTD	3,241.000	316,321.60	323,224.93	6,903.33
NFLF12389502 99VVAA155	AUDAX MEZZANINE FUND III LP	4,235,436.040	4,707,893.54	4,235,436.04	(472,457.50)
TOTAL CORPORATE STOCK - COMMON			66,652,472.59	74,273,480.40	7,621,007.81
PARTNERSHIP/JOINT VENTURE INTEREST					
NFLF12316502 999D24518	RREEF AMERICA II	533,441.090	49,950,147.14	54,421,618.39	4,471,471.25
NFLF12317002 999D09477	GMO MULTI STRATEGY FD OFFSHORE CLASS E	26,493,272.000	25,664,637.74	26,493,272.00	828,634.26
NFLF12386002 999F02006	GROSVENOR INSTL PARTNERS LP	105,811,554.000	105,041,847.19	105,811,554.00	769,706.81
NFLF12387302 999D39508	WELLINGTON CIF DIVERSIFIED INFLATION HEDGE FUND	4,327,667.422	64,483,768.82	53,230,309.29	(11,253,459.53)
NFLF12387502 999255532	PANTHEON GLOBAL SECONDARY FD IV LP	6,756,565.000	6,270,079.00	6,756,565.00	486,486.00
NFLF12388002 999F50591	SIGULER GUFF LP	7,858,472.100	8,265,311.56	7,858,472.10	(406,839.46)
NFLF12388502 999239445	LANDMARK EQUITY PARTNERS XIV LP	6,111,051.000	6,217,996.44	6,111,051.00	(106,945.44)
NFLF12390002 99VVACR04	ADAMS SREET US FUND LP	3,217,469.000	2,794,261.00	3,217,469.00	423,208.00
NFLF12390002 99VVACRY0	ADAMS STREET DIRECT FUND LP	1,143,501.000	973,716.00	1,143,501.00	169,785.00
NFLF12390002 99VVACRZ7	ADAMS STREET NON US DEV MKT FUND	1,535,471.000	1,580,820.00	1,535,471.00	(45,349.00)
NFLF12390002 99VVAEZF8	ADAMS STREET NON US EMERGING MARKETS FUND	662,269.000	557,065.05	662,269.00	105,203.95
NFLF12390502 99VVAC1Y8	WESTERN TECH VENTURE LENDING & LEASING VI	4,750.000	5,051,767.50	4,891,692.50	(160,075.00)
NFLF12391002 99VVAD3B4	ENERGY SPECTRUM PARTNERS VI	4,398,062.340	4,087,471.34	4,398,062.34	310,591.00
NFLF12391502 99VVAEET1	ENERGY FUND XV-A LP	7,617,705.860	8,905,847.18	7,617,705.86	(1,288,141.32)
NFLF12391602 99VVAGP07	SIGULER GUFF DIST OPP FD IV	23,355,077.000	23,589,885.65	23,355,077.00	(234,808.65)
NFLF12391702 99VVAHRZ6	INDUSTRY VENTURES VI	11,327,853.760	10,588,028.49	11,327,853.76	739,825.27
NFLF12391802 99VVAJD38	VISTA EQUITY PARTNERS FUND IV LP	22,278,948.000	15,980,922.00	22,278,948.00	6,298,026.00
NFLF12391902 99VVANLY2	PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND V L P	3,616,171.850	3,615,427.85	3,616,171.85	744.00
NFLF12392002 999F61705	ASIA ALTERNATIVES TAX EXEMPT	12,578,382.000	10,332,500.00	12,578,382.00	2,245,882.00
NFLF12392002 99VVAPVW0	ASIA ALTERNATIVE DELAWARE III LP	334,011.000	397,408.00	334,011.00	(63,397.00)
NFLF12392102 99VVARPH6	VENTURE LENDING & LEASING VII LLC	5,062.500	5,129,964.38	5,323,522.50	193,558.12
NFLF12392202 99VVARZ02	THE REALTY ASSOCIATES FUND X UTP LP	19,884,613.000	19,884,613.00	19,884,613.00	0.00
NFLF12392302 99VVAS4L8	LANDMARK EQUITY PARTNERS XV LP	2,216,580.000	2,138,426.04	2,216,580.00	78,153.96
NFLF12392402 99VVAUGM8	EIG ENERGY FUND XVI LP	1,783,892.120	2,409,846.43	1,783,892.12	(625,954.31)
NFLF12392502 99VATET8	VISTA FOUNDATION FUND II LP	3,842,559.000	3,842,559.00	3,842,559.00	0.00
NFLF12392602 99VVASXD4	KPS SPECIAL SITUATIONS FUND IV LP	616,178.310	616,178.31	616,178.31	0.00



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NFLF12392802 99VAT0T3	BLACKSTONE RE DEBT STRATEGIES II LP	6,925,110.280	6,358,625.15	6,925,110.28	566,485.13
NFLF12392902 99VVAW363	INDUSTRY VENTURES VII	4,999,970.000	4,535,276.22	4,999,970.00	464,693.78
NFLF12393002 99VVAYTJ3	VISTA EQUITY PARTNERS FUND V LP	3,894,688.000	3,868,046.00	3,894,688.00	26,642.00
NFLF12393102 99VVAZA19	ASIA ALTERNATIVES IV CAP PRTNRS LP	789,830.000	810,098.00	789,830.00	(20,268.00)
NFLF12393302 99VVA2YX6	ADAMS STREET CO-INVEST FD III LP	381,580.000	381,580.00	381,580.00	0.00
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			404,324,120.48	408,297,979.30	3,973,858.82

OTHER INVESTMENTS

NFLF12311202 195325BR5	COLOMBIA GOVERNMENT INTERNATIO 5.625% 02/26/2044 DD 01/28/14	200,000.000	208,800.00	223,500.00	14,700.00
NFLF12311202 471068AA4	JAPAN FINANCE ORGANIZATION FOR 4.000% 01/13/2021 DD 01/13/11	100,000.000	107,973.00	111,156.00	3,183.00
NFLF12311202 715638BM3	PERUVIAN GOVERNMENT INTERNATIO 5.625% 11/18/2050 DD 11/18/10	10,000.000	11,537.80	12,225.00	687.20
NFLF12311202 78307ACZ4	RUSSIAN FOREIGN BOND - EU 144A STEP/03/31/2030 DD 03/31/00	31,250.000	35,470.31	35,856.25	385.94
NFLF12311202 857524AC6	POLAND GOVERNMENT INTERNATIONA 4.000% 01/22/2024 DD 01/22/14	160,000.000	160,840.00	175,680.00	14,840.00
NFLF12311202 900123CF5	TURKEY GOVERNMENT INTERNATIONA 5.750% 03/22/2024 DD 01/29/14	200,000.000	206,900.00	222,420.00	15,520.00
NFLF12311202 91086QBB3	MEXICO GOVERNMENT INTERNATIONA 4.750% 03/08/2044 DD 03/08/12	18,000.000	17,100.00	18,900.00	1,800.00
NFLF12311202 91086QBC1	MEXICO GOVERNMENT INTERNATIONA 4.000% 10/02/2023 DD 10/02/13	12,000.000	12,120.00	12,696.00	576.00
NFLF12311202 91086QBE7	MEXICO GOVERNMENT INTERNATIONA 5.550% 01/21/2045 DD 01/21/14	220,000.000	233,750.00	257,950.00	24,200.00
NFLF12311202 99F133F5A	US TREAS BD FUTURE (CBT) EXP JUN 15	-9.000	0.00	(29,953.12)	(29,953.12)
NFLF12311202 99F139F5A	US 10YR TREAS NTS FUTURE (CBT) EXP JUN 05	12.000	0.00	22,148.43	22,148.43
NFLF12311202 99F167F6C	90DAY EURODOLLAR FUTURE (CME) EXP JUN 16	15.000	0.00	17,462.50	17,462.50
NFLF12311202 99F167F7C	90DAY EURODOLLAR FUTURE (CME) EXP JUN 17	5.000	0.00	625.00	625.00
NFLF12311202 99F167F8C	90DAY EURODOLLAR FUTURE (CME) EXP JUN 18	-5.000	0.00	(562.50)	(562.50)
NFLF12311202 99F167L5C	90DAY EURODOLLAR FUTURE (CME) EXP DEC 15	3.000	0.00	(37.50)	(37.50)
NFLF12311202 99F167L6C	90DAY EURODOLLAR FUTURE (CME) EXP DEC 16	16.000	0.00	9,350.00	9,350.00
NFLF12311202 99F183F5A	US 5YR TREAS NTS FUTURE (CBT) EXP JUN 05	39.000	0.00	50,015.65	50,015.65
NFLF12311202 99F700F5A	US ULTRA BOND (CBT) EXP JUN 15	10.000	0.00	43,312.49	43,312.49
NFLF12311202 EDF215F5S	EURO - BOBL FUTURE (EUX) EXP JUN 05	-10.000	0.00	(1,933.20)	(1,933.20)
NFLF12311202 EDF306F5S	EURO-BUND FUTURE (EUX) EXP JUN 05	-3.000	0.00	(4,790.04)	(4,790.04)
NFLF12311202 LBB1VRLR4	BRAZIL NOTAS DO TESOURO NACION 10.000% 01/01/2017	710,000.000	284,175.96	216,512.57	(67,663.39)
NFLF12311202 LBB4VFQN8	BRAZIL NOTAS DO TESOURO NACION 6.000% 08/15/2050	11,700.000	126,157.89	89,370.38	(36,787.51)
NFLF12311202 LMB05QN18	MEXICAN BONOS 10.000% 12/05/2024	1,420,000.000	139,167.00	121,053.15	(18,113.85)
NFLF12311202 LMB4NDCC7	MEXICAN BONOS 6.500% 06/09/2022	10,054,700.000	800,037.80	689,906.50	(110,131.30)
NFLF12311202 LMB7V21L7	MEXICAN BONOS 7.750% 11/13/2042	6,760,600.000	587,427.54	514,476.14	(72,951.40)
NFLF12311202 NA4230812	RUSSIAN FOREIGN BOND - EU REGS VAR RT /31/2030	96,875.000	110,195.32	111,154.38	959.06
NFLF12311202 NABP0RQ90	PORTUGAL GOVERNMENT INTER 144A 5.125% 10/15/2024	200,000.000	201,085.24	221,256.00	20,170.76
NFLF12311202 99F1679LZ	90DAY EURODOLLAR FUTURE DEC 15 CALL DEC 15 99.625 ED 121415	7.000	722.75	525.00	(197.75)



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 99F1679XL	90DAY EURODOLLAR FUTURE DEC 15 PUT DEC 11 99.250 ED 12/19/11	7.000	1,072.75	525.00	(547.75)
NFLF12311202 99F1839DN	US 5YR TREAS NTS FUT JUN 15 CALL MAY 15 119.500 ED 4/24/15	8.000	3,401.00	7,062.50	3,661.50
NFLF12311202 99F1839DQ	US 5YR TREAS NTS FUT JUN 15 CALL MAY 15 121.500 ED 4/24/15	8.000	416.63	562.50	145.87
NFLF12311202 99F1389DA	US 10YR TREAS NTS FUT JUN 15 CALL MAY 15 130.500 ED 4/24/15	-14.000	(4,123.62)	(3,062.50)	1,061.12
NFLF12311202 99F1389DB	US 10YR TREAS NTS FUT JUN 15 CALL MAY 15 128.000 ED 4/24/15	-3.000	(1,068.38)	(3,750.00)	(2,681.62)
NFLF12311202 99F1389EZ	US 10YR TREAS NTS FUT JUN 15 CALL JUN 15 132.000 ED 5/22/15	-8.000	(1,380.25)	(1,875.00)	(494.75)
NFLF12311202 99F1389QT	US 10YR TREAS NTS FUT JUN 15 PUT JUN 15 124.000 ED 05/22/15	-11.000	(2,448.63)	(687.50)	1,761.13
NFLF12311202 99F1399EM	US 10YR TREAS NTS FUT JUN 15 CALL JUN 12 137.500 ED 5/25/12	-2.000	(1,181.00)	(1,343.75)	(162.75)
NFLF12311202 99F1399EP	US 10 YR TREAS NTS FUTURE JUN CALL JUN 12 130.000 ED 5/25/12	-11.000	(3,323.63)	(4,468.75)	(1,145.12)
NFLF12311202 99F1399EX	US 10 YR TREAS NTS FUT JUN 15 CALL JUN 08 145.000 ED 5/23/08	-4.000	(1,924.50)	(2,125.00)	(200.50)
NFLF12311202 99F1399PG	US 10YR TREAS NTS FUT JUN 15 PUT MAY 12 129.500 ED 04/20/12	-6.000	(1,461.75)	(93.75)	1,368.00
NFLF12311202 99F1679LR	90DAY EURODOLLAR FUTURE DEC 15 CALL DEC 15 099.250 ED 121415	-7.000	(3,477.25)	(3,456.25)	21.00
NFLF12311202 99F1679XJ	90DAY EURODOLLAR FUT DEC 15 PUT DEC 06 094.250 ED 12/18/06	-7.000	(2,777.25)	(1,793.75)	983.50
NFLF12311202 99F1709RC	EURO\$ 1YR MID CRV FUT JUN 16 PUT JUN 15 098.750 ED 06/12/15	-6.000	(1,855.50)	(712.50)	1,143.00
NFLF12311202 99F1839DP	US 5YR TREAS NTS FUT JUN 15 CALL MAY 15 120.500 ED 4/24/15	-16.000	(2,260.50)	(5,000.00)	(2,739.50)

TOTAL OTHER INVESTMENTS**3,221,068.73****3,120,056.33****(101,012.40)****COMMON/COLLECTIVE TRUST**

NFLF12310002 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	204,092,802.630	204,092,802.63	204,092,802.63	0.00
NFLF12310102 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	29,319.350	29,319.35	29,319.35	0.00
NFLF12311202 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	7,833,856.760	7,833,856.76	7,833,856.76	0.00
NFLF12311502 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	19,150.350	19,150.35	19,150.35	0.00
NFLF12312102 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	10.420	10.42	10.42	0.00
NFLF12313502 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	106.390	106.39	106.39	0.00
NFLF12314002 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	3,950,193.430	3,950,193.43	3,950,193.43	0.00
NFLF12316002 999D53640	JP MORGAN STRATEGIC PROPERTY FUND	25,557.841	30,237,966.94	64,247,770.97	34,009,804.03
NFLF12317502 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	5,738.920	5,738.92	5,738.92	0.00
NFLF12318002 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	16,064.630	16,064.63	16,064.63	0.00
NFLF12318102 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	1,540,481.530	1,540,481.53	1,540,481.53	0.00
NFLF12386502 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	102,552.520	102,552.52	102,552.52	0.00
NFLF12387202 999783996	TBC EMERGING MARKETS EQUITY	1,310,884.573	84,859,050.00	74,838,400.27	(10,020,649.73)
NFLF12389002 999F71134	LOOMIS SAYLES CREDIT ASSET TRUST - CLASS B	2,997,469.358	38,233,539.14	58,810,348.80	20,576,809.66
NFLF18582502 990023780	EB DV GLOBAL ALPHA I FUND	401,152.387	64,134,562.66	98,612,907.25	34,478,344.59
NFLF18597402 990060964	EB DV NSL SIF	4,148.023	1,123,735.71	1,253,750.23	130,014.52
NFLF18619602 999F66050	EB DV NSL LCG SIF	153,366.937	25,153,569.61	34,966,073.37	9,812,503.76
NFLF18624802 990060972	EB DV NSL AGG BIF	749,215.528	96,786,109.59	101,892,005.93	5,105,896.34



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF18626702 999F66092	EB DV NSL LCV SIF	162,329.088	27,061,120.67	33,708,311.71	6,647,191.04
NFLF18627302 990060956	EB DV NSL INTL SIF	308,348.057	47,869,091.19	57,617,526.33	9,748,435.14
NFLF18642702 990063059	EB DV NSL LGE CAP SIF	153,840.372	38,894,043.29	48,929,160.15	10,035,116.86
<u>TOTAL COMMON/COLLECTIVE TRUST</u>			<u>671,943,065.73</u>	<u>792,466,531.94</u>	<u>120,523,466.21</u>
103-12 INVESTMENT ENTITIES					
NFLF12311202 999699804	WAMCO OPPORTUNISTIC US\$ HIGH YIELD SEC PORT LLC	116,490.236	2,685,459.17	3,413,163.91	727,704.74
NFLF12311202 999699812	WAMCO OPPORTUNISTIC INTL INVESTMENT GRADE SEC LLC	41,467.183	1,057,856.42	1,312,436.34	254,579.92
NFLF12311202 999D13305	WA FLTG RATE HI INCOME FD	102,934.838	1,298,189.52	1,975,834.22	677,644.70
<u>TOTAL 103-12 INVESTMENT ENTITIES</u>			<u>5,041,505.11</u>	<u>6,701,434.47</u>	<u>1,659,929.36</u>
REGISTERED INVESTMENT COMPANIES					
NFLF12310502 704329176	PAYDEN EMER MRKT CORP BD-SI	842.908	8,445.32	8,403.79	(41.53)
NFLF12310502 704329242	PAYDEN EMER MRKT BOND-SI	2,453,935.207	33,339,906.22	33,348,979.46	9,073.24
NFLF12310502 704329275	PAYDEN EMER MRKT LOC BOND-IV	1,912,638.688	14,287,411.00	14,287,411.00	0.00
NFLF12311002 693391880	PIMCO DIVERSIFIED INCOME-I INSTITUTIO	6,711,477.609	76,973,749.96	73,087,991.16	(3,885,758.80)
NFLF12315502 04314H402	ARTISAN INTERNATIONAL FD-INS	2,622,721.143	57,344,533.16	82,458,352.74	25,113,819.58
NFLF12317002 362008161	GMO STRAT OPPOR ALLOCATION-3	3,110,599.190	67,269,526.07	65,820,278.86	(1,449,247.21)
NFLF12318502 922908710	VANGUARD 500 INDEX FUND-ADM	1,548.915	178,960.32	295,393.58	116,433.26
NFLF12387102 722005626	PIMCO ALL ASSET FUND-INSTITU INSTITUTIO	7,370,741.968	86,452,350.54	85,353,191.99	(1,099,158.55)
NFLF12387602 04314H758	ARTISAN SMALL CAP FUND-INST	1,422,068.173	36,602,869.62	42,974,900.19	6,372,030.57
NFLF12393602 09256H286	BLACKROCK STRAT INC OPP-INST	4,403,131.115	45,000,000.00	45,000,000.00	0.00
<u>TOTAL REGISTERED INVESTMENT COMPANIES</u>			<u>417,457,752.21</u>	<u>442,634,902.77</u>	<u>25,177,150.56</u>
<u>GRAND TOTAL</u>			<u>1,615,514,427.23</u>	<u>1,775,253,904.85</u>	<u>159,739,477.62</u>
					(313,126.32) C
					160,052,603.94 I

**SCHEDULE OF ASSETS ACQUIRED AND
DISPOSED OF WITHIN THE PLAN YEAR**
Schedule H, line 4i

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
12592PBF9	COMM MORTGAGE TRUST UBS6 A5 3.644% 12/10/2047 DD 12/01/14	100,000.000	(102,995.61)	103,289.06
12649CAA3	CSMC TR 2014-TIKI CL A 144A VAR RT 09/15/2016 DD 11/06/14	100,000.000	(100,000.00)	100,000.00
12649CAG0	CSMC TR 2014-TIKI CL B 144A VAR RT 09/15/2038 DD 11/06/14	120,000.000	(120,000.00)	120,000.00
20030NBJ9	COMCAST CORP 3.600% 03/01/2024 DD 02/26/14	100,000.000	(101,518.30)	105,534.40
212015AN1	CONTINENTAL RESOURCES INC/OK 3.800% 06/01/2024 DD 05/19/14	10,000.000	(10,069.30)	9,674.30
254683AS4	DISCOVER CARD MASTER TRU A4 A4 VAR RT 05/15/2019 DD 11/22/11	300,000.000	(300,000.00)	300,421.88
78469EAA7	SOCIAL PROFESSNL 14-A A1 144A VAR RT 06/25/2025 DD 07/14/14	100,000.000	(100,000.00)	101,074.22
78469EAB5	SOFI PROFESSIONAL LN A A2 144A 3.020% 10/25/2027 DD 07/14/14	100,000.000	(99,988.40)	101,164.06
92343VCJ1	VERIZON COMMUNICATIONS IN 144A 4.862% 08/21/2046 DD 08/21/14	154,799.400	(140,506.52)	162,489.50
92343VCL6	VERIZON COMMUNICATIONS IN 144A 5.012% 08/21/2054 DD 08/21/14	44,466.100	(41,237.40)	44,720.86
99F1339AK	US TREAS BD FUTURE MAR 15 CALL FEB 15 147.000 ED 1/23/15	6.000	(7,269.50)	9,730.50
99F1339AL	US TREAS BD FUTURE MAR 15 CALL FEB 15 150.000 ED 1/23/15	12.000	6,523.50	(5,851.50)
99F1339CB	US TREAS BD FUTURE JUN 15 CALL APR 15 166.000 ED 3/27/15	1.000	(3,612.63)	809.25
99F1339LY	US TREAS BD FUTURE MAR 15 CALL JAN 15 147.000 ED 12/26/14	5.000	140.00	(94.38)
99F1339OK	US TREAS BD FUTURE JUN 15 PUT APR 15 166.000 ED 03/27/15	1.000	(3,472.00)	6,996.75
99F1339UU	US TREAS BD FUTURE DEC 14 PUT OCT 14 134.000 ED 09/26/14	4.000	643.25	(513.00)
99F133C5A	US TREAS BD FUTURE (CBT) EXP MAR 15	40.000	0.00	(187,625.00)
99F133I4A	US TREAS BD FUTURE (CBT) EXP SEP 14	34.000	0.00	(104,078.10)
99F133L4A	US TREAS BD FUTURE (CBT) EXP DEC 14	31.000	0.00	(89,562.50)
99F1349IA	US TREAS BD FUTURE DEC 14 CALL OCT 14 138.000 ED 09/26/14	4.000	1,393.25	(606.75)
99F1349ID	US TREAS BD FUTURE DEC 14 CALL OCT 14 144.000 ED 9/26/14	4.000	1,112.00	(513.00)
99F1349KE	US TREAS BD FUTURE DEC 14 CALL DEC 14 145.000 ED 11/21/14	12.000	711.00	(226.50)
99F1379BA	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 133.000 ED 2/20/15	7.000	1,305.38	(319.63)
99F1379HD	US 10YR TREAS NTS FUT SEP 14 CALL SEP 14 126.000 ED 8/22/14	9.000	2,361.38	(2,216.75)
99F1379KB	US 10YR TREAS NTS FUT DEC 14 CALL DEC 14 127.000 ED 11/21/14	15.000	3,466.88	(7,799.26)
99F1379NJ	US 10YR TREAS NTS FUT MAR 15 PUT MAR 15 127.000 ED 02/20/15	2.000	306.00	(100.25)
99F1389AC	US 10YR TREAS NTS FUT MAR 15 CALL FEB 15 129.500 ED 1/23/15	9.000	2,267.63	(3,935.50)
99F1389BB	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 129.000 ED 2/20/15	3.000	1,193.38	(712.88)
99F1389BX	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 128.500 ED 2/20/15	3.000	974.63	(1,087.88)
99F1389CF	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 131.500 ED 3/27/15	7.000	3,258.50	(679.00)
99F1389CH	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 129.500 ED 3/27/15	5.000	2,577.50	(328.75)
99F1389CJ	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 130.500 ED 3/27/15	4.000	1,237.00	(138.00)
99F1389IB	US 10YR TREAS NTS FUT DEC 14 CALL OCT 14 126.500 ED 9/26/14	3.000	1,255.88	(509.75)
99F1389OB	US 10YR TREAS NTS FUT JUN 15 PUT APR 15 125.500 ED 03/27/15	5.000	1,780.63	(328.75)
99F1389OC	US 10YR TREAS NTS FUT JUN 15 PUT APR 15 124.500 ED 03/27/15	10.000	1,998.75	(876.25)
99F1389QQ	US 10YR TREAS NTS FUT JUN 14 PUT JUN 14 123.00 ED 05/23/14	2.000	681.00	(69.00)
99F1399AJ	US 10YR TREAS NTS FUT MAR 15 CALL FEB 15 129.000 ED 1/23/15	13.000	2,442.13	(4,682.89)
99F1399AK	US 10YR TREAS NTS FUT MAR 15 CALL FEB 15 128.000 ED 1/23/15	4.000	1,362.00	(1,247.38)

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
99F1399AS	US 10YR TREAS NTS FUT MAR 15 CALL FEB 15 128.500 ED 1/23/15	2.000	743.50	(475.25)
99F1399BG	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 131.500 ED 2/20/15	7.000	2,711.63	(1,335.25)
99F1399BH	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 131.000 ED 2/20/15	15.000	4,857.50	(6,767.51)
99F1399BN	US 10 YR TREAS NTS FUT MAR 15 CALL MAR 15 130.000 ED 2/20/15	6.000	1,105.50	(1,050.76)
99F1399CR	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 130.000 ED 3/27/15	10.000	2,780.00	(1,032.50)
99F1399CY	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 132.000 ED 3/27/15	5.000	2,015.00	(328.75)
99F1399FG	US 10YR TREAS NTS FUT SEP 14 CALL JUL 14 125.500 ED 6/20/14	2.000	712.25	(69.00)
99F1399FY	US 10YR TREAS NTS FUT SEP 14 CALL JUL 14 124.500 ED 06/20/14	4.000	1,674.50	(700.50)
99F1399IF	US 10YR TREAS NTS FUT DEC 14 CALL OCT 14 125.000 ED 9/26/14	3.000	1,115.25	(1,978.50)
99F1399IG	US 10YR TREAS NTS FUT DEC 14 CALL OCT 14 126.000 ED 9/26/14	2.000	493.50	(725.25)
99F1399RC	US 10YR TREAS NTS FUT SEP 14 PUT JUL 14 123.500 ED 06/20/14	4.000	737.00	(513.00)
99F1399TU	US 10YR TREAS NTS FUT SEP 14 PUT SEP 14 123.000 ED 08/22/14	9.000	3,767.63	(1,294.88)
99F1399UM	US 10YR TREAS NTS FUT DEC 14 PUT OCT 14 121.000 ED 09/26/14	5.000	1,608.75	(875.63)
99F1399WM	US 10YR TREAS NTS FUT DEC 14 PUT DEC 14 122.000 ED 11/21/14	8.000	1,890.67	(401.00)
99F139C5A	US 10YR TREAS NTS FUTURE (CBT) EXP MAR 15	38.000	0.00	43,625.05
99F139I4A	US 10YR TREAS NTS FUTURE (CBT) EXP SEP 14	40.000	0.00	1,476.59
99F139L4A	US 10YR TREAS NTS FUTURE (CBT) EXP DEC 14	37.000	0.00	15,328.14
99F1409FC	US 10YR TREAS NTS FUT SEP 14 CALL JUL 14 126.000 ED 06/20/14	4.000	674.50	(200.50)
99F1409RA	US 10YR TREAS NTS FUT SEP 14 PUT JUL 14 124.500 ED 06/20/14	4.000	(2,638.00)	2,924.50
99F1679FB	90DAY EURODOLLAR FUTURE JUN 15 CALL JUN 15 099.750 ED 6/15/15	12.000	(339.00)	111.00
99F1679FZ	90DAY EURODOLLAR FUTURE (CME) CALL JUN 15 099.500 ED 06/15/15	11.000	3,576.75	(3,060.75)
99F167F5C	90DAY EURODOLLAR FUTURE (CME) EXP JUN 15	1.000	0.00	75.00
99F1689RB	90DAY EURODOLLAR FUTURE JUN 15 PUT JUN 15 099.500 ED 06/15/15	11.000	1,451.75	(998.25)
99F1769LN	EURO\$ 2YR MID-CRV FUT DEC 16 CALL DEC 14 097.875 ED 12/12/14	18.000	13,216.50	(13,558.50)
99F1769UN	EURO\$ 2YR MID-CRV FUT SEP 16 PUT SEP 14 097.750 ED 09/12/14	11.000	(1,310.75)	101.75
99F1839AE	US 5YR TREAS NTS FUT MAR 15 CALL FEB 15 121.000 ED 1/23/15	22.000	1,647.25	(4,196.50)
99F1839AG	US 5YR TREAS NTS FUT MAR 15 CALL FEB 15 120.000 ED 1/23/15	11.000	(3,301.38)	8,643.94
99F1839AH	US 5YR TREAS NTS FUT MAR 15 CALL FEB 15 122.000 ED 1/23/15	11.000	(379.50)	479.88
99F1839BV	US 5YR TREAS NTS FUTURE MAR 15 CALL MAR 15 122.250 ED 2/20/15	11.000	1,683.00	(551.38)
99F1839FF	US 5YR TREAS NTS FUTURE SEP 14 CALL JUL 14 120.000 ED 6/20/14	5.000	921.25	(141.25)
99F1839FG	US 5YR TREAS NTS FUTURE SEP 14 CALL JUL 14 119.000 ED 6/20/14	6.000	1,480.50	(816.38)
99F1839FL	US 5YR TREAS NTS FUT SEP 14 CALL JUL 14 119.750 ED 6/20/14	7.000	1,727.25	(132.13)
99F1839HK	US 5YR TREAS NTS FUTURE SEP 14 CALL SEP 14 120.000 ED 8/22/14	4.000	(825.50)	424.50
99F1839RD	US 5YR TREAS NTS FUTURE SEP 14 PUT JUL 14 117.750 ED 06/20/14	5.000	1,116.57	(172.50)
99F1839RE	US 5YR TREAS NTS FUTURE SEP 14 PUT JUL 14 117.000 ED 06/20/14	6.000	1,058.63	(284.27)
99F183C5A	US 5YR TREAS NTS FUTURE (CBT) EXP MAR 15	23.000	0.00	(11,007.75)
99F183I4A	US 5YR TREAS NTS FUTURE (CBT) EXP SEP 14	50.000	0.00	(7,000.01)
99F183L4A	US 5YR TREAS NTS FUTURE (CBT) EXP DEC 14	62.000	0.00	28,281.26

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
99F700C5A	US ULTRA BOND (CBT) EXP MAR 15	7.000	0.00	25,781.25
99F700I4A	US ULTRA BOND (CBT) EXP SEP 14	2.000	0.00	8,492.18
99F700L4A	US ULTRA BOND FUTURE (CBT) EXP DEC 14	2.000	0.00	13,812.50
99ZAKW588	RBS CITIZENS BANK REPO 0.040% 04/07/2014 DD 04/04/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKWJL4	RBS CITIZENS BANK REPO 0.040% 04/02/2014 DD 04/01/14	4,600,000.000	(4,600,000.00)	4,600,000.00
99ZAKWRU5	RBS CITIZENS BANK REPO 0.040% 04/03/2014 DD 04/02/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKWZZ5	RBS CITIZENS BANK REPO 0.040% 04/04/2014 DD 04/03/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKXDG9	RBS CITIZENS BANK REPO 0.040% 04/08/2014 DD 04/07/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKXJJ7	RBS CITIZENS BANK REPO 0.040% 04/09/2014 DD 04/08/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKXS24	RBS CITIZENS BANK REPO 0.040% 04/10/2014 DD 04/09/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKXXJ1	RBS CITIZENS BANK REPO 0.040% 04/11/2014 DD 04/10/14	4,500,000.000	(4,500,000.00)	4,500,000.00
ANB90RPY8	NEW ZEALAND GOVERNMENT BO REGS 3.000% 04/15/2020	450,000.000	(365,607.16)	334,871.68
EDF215C5S	EURO-BOBL FUTURE (EUX) EXP MAR 15	10.000	0.00	(18,644.56)
EDF215I4S	EURO-BOBL FUTURE (EUX) EXP SEP 14	10.000	0.00	(13,636.73)
EDF215L4S	EURO-BOBL FUTURE (EUX) EXP DEC 14	10.000	0.00	(7,553.12)
EDF306C5S	EURO-BUND FUTURE (EUX) EXP MAR 15	3.000	0.00	(20,622.12)
EDF306F4S	EURO-BUND FUTURE (EUX) EXP JUN 14	3.000	0.00	(326.88)
EDF306I4S	EURO-BUND FUTURE (EUX) EXP SEP 14	3.000	0.00	(22,859.25)
EDF306L4S	EURO-BUND FUTURE (EUX) EXP DEC 14	3.000	0.00	(13,890.80)
LMB44NND2	MEXICAN BONOS 8.500% 11/18/2038	589,000.000	(55,062.97)	52,939.14

SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, line 4j



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		80,931,755.12							
NFLF12310002	996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	S	137,746,044.600	0.00	0.00	137,746,044.60	137,746,044.60	0.00
NFLF12310002	996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	B	198,128,793.210	0.00	198,128,793.21	0.00	0.00	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		80,931,755.12					
3	990060964	EB DV NSL SIF	161,685.010	43,439,228.40	0.00	0.00	0.00
49	990060964	EB DV NSL SIF	162,350.240	0.00	45,677,351.71	43,384,769.19	2,292,582.52
511	996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	384,061,439.710	384,061,439.71	0.00	0.00	0.00
559	996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	349,071,615.780	0.00	349,071,615.78	349,071,615.78	0.00
2	999F02006	GROSVENOR INSTL PARTNERS LP	85,000,000.000	85,000,000.00	0.00	0.00	0.00
1	999F02006	GROSVENOR INSTL PARTNERS LP	42,995,378.000	0.00	42,995,378.00	40,853,775.04	2,141,602.96



Abrams, Foster, Nole & Williams, P.A.
2 Hamill Road, Suite 241
West Quadrangle
Baltimore, MD 21210

O: 410.433.6830 • F: 410.433.6871

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule MB Line 8b

Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
0 to 19	0	0	0	0	0	0	0	0	0	0	0
20 to 24	0	678	0	0	0	0	0	0	0	0	678
25 to 29	0	717	419	0	0	0	0	0	0	0	1,136
30 to 34	0	6	210	107	0	0	0	0	0	0	323
35 to 39	0	0	2	31	10	0	0	0	0	0	43
40 to 44	0	0	1	0	1	0	0	0	0	0	2
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	1,401	632	138	11	0	0	0	0	0	2,182

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 2020

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

Nonfootball Disability Rates Before Retirement:

<u>Age</u>	<u>Rate*</u>
22	.19%
27	.19%
32	.19%
37	.26%
42	.45%
47	.90%
52	2.06%
57	4.28%
62	12.19%

*Rounded

Football Disability Rates: .35% per year for active players and .28% per year for inactive players up to 15 years after the player's last Credited Season after which it becomes zero.

<u>Line-of-Duty Rates:</u>	<u>Age</u>	<u>Rate</u>
	25 – 29	1.25%
	30 – 39	5.00%
	40 – 44	2.50%
	45+	0.00%

Withdrawal Rates:

<u>For Players With Service of</u>	<u>Rate</u>
1 year	19.5%
2 years	11.0%
3 years	16.5%
4 years	15.8%
5 years	17.4%
6 years	18.4%
7 years	19.9%
8 years	21.4%
9 years	24.6%
10 years	26.2%
11 years	28.2%
12 years	30.5%
13 years	35.6%
14 years	37.2%
15 years	42.5%
16 years	55.8%
17 years	68.7%
18 years	78.6%
19 years	90.6%
20 years	100.0%

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

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

Election of Early Payment Benefit: 35% of all players will elect the benefit at termination. No assumption is made for a player who does not have a Credited Season before 1993.

<u>Retirement Age:</u>	<u>Player with Pre-93 Season Rate</u>	<u>Player without Pre-93 Season Rate</u>
<u>Age</u>		
45	15%	0%
46 – 49	3%	0%
50 – 54	2%	0%
55	25%	50%
56 – 59	5%	5%
60	10%	10%
61	5%	5%
62 – 63	10%	10%
64	25%	25%
65	100%	100%

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: \$15,533,132. This amount was the actual administrative expenses during the preceding year.

Funding Method: The unit credit cost method is used. The liabilities of the plan are calculated as the present value of all benefits that have been accrued or earned under the plan year as of the first day of the plan year, based on the players' current number of credited seasons. The plan's normal cost is the present value of all benefits expected to accrue or be earned under the plan during the plan year plus certain administrative expense.

Actuarial Value of Assets: The actuarial value of assets was fresh started to market as of April 1, 2007. Thereafter, an adjusted market value method as described in Section 16 of Revenue Procedure 2000-40 is used. Under the adjusted market value method, a preliminary value is determined. The preliminary value is then constrained such that the final actuarial value is not less than 80%, nor more than 120%, of the net market value. The preliminary value is the market value adjusted by recognition of investment gains or losses over a five-year period at the rate of 20% per year. The calculation of the actuarial value of assets using the adjusted market value method is shown on page.



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		80,931,755.12							
NFLF12310002	996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	S	137,746,044.600	0.00	0.00	137,746,044.60	137,746,044.60	0.00
NFLF12310002	996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	B	198,128,793.210	0.00	198,128,793.21	0.00	0.00	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
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511	996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	384,061,439.710	384,061,439.71	0.00	0.00	0.00
559	996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	349,071,615.780	0.00	349,071,615.78	349,071,615.78	0.00
2	999F02006	GROSVENOR INSTL PARTNERS LP	85,000,000.000	85,000,000.00	0.00	0.00	0.00
1	999F02006	GROSVENOR INSTL PARTNERS LP	42,995,378.000	0.00	42,995,378.00	40,853,775.04	2,141,602.96

**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

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015▶ **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 planBert 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-SFRetirement Board of Bert Bell/Pete Rozelle NFL Player Retirement Plan**D** Employer Identification Number (EIN)15-6043636**E** Type of plan:(1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 4 Day 1 Year 2014**b** Assets(1) Current value of assets.....
(2) Actuarial value of assets for funding standard account.....**1b(1)** 1,617,169,656**1b(2)** 1,606,565,990**c** (1) Accrued liability for plan using immediate gain methods
(2) Information for plans using spread gain methods:**1c(1)** 2,945,728,870

(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) 2,945,728,870**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) 5,541,013,794

(b) Expected increase in current liability due to benefits accruing during the plan year.....

1d(2)(b) 77,922,320

(c) Expected release from "RPA '94" current liability for the plan year

1d(2)(c)

(3) Expected plan disbursements for the plan year.....

1d(3) 194,886,250**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**CHRISTOPHER E. FLOHR CEF

Signature of actuary

12/11/2015

Date

Christopher E. Flohr

Type or print name of actuary

14-06359

Most recent enrollment number

Aon Hewitt500 East Pratt Street Firm name(410) 547-2800

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) 2014
v. 140124

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions).....	2a	1,617,169,656
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4,246	1,991,130,557
(2) For terminated vested participants	5,917	2,817,987,396
(3) For active participants:		
(a) Non-vested benefits.....		64,950,734
(b) Vested benefits.....		666,945,107
(c) Total active	2,182	731,895,841
(4) Total	12,345	5,541,013,794
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	29.19%

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
06/13/2014	11,800,000				
03/31/2015	293,738,737				
Totals ▶			3(b)	305,538,737	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 line 5.	4a	E
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4b	54.5 %
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?.....		<input checked="" 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	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here <input type="checkbox"/>	4f	

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 or other automatic approval?		<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	3.62%
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		A	
(2) Females	6c(2)	A		A	
d Valuation liability interest rate	6d		7.25 %		7.25 %
e Expense loading	6e	47.6 %	<input type="checkbox"/> N/A	0.5 %	<input type="checkbox"/> N/A
f Salary scale	6f	%	<input checked="" type="checkbox"/> N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g				9.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h				7.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	32,540,761	3,384,077

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 checked="" type="checkbox"/> Yes <input 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 8d(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 8d(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 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(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	32,630,341
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)	1,992,293,192
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	19,982,053
e Total charges. Add lines 9a through 9d.....	9e	295,596,578

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	433,425,882
g Employer contributions. Total from column (b) of line 3.....	9g	305,538,737
h Amortization credits as of valuation date.....	9h	219,704,430
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	35,535,140
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1,936,097,488

(2) "RPA '94" override (90% current liability FFL).....	9j(2)	3,540,443,971	
(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	821,873,275	
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	526,276,697	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		

9 o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2014 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	
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

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

Plan Sponsor: Retirement Board of the Bert Bell/ Pete Rozelle NFL Player Retirement Plan
Address: NFL Player Benefits
200 St. Paul Street, 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, 2014 – March 31, 2015

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, 2014 is estimated to be less than 80%. As of April 1, 2014 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.

A Funding Improvement Plan was adopted by the Plan on February 23, 2011 and last updated on July 23, 2013. As of April 1, 2014, the Plan is making the scheduled progress in meeting the requirements of its Funding Improvement Plan.

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, 2013, except as noted below. Unaudited financial statements as of March 31, 2014 were used to determine the Plan's assets. 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, 2014 in accordance with the provisions of the Pension Protection Act of 2006. I am an Enrolled Actuary and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

<input type="checkbox"/> Neither Endangered nor Critical	<input checked="" type="checkbox"/> Endangered	<input type="checkbox"/> Seriously Endangered	<input type="checkbox"/> Critical
(Green Zone)	(Yellow Zone)	(Orange Zone)	(Red Zone)



Signature of Actuary

May 15, 2014

Date

Alvin K. Winters, FSA, EA, MAAA

Name of Actuary

14-06620

Enrollment Number

Aon Hewitt
500 East Pratt Street, 7th Floor
Baltimore, MD 21202
Telephone: 410-547-2916
e-mail: al.winters@aonhewitt.com

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule MB Line 4

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
FUNDING IMPROVEMENT PLAN

Originally Adopted February 23, 2011
Updated May 14, 2015

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INTRODUCTION

This document constitutes an update to the Funding Improvement Plan ("FIP") for the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Retirement Plan"), which was originally adopted by the Retirement Plan's Retirement Board on February 23, 2011, in accordance with federal law. The FIP provides the bargaining parties, the National Football League Management Council ("NFL Management Council"), and the National Football League Players Association ("NFLPA"), with a contribution arrangement that is expected to enable the Retirement Plan to increase its funding percentage.

Section 305 of the Employee Retirement Income Security Act of 1974, as amended, and the parallel section 432 of the Internal Revenue Code, establish "endangered" status (also referred to as "yellow zone") and "critical" status (also referred to as "red zone") for multiemployer defined benefit pension plans based on the plan's funded level and whether the plan is expected to experience a funding deficiency in the current or next six years (for endangered status) or in the current or next three or four years (for critical status). A plan in the yellow or red zone is subject to certain requirements intended to improve the plan's funded level. A plan that is not in the yellow or red zone is in the "green" zone, and none of the yellow or red zone requirements apply.

On June 28, 2010, the actuary for the Retirement Plan certified that the Retirement Plan was in endangered (yellow zone) status for the Plan Year beginning April 1, 2010 because the Retirement Plan was less than 80 percent funded on April 1, 2010. In response to this certification, the Retirement Board adopted a FIP effective February 23, 2011. The Retirement Board will update the FIP annually based on the actual experience of the Plan. This update was adopted May 14, 2015 and supersedes the updated FIP that was adopted on May 15, 2014. It

includes experience and data for the Plan as of April 1, 2014 and reflects additional contributions negotiated by the collective bargaining parties.

FIP REQUIREMENTS

A FIP consists of benefit reductions, contribution increases, or both, that are reasonably expected over a ten-year period to meet two benchmarks: (1) reduce the plan's unfunded liabilities by at least one third and (2) avoid an accumulated funding deficiency, i.e., a failure to meet minimum funding requirements for a plan year. A FIP must be based on reasonably anticipated experience and reasonable actuarial assumptions regarding investment income and other experience of the plan over a period of future years.

If, before the ten year period ends, the actuary certifies that the plan is no longer in endangered status (e.g., the plan is at least 80 percent funded and not expected to have a funding deficiency in the current or next six years) and the plan is not then in critical status, the FIP requirements end.

Funding Improvement Period

The ten year period or "funding improvement period" begins on the first day of the first plan year beginning after the earlier of (1) the second anniversary of the date of the adoption of the FIP, i.e., the first plan year beginning after February 24, 2013 or (2) the expiration of the collective bargaining agreement ("CBA") (covering at least 75% of active participants) in effect on the due date for certification of the plan's status, i.e., the first plan year beginning after March 3, 2011. For the Retirement Plan, the funding improvement period therefore begins April 1, 2011 (the first Plan Year beginning after March 3, 2011) and ends March 31, 2021.

Schedule

Generally speaking, once a FIP is adopted, the bargaining parties must agree on a schedule consisting of increased contributions or future benefit reductions, or both, which would allow the Retirement Plan to satisfy the funding benchmarks of federal law by the end of the ten-year funding improvement period. If the bargaining parties cannot agree, then the Retirement Board is required to implement a "status quo" or "default" schedule after the expiration of the then-current CBA that, among other things, assumes that the Retirement Plan will provide no new pension benefit accruals.

To meet its FIP obligations, the bargaining parties agreed and the Retirement Board adopted a schedule of increased contributions, the most current version of which can be found below, under "FIP SCHEDULE."

OPERATION OF RETIREMENT PLAN IN THE YELLOW ZONE

While operating under a FIP, the Retirement Plan is subject to certain restrictions during the funding improvement period extending from April 1, 2011 and ending on March 31, 2021 (or earlier if the Plan is no longer certified to be endangered).

Adoption of Collective Bargaining Agreements or Participation Agreements: the Retirement Board cannot accept a collective bargaining agreement or participation agreement that provides for (1) a reduction in the level of contributions for any participants, (2) a suspension of contributions with respect to any period of service, or (3) any new exclusion of any younger or newly added employees from plan participation.

Plan Amendments: the Retirement Plan may not be amended so as to be inconsistent with the FIP. The Retirement Plan can be amended to increase benefits, however, if the actuary certifies that the benefit increase is consistent with the FIP and that such increase is paid for with contributions that are not required to meet the benchmarks under the FIP schedule or schedules. Since the original FIP was adopted on February 23, 2011, the Retirement Plan was amended to increase certain benefits, including to take into account the 2011 CBA between the NFL Management Council and NFLPA. The Retirement Plan's actuary has certified that the benefit increases are consistent with the FIP and are paid for with contributions that are not required to meet the benchmarks under the FIP schedule.

FIP SCHEDULE

The Funding Improvement Plan Schedule below shows the estimated contributions and funded percentage of the Retirement Plan during the remaining portion of the funding improvement period.

Funding Improvement Plan Schedule (millions)		
	April 1, 2014 Updated FIP Schedule	
Plan Year Ending	Actual or Estimated Contribution	Estimated Funded Percentage*
03/31/2012	\$172.1	52%
03/31/2013	\$105.0	48%
03/31/2014	\$299.7	56%
03/31/2015	\$305.5	61%
03/31/2016	\$267.8	67%
03/31/2017	\$244.0	72%
03/31/2018	\$231.9	77%
03/31/2019	\$138.4	79%
03/31/2020	\$109.3	80%
03/31/2021	\$89.0	80%
*Funded percentage is estimated as of the end of the Plan Year		

The original FIP adopted on February 23, 2011 was developed with the intention of achieving a funded percent of 80% by the end of the funding improvement period. The Retirement Plan's actuary has estimated that the current estimated contributions will result in the Retirement Plan reaching that benchmark by March 31, 2020.

The updated FIP is based on the census data, asset information actuarial assumptions, and plan provisions which were used for the actuarial valuation as of April 1, 2014. Employer contributions were projected using the actuarial assumptions and methods stated in the applicable collective bargaining agreement.

ANNUAL REVIEW AND UPDATE

The Retirement Board will review the FIP and schedules annually and make changes, as appropriate, to satisfy the FIP requirements.

PENALTIES FOR NON-COMPLIANCE

A contributing employer's failure timely to contribute to the Retirement Plan at the rates required by the schedule that the bargaining parties have adopted or that has been imposed by the Retirement Board will result in the deficient amounts being treated as delinquent employer contributions under the Retirement Plan.

Employers are subject to an excise tax if they fail to make contributions required under the FIP. The amount of the excise tax is the amount of the unpaid contribution.

The Department of Labor has the authority to assess a penalty of up to \$1,100 per day against the Retirement Board if it does not timely adopt a funding improvement plan or if the Retirement Plan does not meet the funding improvement benchmarks (reduce the Retirement Plan's unfunded liabilities by one third (or fund the plan to 80%) and avoid an accumulated funding deficiency) by the end of the funding improvement period.

CONSTRUCTION OF AND MODIFICATIONS TO FIP

The Retirement Board reserves the right, in its sole and absolute discretion, to construe, interpret, and/or apply the terms and provisions of the FIP in a manner that is consistent with the law. Any and all constructions, interpretations and/or applications of the Retirement Plan (and other Retirement Plan documents) or the FIP by the Retirement Board, in its sole and absolute discretion, shall be final and binding. Subject to applicable law and notwithstanding anything herein to the contrary, the Retirement Board further reserves the right to make any modifications to the FIP that the Retirement Board, in its sole and absolute discretion, determines are necessary and/or appropriate (including, without limitation in the event of the issuance of any future legislative, regulatory, or judicial guidance).

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 4a

Illustration Supporting Actuarial Certification of Status

I. *2014 Plan Year*

Valuation Date	04/01/2014
Funded Percentage	55.9%
Value of Assets	\$1,606,696,212
Value of Liabilities	\$2,874,829,621

II. An accumulated funding deficiency is not projected to exist in any of the next seven plan years.

III. The sum of the market value of assets and the present value of expected contributions over the next seven years is greater than the present value of benefit payments and administrative expenses over the next seven years.

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule MB Line 4c

Illustration Supporting Scheduled Progress with Funding Improvement Plan

	<i>2015</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>
	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>
Valuation Date	04/01/2015	04/01/2016	04/01/2017	04/01/2018	04/01/2019	04/01/2020	04/01/2021
Original FIP Funded Percentage	62%	61%	63%	67%	70%	73%	80%
Updated FIP Funded Percentage	61%	67%	72%	77%	79%	80%	80%

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule MB Line 8b

Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
0 to 19	0	0	0	0	0	0	0	0	0	0	0
20 to 24	0	678	0	0	0	0	0	0	0	0	678
25 to 29	0	717	419	0	0	0	0	0	0	0	1,136
30 to 34	0	6	210	107	0	0	0	0	0	0	323
35 to 39	0	0	2	31	10	0	0	0	0	0	43
40 to 44	0	0	1	0	1	0	0	0	0	0	2
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	1,401	632	138	11	0	0	0	0	0	2,182

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: For Benefit Credits, 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.) For Legacy Credits, vested player taking into account Credited Seasons prior to 1993 and alive on August 4, 2011.

(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 to 2011	470
2012 to 2014	560
2015 to 2017	660
2018 through the Plan Year that begins prior to the expiration of the Final League Year	760
<u>Credited Season</u>	<u>Legacy Credit</u>
Before 1975	124
1975 to 1992	108

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

**Summary of Plan Provisions
(continued)**

2. Early Retirement Pension (Only for players who 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.

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 inactive category A and \$4,167 for inactive category B (\$5,000 in 2016, \$3,334 in 2021). 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.
- (e) **Monthly Amount:** Normal pension earned, but not less than \$2,000 per month for applications after September 1, 2011. Minimum increases in \$500 increments on January 1 of 2013, 2015, 2017, 2019 and 2021.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

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Schedule MB Line 6

**Summary of Plan Provisions
(continued)**

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. Pre-retirement 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.) Minimum increases to \$4,000 on January 1, 2014 and to \$4,400 on January 1, 2018.
- (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.

8. Spouse's Pre-retirement 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.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

Summary of Plan Provisions
(continued)

9. Post-retirement 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.

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 2020

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

Nonfootball Disability Rates Before Retirement:

<u>Age</u>	<u>Rate*</u>
22	.19%
27	.19%
32	.19%
37	.26%
42	.45%
47	.90%
52	2.06%
57	4.28%
62	12.19%

*Rounded

Football Disability Rates: .35% per year for active players and .28% per year for inactive players up to 15 years after the player's last Credited Season after which it becomes zero.

<u>Line-of-Duty Rates:</u>	<u>Age</u>	<u>Rate</u>
	25 – 29	1.25%
	30 – 39	5.00%
	40 – 44	2.50%
	45+	0.00%

Withdrawal Rates:

<u>For Players With Service of</u>	<u>Rate</u>
1 year	19.5%
2 years	11.0%
3 years	16.5%
4 years	15.8%
5 years	17.4%
6 years	18.4%
7 years	19.9%
8 years	21.4%
9 years	24.6%
10 years	26.2%
11 years	28.2%
12 years	30.5%
13 years	35.6%
14 years	37.2%
15 years	42.5%
16 years	55.8%
17 years	68.7%
18 years	78.6%
19 years	90.6%
20 years	100.0%

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

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

Election of Early Payment Benefit: 35% of all players will elect the benefit at termination. No assumption is made for a player who does not have a Credited Season before 1993.

<u>Retirement Age:</u>	<u>Player with Pre-93 Season Rate</u>	<u>Player without Pre-93 Season Rate</u>
<u>Age</u>		
45	15%	0%
46 – 49	3%	0%
50 – 54	2%	0%
55	25%	50%
56 – 59	5%	5%
60	10%	10%
61	5%	5%
62 – 63	10%	10%
64	25%	25%
65	100%	100%

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: \$15,533,132. This amount was the actual administrative expenses during the preceding year.

Funding Method: The unit credit cost method is used. The liabilities of the plan are calculated as the present value of all benefits that have been accrued or earned under the plan year as of the first day of the plan year, based on the players' current number of credited seasons. The plan's normal cost is the present value of all benefits expected to accrue or be earned under the plan during the plan year plus certain administrative expense.

Actuarial Value of Assets: The actuarial value of assets was fresh started to market as of April 1, 2007. Thereafter, an adjusted market value method as described in Section 16 of Revenue Procedure 2000-40 is used. Under the adjusted market value method, a preliminary value is determined. The preliminary value is then constrained such that the final actuarial value is not less than 80%, nor more than 120%, of the net market value. The preliminary value is the market value adjusted by recognition of investment gains or losses over a five-year period at the rate of 20% per year. The calculation of the actuarial value of assets using the adjusted market value method is shown on page.

Bert Bell/Pete Rozelle NFL Player Retirement Plan
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Schedule MB Line 9c and 9h

Schedule of Funding Standard Account Bases

As of 4/01/2014						
Type*	Date	Initial Years	Original Amount	Annual Payment	Remaining Years	Outstanding Balance
Charges						
IL	3/31/1977	40	\$27,413,000	\$1,780,787	2.00	\$3,441,181
PA	11/01/1977	40	1,692,600	112,808	2.42	259,710
PA	2/01/1979	40	651,600	43,341	3.83	150,865
PA	3/31/1989	30	1,303,288	93,144	4.00	336,459
PA	3/31/1992	30	124,393,450	8,968,644	7.00	51,390,108
PA	4/01/1993	30	5,579,111	428,686	9.00	2,963,908
PA	4/01/1994	30	23,799,617	1,833,394	10.00	13,652,388
PA	4/01/1998	30	50,168,724	3,864,728	14.00	35,711,997
EL	4/01/2001	15	27,102,402	2,818,515	2.00	5,446,496
PA	4/01/2002	30	125,518,055	9,669,234	18.00	102,459,121
EL	4/01/2002	15	29,562,857	3,074,390	3.00	8,613,735
EL	4/01/2003	15	60,394,203	6,280,696	4.00	22,688,228
EL	4/01/2004	15	14,620,943	1,520,505	5.00	6,641,844
EL	4/01/2005	15	17,333,722	1,802,621	6.00	9,144,504
EL	4/01/2006	15	15,903,903	1,653,927	7.00	9,476,952
PA	4/01/2006	30	233,549,828	17,991,420	22.00	209,082,058
CA	4/01/2007	15	57,655,763	5,995,912	8.00	38,029,867
EL	4/01/2007	15	8,876,667	923,129	8.00	5,855,069
PA	4/01/2008	15	19,605,761	2,038,901	9.00	14,096,716
EL	4/01/2008	15	31,424,147	3,267,955	9.00	22,594,232
EL	4/01/2009	15	333,980,469	34,732,303	10.00	258,634,278
CA	4/01/2011	15	187,478,376	19,496,816	12.00	163,893,753
CF	4/01/2011	15	124,853,059	12,984,095	12.00	109,146,650
EL	4/01/2011	15	162,030,373	16,850,351	12.00	141,647,087
PA	4/01/2012	15	606,219,701	63,043,825	13.00	557,176,944
EL	4/01/2012	15	51,590,150	5,365,118	13.00	47,416,543
PA	4/01/2013	15	12,023,238	1,250,357	14.00	11,553,915
EL	4/01/2013	15	112,644,876	11,714,505	14.00	108,247,823
EL	4/01/2014	15	32,540,761	3,384,077	15.00	32,540,761
Total Amortization Charges:				\$242,984,184		\$1,992,293,192

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 4/01/2014						
Type*	Date	Initial Years	Original Amount	Annual Payment	Remaining Years	Outstanding Balance
Credits						
CF	3/31/1980	37	1,375,300	\$91,263	2.00	\$176,350
CF	4/01/1993	30	55,410,763	4,257,640	9.00	29,436,786
CA	4/01/1994	30	83,007,633	6,394,461	10.00	47,616,370
EG	4/01/2000	15	22,918,036	2,383,361	1.00	2,383,361
CF	4/01/2007	10	191,088,768	25,661,537	3.00	71,897,781
EG	4/01/2010	15	82,554,483	8,585,254	11.00	68,193,782
Total Amortization Credits:				\$47,373,516		\$219,704,430

* IL = Initial Liability; EL = Experience Loss; PA = Plan Amendment; CA = Changes in Actuarial Assumptions; EG = Experience Gain; CF = Change in Funding Method; FL = Current Liability Full Funding Limitation Base

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: For Benefit Credits, 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.) For Legacy Credits, vested player taking into account Credited Seasons prior to 1993 and alive on August 4, 2011.

(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 to 2011	470
2012 to 2014	560
2015 to 2017	660
2018 through the Plan Year that begins prior to the expiration of the Final League Year	760
<u>Credited Season</u>	<u>Legacy Credit</u>
Before 1975	124
1975 to 1992	108

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

**Summary of Plan Provisions
(continued)**

2. Early Retirement Pension (Only for players who 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.

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 inactive category A and \$4,167 for inactive category B (\$5,000 in 2016, \$3,334 in 2021). 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.
- (e) **Monthly Amount:** Normal pension earned, but not less than \$2,000 per month for applications after September 1, 2011. Minimum increases in \$500 increments on January 1 of 2013, 2015, 2017, 2019 and 2021.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 6

**Summary of Plan Provisions
(continued)**

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. Pre-retirement 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.) Minimum increases to \$4,000 on January 1, 2014 and to \$4,400 on January 1, 2018.
- (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.

8. Spouse's Pre-retirement 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.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

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Summary of Plan Provisions
(continued)

9. Post-retirement 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.



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
NFLF12311002 AN9123455	NZD (NEW ZEALAND DOLLAR)	0.230	0.20	0.17	(0.03)
NFLF12311202 AN9123455	NZD (NEW ZEALAND DOLLAR)	4,204.920	3,159.98	3,153.27	(6.71)
NFLF12311202 LM9123455	MXN (MEXICAN PESO)	1,004,326.790	71,718.44	65,925.58	(5,792.86)
NFLF12311202 XX9123482	EUR CURRENCY AT BROKER	26,035.150	31,535.52	27,961.75	(3,573.77)
NFLF12314502 AA9123453	AUD (AUSTRALIAN DOLLARS)	0.130	0.12	0.10	(0.02)
NFLF12318102 996087094	BNY MELLON CASH RESERVE 0.010% 12/31/2049 DD 06/26/97	2,237.400	2,237.40	2,237.40	0.00
NFLF12384502 999476674	CASH ON DEPOSIT-CUSTODIAN	2,362,559.680	2,362,559.68	2,362,559.68	0.00
<u>TOTAL INTEREST-BEARING CASH</u>			<u>2,471,211.34</u>	<u>2,461,837.95</u>	<u>(9,373.39)</u>
U. S. GOVERNMENT SECURITIES					
NFLF12311202 01F022451	COMMIT TO PUR FNMA SF MTG 2.500% 05/01/2029 DD 05/01/14	300,000.000	306,562.50	307,488.00	925.50
NFLF12311202 01F030454	COMMIT TO PUR FNMA SF MTG 3.000% 05/01/2029 DD 05/01/14	1,600,000.000	1,669,835.94	1,674,128.00	4,292.06
NFLF12311202 01F032450	COMMIT TO PUR FNMA SF MTG 3.500% 05/01/2029 DD 05/01/14	400,000.000	422,921.88	423,860.00	938.12
NFLF12311202 01F032658	COMMIT TO PUR FNMA SF MTG 3.500% 05/01/2044 DD 05/01/14	400,000.000	419,578.13	419,108.00	(470.13)
NFLF12311202 01F040651	COMMIT TO PUR FNMA SF MTG 4.000% 05/01/2044 DD 05/01/14	100,000.000	106,734.38	106,750.00	15.62
NFLF12311202 01F042657	COMMIT TO PUR FNMA SF MTG 4.500% 05/01/2044 DD 05/01/14	400,000.000	434,187.51	435,280.00	1,092.49
NFLF12311202 01F050650	COMMIT TO PUR FNMA SF MTG 5.000% 05/01/2044 DD 05/01/14	400,000.000	443,687.50	444,196.00	508.50
NFLF12311202 01N032659	COMMIT TO PUR GNMA SF MTG 3.500% 05/15/2044 DD 05/01/14	100,000.000	104,843.75	105,094.00	250.25
NFLF12311202 21H032654	COMMIT TO PUR GNMA II JUMBOS 3.500% 05/20/2044 DD 05/01/14	100,000.000	104,718.75	104,973.00	254.25
NFLF12311202 3128L8KE4	FHLMC POOL #A7-4793 5.000% 03/01/2038 DD 03/01/08	82,145.520	89,118.87	90,981.91	1,863.04
NFLF12311202 3128M4A45	FHLMC POOL #G0-2427 5.500% 12/01/2036 DD 11/01/06	196,802.192	216,049.40	220,795.59	4,746.19
NFLF12311202 3128M6AX6	FHLMC POOL #G0-4222 5.500% 04/01/2038 DD 04/01/08	6,650.425	7,301.64	7,459.78	158.14
NFLF12311202 3128M8FM1	FHLMC POOL #G0-6172 5.500% 12/01/2038 DD 11/01/10	44,899.007	49,286.08	50,386.56	1,100.48
NFLF12311202 3128M8N26	FHLMC POOL #G0-6409 6.000% 11/01/2039 DD 04/01/11	95,663.466	106,182.63	108,795.19	2,612.56
NFLF12311202 3128M8W67	FHLMC POOL #G0-6669 6.500% 09/01/2039 DD 08/01/11	27,683.897	31,010.40	32,458.54	1,448.14
NFLF12311202 3128M9G22	FHLMC POOL #G0-7117 6.000% 10/01/2036 DD 09/01/12	42,223.480	47,508.17	48,540.11	1,031.94
NFLF12311202 3128M9PU0	FHLMC POOL #G0-7335 7.000% 03/01/2039 DD 04/01/13	46,627.750	51,013.07	55,831.14	4,818.07
NFLF12311202 3128QHTC4	FHLMC POOL #1N-1447 VAR RT 02/01/2037 DD 04/01/07	18,728.370	19,753.56	19,730.71	(22.85)
NFLF12311202 3128QHTU4	FHLMC POOL #1N-1463 VAR RT 05/01/2037 DD 05/01/07	43,270.200	45,524.13	46,381.33	857.20
NFLF12311202 3128QH XK1	FHLMC POOL #1N-1582 VAR RT 05/01/2037 DD 06/01/07	40,684.340	43,048.89	42,717.34	(331.55)
NFLF12311202 3128X4UZ2	FEDERAL HOME LN MTG CORP 5.625% 11/23/2035 DD 11/22/05	110,000.000	117,366.70	113,576.10	(3,790.60)
NFLF12311202 3129412C0	FHLMC POOL #A9-3471 4.500% 08/01/2040 DD 08/01/10	32,629.452	35,402.96	35,621.57	218.61
NFLF12311202 312941VH7	FHLMC POOL #A9-3316 4.500% 08/01/2040 DD 08/01/10	26,860.585	29,143.73	29,316.99	173.26
NFLF12311202 31297VKR8	FHLMC POOL #A3-9304 5.500% 11/01/2035 DD 11/01/05	11,421.759	12,543.83	12,789.97	246.14
NFLF12311202 3132H32D4	FHLMC POOL #U9-0772 3.500% 01/01/2043 DD 01/01/13	94,144.564	93,896.96	99,497.62	5,600.66



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 3132H3K51	FHLMC POOL #U9-0316 4.000% 10/01/2042 DD 10/01/12	87,145.090	89,911.08	94,983.79	5,072.71
NFLF12311202 3132H7C51	FHLMC POOL #U9-9091 4.500% 03/01/2044 DD 03/01/14	96,082.398	103,547.55	107,414.36	3,866.81
NFLF12311202 3132H7CN2	FHLMC POOL #U9-9076 4.500% 12/01/2043 DD 11/01/13	191,124.358	205,973.83	213,698.06	7,724.23
NFLF12311202 3132H7CW2	FHLMC POOL #U9-9084 4.500% 02/01/2044 DD 02/01/14	191,834.268	206,738.91	214,466.87	7,727.96
NFLF12311202 3132J9C63	FHLMC POOL #Q1-7792 3.500% 05/01/2043 DD 04/01/13	86,919.633	87,458.54	91,637.63	4,179.09
NFLF12311202 3134G3V72	FEDERAL HOME LN MTG CORP 1.620% 11/21/2019 DD 11/21/12	40,000.000	39,820.00	39,842.80	22.80
NFLF12311202 313586RC5	FEDERAL NATL MTG ASSN 0.000% 10/09/2019 DD 10/09/84	110,000.000	94,695.70	101,080.10	6,384.40
NFLF12311202 3136A03E5	FNMA GTD REMIC P/T 11-87 SG VAR RT 04/25/2040 DD 08/25/11	198,079.298	35,935.54	36,070.24	134.70
NFLF12311202 3136A04A2	FNMA GTD REMIC P/T 11-90 QI 5.000% 05/25/2034 DD 08/01/11	98,117.590	13,197.83	12,223.49	(974.34)
NFLF12311202 3136A1QW8	FNMA GTD REMIC P/T 11-96 IO VAR RT 10/25/2041 DD 09/25/11	172,689.530	27,433.44	30,842.35	3,408.91
NFLF12311202 3136A35F4	FNMA GTD REMIC P/T 12-28 B 6.500% 06/25/2039 DD 02/01/12	45,945.450	51,052.28	51,627.06	574.78
NFLF12311202 3136A54N3	FNMA GTD REMIC P/T 12-51 B 7.000% 05/25/2042 DD 04/01/12	79,447.170	88,146.63	90,751.71	2,605.08
NFLF12311202 3136A5J49	FNMA GTD REMIC P/T 12-46 BA 6.000% 05/25/2042 DD 04/01/12	81,592.930	89,857.48	93,068.16	3,210.68
NFLF12311202 3136A65Y6	FNMA GTD REMIC P/T 12-74 IO VAR RT 03/25/2042 DD 06/25/12	60,760.700	9,336.47	11,213.99	1,877.52
NFLF12311202 3136A75X6	FNMA GTD REMIC P/T 12-101 AI 3.000% 06/25/2027 DD 08/01/12	347,141.280	41,257.73	36,422.06	(4,835.67)
NFLF12311202 3136A7ER9	FNMA GTD REMIC P/T 12-70 IO VAR RT 02/25/2041 DD 06/25/12	71,599.480	13,212.26	13,998.41	786.15
NFLF12311202 3136AAXW0	FNMA GTD REMIC P/T 12-133 IO VAR RT 12/25/2042 DD 11/25/12	80,552.030	17,100.40	16,394.75	(705.65)
NFLF12311202 3136ABQF3	FNMA GTD REMIC P/T 13-9 BC 6.500% 07/25/2042 DD 01/01/13	167,476.950	186,745.17	192,214.97	5,469.80
NFLF12311202 3136ABQH9	FNMA GTD REMIC P/T 13-9 CB 5.500% 04/25/2042 DD 01/01/13	143,432.080	158,957.18	162,246.07	3,288.89
NFLF12311202 3136AEZ67	FNMA GTD REMIC P/T 13-70 JZ 3.000% 07/25/2043 DD 06/01/13	105,383.345	82,502.91	103,349.45	20,846.54
NFLF12311202 3136AFFD1	FNMA GTD REMIC P/T 13-67 KS IO VAR RT 07/25/2043 DD 06/25/13	87,860.081	19,417.96	21,378.99	1,961.03
NFLF12311202 3136AKQQ9	FNMA GTD REMIC P/T 14-M8 X2 VAR RT 06/25/2024 DD 07/01/14	2,552,275.200	83,846.22	79,605.46	(4,240.76)
NFLF12311202 3136AKTB9	FNMA GTD REMIC P/T 1.884% 08/25/2044 DD 07/01/14	362,468.310	27,355.03	26,659.54	(695.49)
NFLF12311202 3136FLEV4	FNMA GTD REMIC P/T 409 C2 IO 3.000% 04/25/2027 DD 06/01/12	118,967.520	14,736.52	13,161.38	(1,575.14)
NFLF12311202 3136FLFG6	FNMA POOL # 3.500% 11/25/2041 DD 06/01/12	111,304.658	24,431.37	19,344.75	(5,086.62)
NFLF12311202 3136FLFM3	FNMA GTD REMIC P/T 409 C1 IO 4.000% 04/25/2042 DD 06/01/12	111,515.680	27,651.43	21,530.33	(6,121.10)
NFLF12311202 3136FLFR2	FNMA GTD REMIC P/T 409 C2 IO 4.500% 11/25/2039 DD 06/01/12	39,448.950	8,386.05	7,442.83	(943.22)
NFLF12311202 3137A1NA7	FHLMC MULTICLASS MTG K008 X1 VAR RT 06/25/2020 DD 09/01/10	169,719.202	13,166.82	10,991.02	(2,175.80)
NFLF12311202 3137AGE55	FHLMC MULTICLASS MTG 3947 SG VAR RT 10/15/2041 DD 10/15/11	289,916.882	57,560.11	51,318.19	(6,241.92)
NFLF12311202 3137AMDJ3	FHLMC MULTICLASS MTG 3997 SK VAR RT 11/15/2041 DD 02/15/12	207,112.571	36,870.20	41,008.29	4,138.09
NFLF12311202 3137AT2F8	FHLMC MULTICLASS MTG 4092 AIIO 3.000% 09/15/2031 DD 08/01/12	728,858.090	103,672.78	89,037.30	(14,635.48)
NFLF12311202 3137B1J94	FHLMC MULTICLASS MTG 4194 BIIO 3.500% 04/15/2043 DD 04/01/13	332,536.336	54,972.41	50,894.69	(4,077.72)
NFLF12311202 3137B1W73	FHLMC MULTICLASS MTG 4210 Z 3.000% 05/15/2043 DD 05/01/13	103,456.463	85,055.68	101,837.37	16,781.69
NFLF12311202 3137B3FH6	FHLMC MULTICLASS MTG 4226 GZ 3.000% 07/15/2043 DD 07/01/13	105,120.540	84,163.07	101,784.01	17,620.94
NFLF12311202 3137B4A30	FHLMC MULTICLASS MTG 4239 IO 3.500% 06/15/2027 DD 08/01/13	301,558.146	42,094.50	36,687.56	(5,406.94)
NFLF12311202 3137EADM8	FEDERAL HOME LN MTG CORP 1.250% 10/02/2019 DD 10/02/12	20,000.000	19,156.20	19,833.40	677.20



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 3138EGGZ1	FNMA POOL #0AL0215 4.500% 04/01/2041 DD 04/01/11	289,024.728	308,669.74	316,745.09	8,075.35
NFLF12311202 3138EK6J9	FNMA POOL #0AL3572 5.000% 07/01/2041 DD 04/01/13	72,706.280	79,126.96	80,751.96	1,625.00
NFLF12311202 3138EKY33	FNMA POOL #0AL3429 4.500% 06/01/2041 DD 03/01/13	125,658.850	134,115.68	137,588.90	3,473.22
NFLF12311202 3138EKYL3	FNMA POOL #0AL3414 4.500% 09/01/2041 DD 03/01/13	65,990.980	70,448.65	72,279.26	1,830.61
NFLF12311202 3138ELYW7	FNMA POOL #0AL4324 6.500% 05/01/2040 DD 11/01/13	120,978.780	135,732.14	139,899.86	4,167.72
NFLF12311202 3138M3TF1	FNMA POOL #0AP0549 4.000% 07/01/2042 DD 07/01/12	80,353.774	83,537.39	86,700.12	3,162.73
NFLF12311202 3138M8J38	FNMA POOL #0AP4781 3.000% 09/01/2042 DD 09/01/12	164,868.972	159,424.99	169,135.78	9,710.79
NFLF12311202 3138MDV33	FNMA POOL #0AP9633 2.500% 10/01/2042 DD 10/01/12	85,570.840	79,188.14	84,710.00	5,521.86
NFLF12311202 3138MLBZ6	FNMA POOL #0AQ4555 4.000% 12/01/2042 DD 11/01/12	82,041.516	86,822.91	88,165.92	1,343.01
NFLF12311202 3138W9CG3	FNMA POOL #0AS0070 4.000% 08/01/2043 DD 07/01/13	95,551.401	98,623.39	104,247.53	5,624.14
NFLF12311202 3138W9TS9	FNMA POOL #0AS0560 4.500% 09/01/2043 DD 08/01/13	451,169.210	488,390.67	492,388.03	3,997.36
NFLF12311202 3138WUH30	FNMA POOL #0AT6549 4.000% 06/01/2043 DD 06/01/13	86,338.168	90,099.93	93,853.91	3,753.98
NFLF12311202 3138WXV79	FNMA POOL #0AT9637 4.000% 07/01/2043 DD 06/01/13	89,955.930	93,681.00	97,290.04	3,609.04
NFLF12311202 3138WXVV6	FNMA POOL #0AT9627 4.000% 07/01/2043 DD 06/01/13	90,986.660	94,758.96	98,404.80	3,645.84
NFLF12311202 3138WXP8	FNMA POOL #0AT9653 4.000% 07/01/2043 DD 06/01/13	90,860.060	94,786.11	98,769.43	3,983.32
NFLF12311202 3138X33A8	FNMA POOL #0AU4392 3.500% 10/01/2033 DD 09/01/13	181,783.747	190,063.42	193,150.68	3,087.26
NFLF12311202 31396NRF5	FHLMC MULTICLASS MTG R007 ZA 6.000% 05/15/2036 DD 05/01/06	84,496.362	94,263.29	96,226.15	1,962.86
NFLF12311202 31397TP97	FHLMC MULTICLASS MTG 3451 SB VAR RT 05/15/2038 DD 05/15/08	36,427.660	4,110.49	4,272.96	162.47
NFLF12311202 31397UUU1	FNMA GTD REMIC P/T 11-59 NZ 5.500% 07/25/2041 DD 06/01/11	122,848.140	138,754.09	147,197.87	8,443.78
NFLF12311202 31398SKY8	FNMA GTD REMIC P/T 10-142 IO VAR RT 12/25/2040 DD 11/25/10	38,997.295	4,829.41	6,201.35	1,371.94
NFLF12311202 31398W2M5	FHLMC MULTICLASS MTG 3621 SB VAR RT 01/15/2040 DD 01/15/10	45,047.750	6,836.02	8,390.59	1,554.57
NFLF12311202 31403DWU9	FNMA POOL #0745959 5.500% 11/01/2036 DD 10/01/06	21,770.959	24,080.62	24,531.95	451.33
NFLF12311202 31407PJH2	FNMA POOL #0836464 VAR RT 10/01/2035 DD 09/01/05	75,848.820	80,199.49	79,851.36	(348.13)
NFLF12311202 31407PP28	FNMA POOL #0836641 VAR RT 10/01/2035 DD 09/01/05	72,331.230	76,277.63	75,981.79	(295.84)
NFLF12311202 31410GE90	FNMA POOL #0888560 6.000% 11/01/2035 DD 07/01/07	14,281.521	16,060.14	16,398.04	337.90
NFLF12311202 31410GPR8	FNMA POOL #0888832 6.500% 11/01/2037 DD 10/01/07	29,901.101	33,793.02	34,469.39	676.37
NFLF12311202 31410GYN7	FNMA POOL #0889117 5.000% 10/01/2035 DD 01/01/08	26,117.218	28,621.59	29,161.44	539.85
NFLF12311202 31410LBR2	FNMA POOL #0890248 6.000% 08/01/2037 DD 09/01/10	24,335.399	27,365.88	27,951.40	585.52
NFLF12311202 31410LNV0	FNMA POOL #0890604 4.500% 10/01/2044 DD 10/01/14	194,702.676	213,503.66	216,075.19	2,571.53
NFLF12311202 31411UWP2	FNMA POOL #0915154 5.000% 04/01/2037 DD 04/01/07	77,631.870	84,487.56	86,222.61	1,735.05
NFLF12311202 31412TzM8	FNMA POOL #0934648 7.000% 11/01/2038 DD 11/01/08	9,898.958	10,937.85	11,043.48	105.63
NFLF12311202 31415QFG6	FNMA POOL #0985867 7.000% 08/01/2038 DD 08/01/08	4,161.333	4,688.04	4,681.58	(6.46)
NFLF12311202 31416BMV7	FNMA POOL #0995072 5.500% 08/01/2038 DD 11/01/08	26,322.500	29,118.47	29,996.07	877.60
NFLF12311202 31416Y4B1	FNMA POOL #0AB3517 4.500% 09/01/2041 DD 08/01/11	42,203.618	45,067.55	46,269.94	1,202.39
NFLF12311202 31417C3K9	FNMA POOL #0AB6201 3.000% 09/01/2042 DD 08/01/12	420,783.590	406,859.86	431,677.68	24,817.82
NFLF12311202 31417GM94	FNMA POOL #0AB9383 4.000% 05/01/2043 DD 04/01/13	89,324.867	93,017.55	96,607.52	3,589.97



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BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 31417GXM3	FNMA POOL #0AB9683 4.000% 06/01/2043 DD 05/01/13	85,372.511	88,823.29	92,070.84	3,247.55
NFLF12311202 31417Y2J5	FNMA POOL #0MA0776 4.500% 06/01/2031 DD 05/01/11	167,015.130	180,600.14	183,128.75	2,528.61
NFLF12311202 31418A3V8	FNMA POOL #0MA1711 4.500% 12/01/2043 DD 11/01/13	93,816.966	102,289.82	105,039.35	2,749.53
NFLF12311202 31418AHY7	FNMA POOL #0MA1146 4.000% 08/01/2042 DD 07/01/12	258,212.840	266,506.62	281,668.89	15,162.27
NFLF12311202 31418AQ27	FNMA POOL #0MA1372 3.500% 03/01/2043 DD 02/01/13	180,000.750	180,083.53	190,762.99	10,679.46
NFLF12311202 31418ARZ3	FNMA POOL #0MA1403 3.500% 04/01/2043 DD 03/01/13	180,315.970	180,398.91	191,098.87	10,699.96
NFLF12311202 31418AS25	FNMA POOL #0MA1436 3.500% 05/01/2043 DD 04/01/13	180,085.212	180,168.03	190,847.10	10,679.07
NFLF12311202 31418AXV5	FNMA POOL #0MA1591 4.500% 09/01/2043 DD 08/01/13	93,757.583	102,247.05	104,968.18	2,721.13
NFLF12311202 31418AY36	FNMA POOL #0MA1629 4.500% 10/01/2043 DD 09/01/13	94,639.282	103,208.59	105,978.01	2,769.42
NFLF12311202 31419AZY6	FNMA POOL #0AE0758 7.000% 02/01/2039 DD 12/01/10	62,329.885	68,966.78	73,513.74	4,546.96
NFLF12311202 36202EPZ6	GNMA II POOL #0004040 6.500% 10/20/2037 DD 10/01/07	27,238.348	30,585.66	31,490.53	904.87
NFLF12311202 36202EUU1	GNMA II POOL #0004195 6.000% 07/20/2038 DD 07/01/08	32,341.360	36,626.92	36,697.42	70.50
NFLF12311202 36202EWE5	GNMA II POOL #0004245 6.000% 09/20/2038 DD 09/01/08	205,190.450	232,443.86	232,794.72	350.86
NFLF12311202 36202FDW3	GNMA II POOL #0004617 4.500% 01/20/2040 DD 01/01/10	40,331.258	43,543.26	44,122.40	579.14
NFLF12311202 36202FGD2	GNMA II POOL #0004696 4.500% 05/20/2040 DD 05/01/10	41,788.361	45,110.55	45,694.32	583.77
NFLF12311202 36202FLS3	GNMA II POOL #0004837 6.000% 10/20/2040 DD 10/01/10	84,898.580	95,223.93	98,135.12	2,911.19
NFLF12311202 36202FPG5	GNMA II POOL #0004923 4.500% 01/20/2041 DD 01/01/11	45,432.704	49,111.40	49,626.14	514.74
NFLF12311202 36202FQ74	GNMA II POOL #0004978 4.500% 03/20/2041 DD 03/01/11	286,676.489	309,908.76	312,858.65	2,949.89
NFLF12311202 36241LW51	GNMA II POOL #0783368 4.500% 07/20/2041 DD 08/01/11	43,148.744	46,512.18	47,054.57	542.39
NFLF12311202 38374YVW0	GNMA GTD REMIC P/T 10-85 IO VAR RT 01/20/2040 DD 07/20/10	38,485.640	6,316.29	6,496.76	180.47
NFLF12311202 38375BCN0	GNMA GTD REMIC P/T 10-H10 FC VAR RT 05/20/2060 DD 06/20/10	144,463.340	146,395.18	147,202.36	807.18
NFLF12311202 38375BGF3	GNMA GTD REMIC P/T 10-H20 AF VAR RT 10/20/2060 DD 10/20/10	230,481.600	227,556.36	229,361.46	1,805.10
NFLF12311202 38375BGP1	GNMA GTD REMIC P/T 10-H24 FA VAR RT 10/20/2060 DD 11/20/10	202,077.820	199,584.44	200,810.79	1,226.35
NFLF12311202 38375BHR6	GNMA GTD REMIC P/T 10-H22 FE VAR RT 05/20/2059 DD 11/20/10	111,328.830	110,602.90	111,353.32	750.42
NFLF12311202 38375BKL5	GNMA GTD REMIC P/T 11-H06 FA VAR RT 02/20/2061 DD 02/20/11	193,066.970	191,810.11	193,068.90	1,258.79
NFLF12311202 38375BLE0	GNMA GTD REMIC P/T 11-H09 AF VAR RT 03/20/2061 DD 03/20/11	79,815.960	79,445.03	79,973.20	528.17
NFLF12311202 38378EMF7	GNMA GTD REMIC P/T 12-66 CIO 3.500% 02/20/2038 DD 05/01/12	437,925.062	63,179.44	50,308.83	(12,870.61)
NFLF12311202 38378KHA0	GNMA GTD REMIC P/T 13-57 IO VAR RT 06/16/2054 DD 04/01/13	3,621,948.073	195,528.63	182,220.21	(13,308.42)
NFLF12311202 38378NJA2	GNMA GTD REMIC P/T 13-178 A 2.250% 03/16/2035 DD 11/01/13	9,320.683	9,326.09	9,414.17	88.08
NFLF12311202 38378NJF1	GNMA GTD REMIC P/T 13-178 IO VAR RT 06/16/2055 DD 11/01/13	165,116.950	10,780.47	9,872.34	(908.13)
NFLF12311202 38378NMP5	GNMA GTD REMIC P/T 13-193 AB 2.000% 12/16/2049 DD 12/01/13	0.004	0.00	0.00	0.00
NFLF12311202 38378UWY9	GNMA GTD REMIC P/T 13-152 HSIO VAR RT 06/20/2043 DD 10/20/13	83,085.015	17,504.36	14,760.05	(2,744.31)
NFLF12311202 38378X5W7	GNMA GTD REMIC P/T 15-5 KA 2.500% 11/16/2039 DD 01/01/15	0.007	0.01	0.01	0.00
NFLF12311202 38379EWA6	GNMA GTD REMIC P/T 14-117 SJIO VAR RT 08/20/2044 DD 08/20/14	92,400.580	15,708.10	15,640.65	(67.45)
NFLF12311202 83162CVV2	SBA GTD PARTN CTFS 2013-20J 1 3.370% 10/01/2033 DD 10/16/13	95,203.612	99,614.21	100,356.98	742.77
NFLF12311202 83162CWX7	SBA GTD PARTN CTFS 2015-20C 1 VAR RT 03/01/2035 DD 03/11/15	100,000.000	100,000.00	101,432.00	1,432.00



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NFLF12311202 880591CK6	TENNESSEE VALLEY AUTH BD 5.980% 04/01/2036 DD 04/18/96	300,000.000	370,656.00	414,798.00	44,142.00
NFLF12311202 880591EH1	TENNESSEE VALLEY AUTH BD 5.250% 09/15/2039 DD 09/15/09	30,000.000	33,971.70	39,282.00	5,310.30
NFLF12311202 880591EL2	TENNESSEE VALLEY AUTH BD 3.875% 02/15/2021 DD 02/08/11	110,000.000	118,561.30	122,829.30	4,268.00
NFLF12311202 912810FR4	US TREAS-CPI INFLAT 2.375% 01/15/2025 DD 07/15/04	24,800.800	29,404.00	30,059.31	655.31
NFLF12311202 912810QF8	US TREAS-CPI INFLAT 2.125% 02/15/2040 DD 02/15/10	97,329.600	116,548.70	129,942.80	13,394.10
NFLF12311202 912810QV3	US TREAS-CPI INFLAT 0.750% 02/15/2042 DD 02/15/12	103,444.000	90,133.91	104,607.75	14,473.84
NFLF12311202 912810RF7	US TREAS-CPI INFLAT 1.375% 02/15/2044 DD 02/15/14	531,552.900	584,465.70	624,781.96	40,316.26
NFLF12311202 912810RK6	U S TREASURY BOND 2.375% 02/15/2045 DD 02/15/15	530,000.000	525,019.79	525,113.40	93.61
NFLF12311202 912810RL4	US TREAS-CPI INFLAT 0.625% 02/15/2045 DD 02/15/15	238,228.800	232,405.68	242,250.10	9,844.42
NFLF12311202 912828A67	U S TREASURY NOTE 0.250% 12/31/2015 DD 12/31/13	120,000.000	119,840.40	120,019.20	178.80
NFLF12311202 912828A75	U S TREASURY NOTE 1.500% 12/31/2018 DD 12/31/13	220,000.000	219,512.11	222,921.60	3,409.49
NFLF12311202 912828B25	US TREAS-CPI INFLAT 0.050% 01/15/2024 DD 01/15/14	260,460.200	262,404.73	271,284.93	8,880.20
NFLF12311202 912828D56	U S TREASURY NOTE 2.375% 08/15/2024 DD 08/15/14	120,000.000	120,942.49	124,743.60	3,801.11
NFLF12311202 912828EA4	US TREAS-CPI INFLAT 1.875% 07/15/2015 DD 07/15/05	324,459.000	329,634.80	329,478.38	(156.42)
NFLF12311202 912828F39	U S TREASURY NOTE 1.750% 09/30/2019 DD 09/30/14	150,000.000	150,042.19	152,859.00	2,816.81
NFLF12311202 912828G95	U S TREASURY NOTE 1.625% 12/31/2019 DD 12/31/14	680,000.000	679,292.42	688,656.40	9,363.98
NFLF12311202 912828H86	U S TREASURY NOTE 1.625% 01/31/2022 DD 01/31/15	390,000.000	387,684.96	384,972.90	(2,712.06)
NFLF12311202 912828J27	U S TREASURY NOTE 1.750% 02/15/2025 DD 02/17/15	460,000.000	463,165.63	462,911.80	(253.83)
NFLF12311202 912828J50	U S TREASURY NOTE 1.500% 02/29/2020 DD 02/28/15	90,000.000	89,414.84	90,020.70	605.86
NFLF12311202 912828RE2	U S TREASURY NOTE 1.500% 08/31/2018 DD 08/31/11	420,000.000	419,214.60	426,463.80	7,249.20
NFLF12311202 912828UA6	U S TREASURY NOTE 0.625% 11/30/2017 DD 11/30/12	90,000.000	88,860.24	89,620.20	759.96
NFLF12311202 912828WJ5	U S TREASURY NOTE 2.625% 05/15/2024 DD 05/15/14	560,000.000	573,142.71	588,263.20	15,120.49
NFLF12311202 912828WN6	U S TREASURY NOTE 2.000% 05/31/2021 DD 05/31/14	570,000.000	564,420.25	583,668.60	19,248.35
NFLF12311202 912828WU0	US TREAS-CPI INFLAT 0.250% 07/15/2024 DD 07/15/14	127,972.000	123,166.27	127,922.09	4,755.82
NFLF12311202 912828WW6	U S TREASURY NOTE 1.625% 07/31/2019 DD 07/31/14	440,000.000	442,968.75	446,600.00	3,631.25
NFLF12311202 912828WY2	U S TREASURY NOTE 2.125% 07/31/2021 DD 07/31/14	730,000.000	740,604.54	757,031.90	16,427.36
TOTAL U. S. GOVERNMENT SECURITIES			22,754,170.54	23,240,034.09	485,863.55

CORPORATE DEBT INSTRUMENTS - PREFERRED

NFLF12311202 009503AA1	AIRSPEED LTD/CAYMAN 1A G1 144A VAR RT 06/15/2032 DD 06/27/07	154,286.647	129,600.77	128,909.27	(691.50)
NFLF12311202 02364WAN5	AMERICA MOVIL SAB DE CV 5.625% 11/15/2017 DD 10/30/07	40,000.000	45,350.00	44,184.00	(1,166.00)
NFLF12311202 03523TAV0	ANHEUSER-BUSCH INBEV WORLDWIDE 5.000% 04/15/2020 DD 03/29/10	130,000.000	146,840.20	148,292.30	1,452.10
NFLF12311202 03523TBP2	ANHEUSER-BUSCH INBEV WORLDWIDE 2.500% 07/15/2022 DD 07/16/12	40,000.000	37,767.60	39,462.80	1,695.20
NFLF12311202 05377RBF0	AVIS BUDGET RENTAL C 2A A 144A 2.970% 02/20/2020 DD 09/18/13	120,000.000	123,295.20	123,943.20	648.00
NFLF12311202 055451AL2	BHP BILLITON FINANCE USA LTD 3.250% 11/21/2021 DD 11/21/11	160,000.000	161,785.60	167,124.80	5,339.20
NFLF12311202 055451AV0	BHP BILLITON FINANCE USA LTD 5.000% 09/30/2043 DD 09/30/13	40,000.000	42,327.20	45,808.00	3,480.80



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NFLF12311202 05565QBU1	BP CAPITAL MARKETS PLC 3.561% 11/01/2021 DD 11/01/11	10,000.000	10,278.80	10,520.80	242.00
NFLF12311202 05565QDA3	BP CAPITAL MARKETS PLC 3.506% 03/17/2025 DD 03/17/15	60,000.000	60,000.00	61,197.60	1,197.60
NFLF12311202 05567L7E1	BNP PARIBAS SA 2.375% 09/14/2017 DD 09/14/12	40,000.000	40,969.20	40,773.20	(196.00)
NFLF12311202 057224AY3	BAKER HUGHES INC 7.500% 11/15/2018 DD 10/28/08	140,000.000	172,043.20	166,814.20	(5,229.00)
NFLF12311202 097014AL8	BOEING CAPITAL CORP 4.700% 10/27/2019 DD 10/27/09	30,000.000	33,473.10	33,770.40	297.30
NFLF12311202 097023AZ8	BOEING CO/THE 4.875% 02/15/2020 DD 07/28/09	70,000.000	78,402.80	80,455.20	2,052.40
NFLF12311202 12591KAG0	COMM 2013-CCRE12 MORTG CR12 AM 4.300% 10/10/2046 DD 11/01/13	20,000.000	20,578.80	22,072.20	1,493.40
NFLF12311202 12591KAH8	COMM 2013-CCRE12 MORTGA CR12 B VAR RT 10/10/2046 DD 11/01/13	10,000.000	10,346.60	11,149.60	803.00
NFLF12311202 12624PAE5	COMMERCIAL MORTGAGE PAS CR3 A3 2.822% 10/15/2045 DD 10/01/12	10,000.000	9,569.10	10,251.70	682.60
NFLF12311202 12630BBB3	COMM 2013-CCRE13 MORTG CR13 XA VAR RT 12/10/2023 DD 12/01/13	1,359,512.334	84,650.89	76,622.12	(8,028.77)
NFLF12311202 12641TCQ7	CSMC SERIES 2009-5 5R 4A3 144A VAR RT 07/26/2049 DD 06/01/09	401,688.204	407,713.53	404,387.55	(3,325.98)
NFLF12311202 1266716B7	CWABS INC ASSET-BACKED CE 5 1A VAR RT 10/25/2034 DD 05/27/04	452,483.198	408,515.41	413,691.81	5,176.40
NFLF12311202 14916RAD6	CATHOLIC HEALTH INITIATIVES 4.350% 11/01/2042 DD 10/31/12	10,000.000	9,149.90	10,018.00	868.10
NFLF12311202 17319WAA7	CITIGROUP COMMERCIA SMP A 144A 2.110% 01/12/2018 DD 03/01/13	112,608.200	113,437.00	114,260.16	823.16
NFLF12311202 17320DAL2	CITIGROUP COMMERCIAL M GC11 XA VAR RT 04/10/2046 DD 04/01/13	1,204,157.291	114,112.73	100,800.01	(13,312.72)
NFLF12311202 17323CAK3	CITIGROUP COMMERCIAL MO GC27 B 3.725% 02/10/2048 DD 02/01/15	100,000.000	102,992.37	102,004.00	(988.37)
NFLF12311202 20030NAM3	COMCAST CORP 6.450% 03/15/2037 DD 03/02/06	10,000.000	13,015.00	13,541.10	526.10
NFLF12311202 20030NAV3	COMCAST CORP 6.950% 08/15/2037 DD 08/23/07	50,000.000	64,948.00	71,020.00	6,072.00
NFLF12311202 20030NAY7	COMCAST CORP 6.550% 07/01/2039 DD 06/18/09	10,000.000	12,482.40	13,667.30	1,184.90
NFLF12311202 20030NBB6	COMCAST CORP 6.400% 03/01/2040 DD 03/01/10	10,000.000	12,893.10	13,628.60	735.50
NFLF12311202 20030NBH3	COMCAST CORP 4.250% 01/15/2033 DD 01/14/13	10,000.000	10,784.60	10,727.10	(57.50)
NFLF12311202 20030NBL4	COMCAST CORP 3.375% 02/15/2025 DD 08/12/14	20,000.000	20,237.80	20,915.40	677.60
NFLF12311202 20030NBM2	COMCAST CORP 4.200% 08/15/2034 DD 08/12/14	10,000.000	10,077.20	10,833.30	756.10
NFLF12311202 208251AE8	CONOCOPHILLIPS HOLDING CO 6.950% 04/15/2029 DD 04/20/99	40,000.000	53,318.80	54,658.80	1,340.00
NFLF12311202 21685WDD6	COOPERATIEVE CENTRALE RAIFFEIS 3.875% 02/08/2022 DD 02/08/12	10,000.000	10,356.20	10,761.90	405.70
NFLF12311202 21686CAD2	COOPERATIEVE CENTRALE RAIFFEIS 3.375% 01/19/2017 DD 01/19/12	40,000.000	42,407.20	41,688.00	(719.20)
NFLF12311202 22944FBG3	CSMC SERIES 2009- 2R 1A16 144A VAR RT 09/26/2034 DD 04/01/09	279,999.997	276,332.11	274,450.40	(1,881.71)
NFLF12311202 233851AQ7	DAIMLER FINANCE NORTH AME 144A 1.300% 07/31/2015 DD 08/01/12	150,000.000	151,045.50	150,399.00	(646.50)
NFLF12311202 24422ERR2	JOHN DEERE CAPITAL CORP 2.250% 04/17/2019 DD 04/17/12	30,000.000	30,026.10	30,633.30	607.20
NFLF12311202 24422ERY7	JOHN DEERE CAPITAL CORP 1.700% 01/15/2020 DD 10/12/12	10,000.000	9,576.00	9,912.80	336.80
NFLF12311202 247367BH7	DELTA AIR LINES 2007-1 CLASS A 6.821% 02/10/2024 DD 02/10/08	181,537.129	213,306.12	213,088.28	(217.84)
NFLF12311202 25243YAP4	DIAGEO CAPITAL PLC 4.828% 07/15/2020 DD 05/14/10	160,000.000	177,873.60	181,753.60	3,880.00
NFLF12311202 36191YAA6	GS MORTGAGE SECURI GC5 XA 144A VAR RT 08/10/2044 DD 10/01/11	94,284.260	6,418.89	5,198.83	(1,220.06)
NFLF12311202 36248GAJ9	GS MORTGAGE SECURITIES GC16 B VAR RT 11/10/2046 DD 11/01/13	30,000.000	31,974.90	34,107.30	2,132.40
NFLF12311202 36250HAJ2	GS MORTGAGE SECURITIES GC26 AS 3.964% 11/10/2047 DD 12/01/14	130,000.000	133,897.70	139,129.90	5,232.20
NFLF12311202 36250HAK9	GS MORTGAGE SECURITIES GC26 B VAR RT 11/10/2047 DD 12/01/14	130,000.000	133,895.18	137,866.30	3,971.12



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NFLF12311202 369604BE2	GENERAL ELECTRIC CO 0.850% 10/09/2015 DD 10/09/12	40,000.000	40,180.80	40,126.00	(54.80)
NFLF12311202 369604BH5	GENERAL ELECTRIC CO 4.500% 03/11/2044 DD 03/11/14	30,000.000	30,465.30	33,675.30	3,210.00
NFLF12311202 36962G3M4	GENERAL ELECTRIC CAPITAL CORP VAR RT 11/15/2067 DD 11/15/07	120,000.000	132,000.00	130,200.00	(1,800.00)
NFLF12311202 36962G4B7	GENERAL ELECTRIC CAPITAL CORP 6.875% 01/10/2039 DD 01/09/09	320,000.000	421,420.80	460,329.60	38,908.80
NFLF12311202 36962G5Z3	GENERAL ELECTRIC CAPITAL CORP 1.625% 07/02/2015 DD 07/02/12	30,000.000	30,407.70	30,090.90	(316.80)
NFLF12311202 375558AW3	GILEAD SCIENCES INC 3.700% 04/01/2024 DD 03/07/14	70,000.000	72,594.20	74,746.00	2,151.80
NFLF12311202 377373AD7	GLAXOSMITHKLINE CAPITAL PLC 2.850% 05/08/2022 DD 05/09/12	50,000.000	48,814.00	50,774.00	1,960.00
NFLF12311202 40429CGD8	HSBC FINANCE CORP 6.676% 01/15/2021 DD 07/15/11	50,000.000	58,347.00	59,371.50	1,024.50
NFLF12311202 46625HJC5	JPMORGAN CHASE & CO 4.350% 08/15/2021 DD 08/10/11	10,000.000	10,719.00	10,999.70	280.70
NFLF12311202 46625HJX9	JPMORGAN CHASE & CO 3.625% 05/13/2024 DD 05/13/14	60,000.000	59,696.50	62,387.40	2,690.90
NFLF12311202 46640UAJ1	JPMBB COMMERCIAL MORTGAG C17 B VAR RT 01/15/2047 DD 12/01/13	10,000.000	10,578.40	11,269.10	690.70
NFLF12311202 46643GAK6	JPMBB COMMERCIAL MORTGAG C24 B VAR RT 11/15/2047 DD 10/01/14	100,000.000	102,999.80	106,434.00	3,434.20
NFLF12311202 46643RAG1	JP MORGAN CHASE COM FL6 B 144A VAR RT 11/15/2031 DD 12/08/14	140,000.000	138,600.00	140,168.00	1,568.00
NFLF12311202 542514EE0	LONG BEACH MORTGAGE LOAN 4 AV1 VAR RT 08/25/2033 DD 07/10/03	116,286.177	107,161.20	107,964.74	803.54
NFLF12311202 585055AS5	MEDTRONIC INC 4.450% 03/15/2020 DD 03/16/10	40,000.000	43,912.00	44,505.60	593.60
NFLF12311202 585055BM7	MEDTRONIC INC 144A 3.500% 03/15/2025 DD 12/10/14	100,000.000	99,042.00	104,539.00	5,497.00
NFLF12311202 58933YAR6	MERCK & CO INC 2.750% 02/10/2025 DD 02/10/15	40,000.000	39,934.00	39,967.60	33.60
NFLF12311202 59156RAU2	METLIFE INC 6.750% 06/01/2016 DD 05/29/09	60,000.000	67,287.60	64,036.80	(3,250.80)
NFLF12311202 59562VAR8	BERKSHIRE HATHAWAY ENERGY CO 6.500% 09/15/2037 DD 08/28/07	10,000.000	12,367.00	13,537.90	1,170.90
NFLF12311202 61690KAE2	MORGAN STANLEY BANK OF A C7 A4 2.918% 02/15/2046 DD 01/01/13	10,000.000	9,576.70	10,263.20	686.50
NFLF12311202 61690KAG7	MORGAN STANLEY BANK OF A C7 AS 3.214% 02/15/2046 DD 01/01/13	10,000.000	9,550.70	10,226.90	676.20
NFLF12311202 61746REV9	MORGAN STANLEY ABS CAPI HE1 A4 VAR RT 01/25/2034 DD 02/26/04	409,487.277	398,866.20	389,831.89	(9,034.31)
NFLF12311202 61750CAG2	MORGAN STANLEY CAPITAL HQ9 AM VAR RT 07/12/2044 DD 08/01/06	80,000.000	87,443.20	84,059.20	(3,384.00)
NFLF12311202 61764PBX9	MORGAN STANLEY BANK OF A C19 B 4.000% 12/15/2047 DD 12/01/14	110,000.000	113,028.97	115,390.00	2,361.03
NFLF12311202 63543PAX4	NATIONAL COLLEGIATE STUDE 2 A4 VAR RT 11/27/2028 DD 10/28/04	33,939.153	32,018.89	33,368.30	1,349.41
NFLF12311202 63543TAD0	NATIONAL COLLEGIATE STUDE 3 A4 VAR RT 04/25/2029 DD 10/12/05	270,000.000	257,123.70	263,876.40	6,752.70
NFLF12311202 63946BAE0	NBCUNIVERSAL MEDIA LLC 4.375% 04/01/2021 DD 04/01/11	10,000.000	11,098.90	11,141.30	42.40
NFLF12311202 64828YAR2	NEW RESIDENTIAL MOR 2A A3 144A 3.750% 05/25/2054 DD 09/01/14	356,441.100	364,990.48	366,959.68	1,969.20
NFLF12311202 674599CC7	OCCIDENTAL PETROLEUM CORP 3.125% 02/15/2022 DD 08/18/11	30,000.000	29,793.60	30,897.00	1,103.40
NFLF12311202 68389XAN5	ORACLE CORP 1.200% 10/15/2017 DD 10/25/12	80,000.000	79,371.20	80,260.00	888.80
NFLF12311202 694308GN1	PACIFIC GAS & ELECTRIC CO 8.250% 10/15/2018 DD 10/21/08	20,000.000	24,898.20	24,422.20	(476.00)
NFLF12311202 706451BG5	PETROLEOS MEXICANOS 6.625% 06/15/2035 DD 12/15/05	161,000.000	178,710.00	184,345.00	5,635.00
NFLF12311202 713448BJ6	PEPSICO INC 7.900% 11/01/2018 DD 10/24/08	28,000.000	35,147.56	33,939.64	(1,207.92)
NFLF12311202 713448CA4	PEPSICO INC 0.700% 08/13/2015 DD 08/13/12	80,000.000	80,184.00	80,141.60	(42.40)
NFLF12311202 71654QBG6	PETROLEOS MEXICANOS 3.500% 01/30/2023 DD 07/30/13	121,000.000	113,861.00	118,156.50	4,295.50
NFLF12311202 71654QBR2	PETROLEOS MEXICANOS 6.375% 01/23/2045 DD 07/23/14	70,000.000	75,512.50	78,260.00	2,747.50



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 718172AL3	PHILIP MORRIS INTERNATIONAL IN 2.900% 11/15/2021 DD 11/15/11	70,000.000	69,081.60	71,949.50	2,867.90
NFLF12311202 718172AP4	PHILIP MORRIS INTERNATIONAL IN 4.500% 03/20/2042 DD 03/20/12	30,000.000	29,363.40	32,520.60	3,157.20
NFLF12311202 718172AT6	PHILIP MORRIS INTERNATIONAL IN 2.500% 08/22/2022 DD 08/21/12	30,000.000	28,202.40	29,781.00	1,578.60
NFLF12311202 755111BT7	RAYTHEON CO 3.125% 10/15/2020 DD 10/20/10	30,000.000	30,306.90	31,643.40	1,336.50
NFLF12311202 767201AC0	RIO TINTO FINANCE USA LTD 6.500% 07/15/2018 DD 06/27/08	70,000.000	82,263.30	80,418.10	(1,845.20)
NFLF12311202 767201AM8	RIO TINTO FINANCE USA LTD 2.500% 05/20/2016 DD 05/20/11	20,000.000	20,647.80	20,377.00	(270.80)
NFLF12311202 767201AN6	RIO TINTO FINANCE USA LTD 4.125% 05/20/2021 DD 05/20/11	10,000.000	10,536.70	10,772.30	235.60
NFLF12311202 767201AQ9	RIO TINTO FINANCE USA LTD 3.750% 09/20/2021 DD 09/19/11	40,000.000	41,196.80	42,189.20	992.40
NFLF12311202 76720AAM8	RIO TINTO FINANCE USA PLC 2.250% 12/14/2018 DD 06/19/13	10,000.000	9,999.20	10,165.60	166.40
NFLF12311202 78443DAD4	SLM PRIVATE CREDIT STUDE A A4A VAR RT 12/16/2041 DD 03/29/07	300,000.000	263,062.50	264,486.00	1,423.50
NFLF12311202 822582AD4	SHELL INTERNATIONAL FINANCE BV 6.375% 12/15/2038 DD 12/11/08	20,000.000	25,782.40	27,691.20	1,908.80
NFLF12311202 822582AM4	SHELL INTERNATIONAL FINANCE BV 4.375% 03/25/2020 DD 03/25/10	20,000.000	21,951.80	22,375.20	423.40
NFLF12311202 82937WAE5	SINOPEC GROUP OVERSEAS DE 144A 4.375% 04/10/2024 DD 04/10/14	200,000.000	199,534.00	216,978.00	17,444.00
NFLF12311202 857477AF0	STATE STREET CORP VAR RT 03/15/2018 DD 09/15/10	110,000.000	119,834.00	119,025.50	(808.50)
NFLF12311202 865622AE4	SUMITOMO MITSUI BANKING C 144A 3.150% 07/22/2015 DD 07/22/10	100,000.000	103,039.00	100,770.00	(2,269.00)
NFLF12311202 89233P6S0	TOYOTA MOTOR CREDIT CORP 1.250% 10/05/2017 DD 10/05/12	90,000.000	89,176.50	90,267.30	1,090.80
NFLF12311202 907818DK1	UNION PACIFIC CORP 4.163% 07/15/2022 DD 06/23/11	42,000.000	44,404.08	46,993.38	2,589.30
NFLF12311202 913017BT5	UNITED TECHNOLOGIES CORP 4.500% 06/01/2042 DD 06/01/12	40,000.000	40,730.80	44,365.60	3,634.80
NFLF12311202 91324PAR3	UNITEDHEALTH GROUP INC 5.800% 03/15/2036 DD 03/02/06	20,000.000	23,275.60	25,780.00	2,504.40
NFLF12311202 91324PBK7	UNITEDHEALTH GROUP INC 6.875% 02/15/2038 DD 02/07/08	40,000.000	55,412.40	57,593.60	2,181.20
NFLF12311202 91324PBM3	UNITEDHEALTH GROUP INC 3.875% 10/15/2020 DD 10/25/10	30,000.000	31,726.50	32,826.60	1,100.10
NFLF12311202 92935JAE5	WF-RBS COMMERCIAL M C2 XA 144A VAR RT 02/15/2044 DD 03/01/11	243,280.462	8,945.44	6,673.18	(2,272.26)
NFLF12311202 92936TAF9	WFRBS COMMERCIAL MO C7 XA 144A VAR RT 06/15/2045 DD 06/01/12	124,415.639	11,499.74	10,482.02	(1,017.72)
NFLF12311202 92937EAF1	WFRBS COMMERCIAL MORTGA C11 AS 3.311% 03/15/2045 DD 02/01/13	60,000.000	58,257.00	62,187.00	3,930.00
NFLF12311202 92939LAH9	WFRBS COMMERCIAL MORTGAG C25 B VAR RT 11/15/2047 DD 12/01/14	100,000.000	102,997.90	107,170.00	4,172.10
NFLF12311202 949746QU8	WELLS FARGO & CO STEP 06/15/2016 DD 09/15/2010	50,000.000	53,017.00	51,772.50	(1,244.50)
NFLF12311202 949746RE3	WELLS FARGO & CO 4.480% 01/16/2024 DD 11/26/13	263,000.000	271,721.08	285,444.42	13,723.34
NFLF12311202 94974BEV8	WELLS FARGO & CO 4.600% 04/01/2021 DD 03/29/11	10,000.000	11,006.40	11,224.80	218.40
NFLF12311202 94974BFD7	WELLS FARGO & CO 2.100% 05/08/2017 DD 05/07/12	20,000.000	20,478.60	20,431.80	(46.80)
NFLF12311202 94974BFG0	WELLS FARGO & CO 1.500% 01/16/2018 DD 12/26/12	30,000.000	29,713.50	30,143.70	430.20
NFLF12311202 94974BFJ4	WELLS FARGO & CO 3.450% 02/13/2023 DD 02/13/13	30,000.000	29,117.70	30,696.00	1,578.30
NFLF12311202 94974BFP0	WELLS FARGO & CO 5.375% 11/02/2043 DD 10/28/13	40,000.000	42,135.60	47,119.20	4,983.60
NFLF12311202 94974BGE4	WELLS FARGO & CO 4.650% 11/04/2044 DD 11/04/14	20,000.000	19,862.40	21,450.60	1,588.20
NFLF12311202 94989EAG2	WELLS FARGO COMMERCIAL LC20 AS 3.467% 04/15/2050 DD 03/01/15	100,000.000	102,994.70	102,994.70	0.00
NFLF12311202 983024AN0	WYETH LLC 5.950% 04/01/2037 DD 03/27/07	80,000.000	96,824.00	102,420.80	5,596.80



Schedule of Investments at End of Plan Year at Revalued Cost

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COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			9,403,868.24	9,564,335.88	160,467.64
CORPORATE DEBT INSTRUMENTS					
NFLF12311202	00080QAB1 ROYAL BANK OF SCOTLAND NV 4.650% 06/04/2018 DD 12/04/03	20,000.000	21,160.60	21,065.40	(95.20)
NFLF12311202	00184AAG0 TIME WARNER INC 7.700% 05/01/2032 DD 04/08/02	140,000.000	189,005.70	199,094.00	10,088.30
NFLF12311202	00206RAJ1 AT&T INC 5.500% 02/01/2018 DD 02/01/08	40,000.000	45,130.80	44,033.60	(1,097.20)
NFLF12311202	00206RBD3 AT&T INC 3.000% 02/15/2022 DD 02/13/12	30,000.000	29,709.30	30,102.60	393.30
NFLF12311202	00206RBK7 AT&T INC 4.350% 06/15/2045 DD 06/15/13	40,000.000	36,381.70	38,259.20	1,877.50
NFLF12311202	00206RCE0 AT&T INC 3.900% 03/11/2024 DD 03/10/14	30,000.000	30,544.20	31,395.60	851.40
NFLF12311202	00287YAJ8 ABBVIE INC 1.750% 11/06/2017 DD 05/06/13	60,000.000	60,189.60	60,213.00	23.40
NFLF12311202	004421DK6 ACE SECURITIES CORP HOM FM1 M1 VAR RT 09/25/2033 DD 01/29/04	120,375.715	112,064.97	112,795.66	730.69
NFLF12311202	00507UAR2 ACTAVIS FUNDING SCS 3.450% 03/15/2022 DD 03/12/15	30,000.000	29,957.40	30,728.40	771.00
NFLF12311202	00507UAS0 ACTAVIS FUNDING SCS 3.800% 03/15/2025 DD 03/12/15	50,000.000	49,822.50	51,601.50	1,779.00
NFLF12311202	00507UAT8 ACTAVIS FUNDING SCS 4.550% 03/15/2035 DD 03/12/15	20,000.000	20,456.00	20,846.40	390.40
NFLF12311202	00507UAU5 ACTAVIS FUNDING SCS 4.750% 03/15/2045 DD 03/12/15	20,000.000	20,564.00	21,257.20	693.20
NFLF12311202	02209SAE3 ALTRIA GROUP INC 9.950% 11/10/2038 DD 11/10/08	20,000.000	32,089.60	34,709.80	2,620.20
NFLF12311202	02209SAH6 ALTRIA GROUP INC 10.200% 02/06/2039 DD 02/06/09	30,000.000	50,775.60	53,054.10	2,278.50
NFLF12311202	02209SAL7 ALTRIA GROUP INC 4.750% 05/05/2021 DD 05/05/11	110,000.000	120,046.30	122,782.00	2,735.70
NFLF12311202	02209SAN3 ALTRIA GROUP INC 2.850% 08/09/2022 DD 08/09/12	60,000.000	56,304.00	59,647.20	3,343.20
NFLF12311202	02209SAR4 ALTRIA GROUP INC 5.375% 01/31/2044 DD 10/31/13	40,000.000	41,815.60	46,780.80	4,965.20
NFLF12311202	023135AQ9 AMAZON.COM INC 4.950% 12/05/2044 DD 12/05/14	60,000.000	59,092.71	65,458.20	6,365.49
NFLF12311202	025816AU3 AMERICAN EXPRESS CO VAR RT 09/01/2066 DD 08/01/06	120,000.000	131,484.00	126,024.00	(5,460.00)
NFLF12311202	026874BE6 AMERICAN INTERNATIONAL GROUP I 6.250% 03/15/2087 DD 03/13/07	130,000.000	136,500.00	148,155.80	11,655.80
NFLF12311202	031162BV1 AMGEN INC 3.625% 05/22/2024 DD 05/22/14	30,000.000	29,950.20	31,549.50	1,599.30
NFLF12311202	032511BH9 ANADARKO PETROLEUM CORP 6.375% 09/15/2017 DD 08/12/10	10,000.000	11,448.20	11,126.30	(321.90)
NFLF12311202	060505DA9 BANK OF AMERICA CORP 5.420% 03/15/2017 DD 03/15/07	70,000.000	77,123.20	74,766.30	(2,356.90)
NFLF12311202	060505DP6 BANK OF AMERICA CORP 5.750% 12/01/2017 DD 12/04/07	10,000.000	11,321.40	11,003.50	(317.90)
NFLF12311202	06051GEB1 BANK OF AMERICA CORP 4.500% 04/01/2015 DD 03/11/10	190,000.000	197,121.20	190,000.00	(7,121.20)
NFLF12311202	06051GEC9 BANK OF AMERICA CORP 5.625% 07/01/2020 DD 06/22/10	140,000.000	160,177.41	161,403.20	1,225.79
NFLF12311202	06051GEH8 BANK OF AMERICA CORP 5.000% 05/13/2021 DD 05/13/11	40,000.000	44,105.60	45,151.20	1,045.60
NFLF12311202	06051GEQ8 BANK OF AMERICA CORP 3.875% 03/22/2017 DD 03/22/12	20,000.000	21,333.00	20,930.80	(402.20)
NFLF12311202	06051GEU9 BANK OF AMERICA CORP 3.300% 01/11/2023 DD 01/11/13	40,000.000	39,552.20	40,521.60	969.40
NFLF12311202	06051GEX3 BANK OF AMERICA CORP 2.600% 01/15/2019 DD 10/22/13	60,000.000	60,237.00	61,067.40	830.40
NFLF12311202	06051GFB0 BANK OF AMERICA CORP 4.125% 01/22/2024 DD 01/21/14	10,000.000	10,112.70	10,708.40	595.70
NFLF12311202	06051GFC8 BANK OF AMERICA CORP 5.000% 01/21/2044 DD 01/21/14	130,000.000	132,715.70	149,216.60	16,500.90
NFLF12311202	06051GFF1 BANK OF AMERICA CORP 4.000% 04/01/2024 DD 04/01/14	70,000.000	69,917.39	74,460.40	4,543.01



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4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 06051GFG9	BANK OF AMERICA CORP 4.875% 04/01/2044 DD 04/01/14	70,000.000	70,334.30	78,787.10	8,452.80
NFLF12311202 06051GFH7	BANK OF AMERICA CORP 4.200% 08/26/2024 DD 08/26/14	110,000.000	110,044.80	113,802.70	3,757.90
NFLF12311202 067901AL2	BARRICK GOLD CORP 3.850% 04/01/2022 DD 04/03/12	20,000.000	19,103.60	19,557.20	453.60
NFLF12311202 067901AQ1	BARRICK GOLD CORP 4.100% 05/01/2023 DD 05/02/13	70,000.000	66,404.10	69,055.70	2,651.60
NFLF12311202 06849RAF9	BARRICK NORTH AMERICA FINANCE 4.400% 05/30/2021 DD 06/01/11	90,000.000	90,686.70	92,427.30	1,740.60
NFLF12311202 12592PBH5	*COMM 2014-UBS6 MORTGAG UBS6 AM VAR RT 12/10/2047 DD 12/01/14	92,000.000	94,756.85	98,474.04	3,717.19
NFLF12311202 12592RBJ7	COMM 2014-CCRE21 MORTG CR21 AM 3.987% 12/10/2047 DD 12/01/14	100,000.000	102,993.26	106,368.00	3,374.74
NFLF12311202 12629NAJ4	COMM 2015-DC1 MORTGAGE T DC1 B VAR RT 02/10/2048 DD 03/01/15	100,000.000	102,992.18	104,566.00	1,573.82
NFLF12311202 126650BX7	CVS HEALTH CORP 5.750% 05/15/2041 DD 05/12/11	90,000.000	104,303.70	114,882.30	10,578.60
NFLF12311202 126673N57	CWABS ASSET-BACKED CERTI 4 AF3 VAR RT 10/25/2035 DD 06/01/05	3,974.990	3,983.74	3,970.10	(13.64)
NFLF12311202 12669GLJ8	CHL MORTGAGE PASS-THR HYB1 1A1 VAR RT 03/25/2035 DD 01/28/05	139,056.660	119,605.50	120,165.81	560.31
NFLF12311202 12669GMS7	CHL MORTGAGE PASS-THROUG 4 4A1 VAR RT 02/25/2035 DD 01/28/05	13,452.300	9,424.74	11,338.27	1,913.53
NFLF12311202 12669GNP2	CHL MORTGAGE PASS-THROUG 7 2A1 VAR RT 03/25/2035 DD 01/27/05	39,365.260	34,216.24	33,511.25	(704.99)
NFLF12311202 12669GUX7	CHL MORTGAGE PASS-THROU 11 6A1 VAR RT 03/25/2035 DD 02/28/05	48,447.310	42,492.98	43,452.39	959.41
NFLF12311202 151191AW3	CELULOSA ARAUCO Y CONSTITUCION 4.750% 01/11/2022 DD 07/11/12	40,000.000	40,192.40	42,067.60	1,875.20
NFLF12311202 172967BL4	CITIGROUP INC 6.625% 06/15/2032 DD 06/06/02	10,000.000	11,698.90	12,471.30	772.40
NFLF12311202 172967GT2	CITIGROUP INC 3.500% 05/15/2023 DD 05/14/13	40,000.000	37,738.00	39,889.20	2,151.20
NFLF12311202 172967HA2	CITIGROUP INC 6.675% 09/13/2043 DD 09/13/13	70,000.000	81,970.00	93,342.20	11,372.20
NFLF12311202 172967HB0	CITIGROUP INC 5.500% 09/13/2025 DD 09/13/13	140,000.000	153,337.70	158,674.60	5,336.90
NFLF12311202 172967HS3	CITIGROUP INC 5.300% 05/06/2044 DD 05/06/14	10,000.000	10,327.90	11,240.30	912.40
NFLF12311202 17322FAA9	CITIGROUP COMMERCIAL 388G A 144A VAR RT 06/15/2018 DD 06/19/14	100,000.000	99,687.50	99,525.00	(162.50)
NFLF12311202 20029PAG4	COMCAST CABLE COMMUNICATIONS L 8.875% 05/01/2017 DD 05/01/97	80,000.000	97,601.60	92,638.40	(4,963.20)
NFLF12311202 20030NAR2	COMCAST CORP 5.875% 02/15/2018 DD 11/17/06	20,000.000	22,900.20	22,532.60	(367.60)
NFLF12311202 210805CB1	CONTINENTAL AIRLINES 1998-1 CL 6.648% 03/15/2019 DD 02/20/98	13,304.064	14,102.31	13,869.49	(232.82)
NFLF12311202 22944FBC2	CSMC SERIES 2009- 2R 1A14 144A VAR RT 09/26/2034 DD 04/01/09	426,599.999	427,666.50	421,561.85	(6,104.65)
NFLF12311202 23242QAE2	CWHEQ REVOLVING HOME EQUI E 2A VAR RT 07/15/2036 DD 06/29/06	81,660.960	62,119.14	69,140.70	7,021.56
NFLF12311202 23332UCM4	DSLA MORTGAGE LOAN TR AR1 2A1A VAR RT 03/19/2045 DD 02/28/05	91,644.050	80,574.15	83,605.95	3,031.80
NFLF12311202 25156PAH6	DEUTSCHE TELEKOM INTERNATIONAL 5.750% 03/23/2016 DD 03/23/06	75,000.000	81,939.75	78,493.50	(3,446.25)
NFLF12311202 25179MAL7	DEVON ENERGY CORP 5.600% 07/15/2041 DD 07/12/11	50,000.000	55,376.50	58,224.00	2,847.50
NFLF12311202 25179SAD2	DEVON FINANCING CORP LLC 7.875% 09/30/2031 DD 10/03/01	10,000.000	13,603.10	13,630.40	27.30
NFLF12311202 278062AB0	EATON CORP 1.500% 11/02/2017 DD 11/02/13	20,000.000	19,903.80	20,076.00	172.20
NFLF12311202 278062AC8	EATON CORP 2.750% 11/02/2022 DD 11/02/13	120,000.000	113,720.90	120,249.60	6,528.70
NFLF12311202 278062AE4	EATON CORP 4.150% 11/02/2042 DD 11/02/13	40,000.000	37,356.80	41,210.40	3,853.60
NFLF12311202 278865AL4	ECOLAB INC 4.350% 12/08/2021 DD 12/08/11	10,000.000	10,760.00	11,019.10	259.10
NFLF12311202 279158AJ8	ECOPETROL SA 5.875% 05/28/2045 DD 05/28/14	60,000.000	59,601.60	55,827.00	(3,774.60)
NFLF12311202 337932AC1	FIRSTENERGY CORP 7.375% 11/15/2031 DD 11/15/01	210,000.000	241,218.60	266,683.20	25,464.60



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NFLF12311202 337932AE7	FIRSTENERGY CORP 2.750% 03/15/2018 DD 03/05/13	20,000.000	19,939.40	20,481.80	542.40
NFLF12311202 337932AF4	FIRSTENERGY CORP 4.250% 03/15/2023 DD 03/05/13	100,000.000	96,994.00	104,670.00	7,676.00
NFLF12311202 345370CQ1	FORD MOTOR CO 4.750% 01/15/2043 DD 01/08/13	220,000.000	218,918.40	240,541.40	21,623.00
NFLF12311202 35671DAU9	FREEPORT-MCMORAN INC 3.550% 03/01/2022 DD 02/13/12	15,000.000	14,420.95	13,884.45	(536.50)
NFLF12311202 35671DBG9	FREEPORT-MCMORAN INC 3.100% 03/15/2020 DD 09/15/13	30,000.000	29,184.60	29,230.80	46.20
NFLF12311202 37045VAF7	GENERAL MOTORS CO 6.250% 10/02/2043 DD 04/02/14	10,000.000	11,637.50	12,250.60	613.10
NFLF12311202 38141EA58	GOLDMAN SACHS GROUP INC/THE 5.375% 03/15/2020 DD 03/08/10	70,000.000	78,101.80	79,433.20	1,331.40
NFLF12311202 38141EA66	GOLDMAN SACHS GROUP INC/THE 6.000% 06/15/2020 DD 06/03/10	80,000.000	91,953.40	93,372.80	1,419.40
NFLF12311202 38141GFD1	GOLDMAN SACHS GROUP INC/THE 6.750% 10/01/2037 DD 10/03/07	20,000.000	22,910.40	26,261.00	3,350.60
NFLF12311202 38141GGM0	GOLDMAN SACHS GROUP INC/THE 6.250% 02/01/2041 DD 01/28/11	140,000.000	166,243.00	182,487.20	16,244.20
NFLF12311202 38141GGQ1	GOLDMAN SACHS GROUP INC/THE 5.250% 07/27/2021 DD 07/27/11	30,000.000	33,214.30	34,116.30	902.00
NFLF12311202 38141GRC0	GOLDMAN SACHS GROUP INC/THE 2.375% 01/22/2018 DD 01/22/13	90,000.000	90,597.60	91,838.70	1,241.10
NFLF12311202 38141GVM3	GOLDMAN SACHS GROUP INC/THE 4.000% 03/03/2024 DD 03/03/14	60,000.000	59,734.20	63,411.00	3,676.80
NFLF12311202 38147MAA3	GOLDMAN SACHS GROUP INC/THE 2.900% 07/19/2018 DD 07/19/13	10,000.000	10,197.90	10,335.10	137.20
NFLF12311202 423012AB9	HEINEKEN NV 144A 1.400% 10/01/2017 DD 10/10/12	20,000.000	19,912.60	20,098.60	186.00
NFLF12311202 444859AY8	HUMANA INC 7.200% 06/15/2018 DD 06/05/08	70,000.000	83,216.70	81,283.30	(1,933.40)
NFLF12311202 444859BA9	HUMANA INC 3.150% 12/01/2022 DD 12/10/12	10,000.000	9,513.50	10,063.00	549.50
NFLF12311202 444859BB7	HUMANA INC 4.625% 12/01/2042 DD 12/10/12	10,000.000	10,159.70	10,413.40	253.70
NFLF12311202 44923QAD6	HYUNDAI CAPITAL AMERICA 144A 2.125% 10/02/2017 DD 10/01/12	20,000.000	20,145.60	20,197.40	51.80
NFLF12311202 45685EAE6	VOYA FINANCIAL INC STEP 02/15/2018 DD 02/11/2013	10,000.000	10,246.20	10,318.10	71.90
NFLF12311202 459745GA7	INTERNATIONAL LEASE FINAN 144A 6.750% 09/01/2016 DD 08/20/10	160,000.000	178,000.00	170,000.00	(8,000.00)
NFLF12311202 46115HAT4	INTESA SANPAOLO SPA 144A 5.017% 06/26/2024 DD 06/26/14	200,000.000	200,000.00	204,698.00	4,698.00
NFLF12311202 46625HDF4	JPMORGAN CHASE & CO 5.150% 10/01/2015 DD 10/04/05	120,000.000	127,350.00	122,486.40	(4,863.60)
NFLF12311202 46625HGN4	JPMORGAN CHASE & CO 6.125% 06/27/2017 DD 06/27/07	120,000.000	136,029.60	131,488.80	(4,540.80)
NFLF12311202 46625HJJ0	JPMORGAN CHASE & CO 3.375% 05/01/2023 DD 05/01/13	60,000.000	56,797.20	60,403.80	3,606.60
NFLF12311202 46625HJY7	JPMORGAN CHASE & CO 3.875% 09/10/2024 DD 09/10/14	180,000.000	182,923.40	184,660.20	1,736.80
NFLF12311202 46641WAX5	JPMBB COMMERCIAL MORTGA C19 XA VAR RT 04/15/2047 DD 05/01/14	1,518,943.940	99,132.37	84,483.66	(14,648.71)
NFLF12311202 492386AU1	KERR-MCGEE CORP 6.950% 07/01/2024 DD 07/01/04	110,000.000	133,384.90	137,655.10	4,270.20
NFLF12311202 50076QAU0	KRAFT FOODS GROUP INC 5.375% 02/10/2020 DD 08/10/12	48,000.000	54,734.88	54,576.00	(158.88)
NFLF12311202 50076QAZ9	KRAFT FOODS GROUP INC 3.500% 06/06/2022 DD 12/06/12	50,000.000	50,301.50	51,733.00	1,431.50
NFLF12311202 501044CK5	KROGER CO/THE 6.900% 04/15/2038 DD 03/27/08	20,000.000	24,774.00	27,305.00	2,531.00
NFLF12311202 524ESC7M6	*LEHMAN BRTH HLD (RICI) ESCROW 0.000% 12/28/2017 DD 12/21/07	270,000.000	27.00	27.00	0.00
NFLF12311202 524ESCXA3	*LEHMAN BRTH HLD (RICI) ESCROW 5.857% 11/30/2056 DD 05/17/07	130,000.000	13.00	13.00	0.00
NFLF12311202 525ESCRB7	*LEHMAN BRTH HLD (RICI) ESCROW 0.000% 08/19/2065 DD 06/14/06	70,000.000	7.00	7.00	0.00
NFLF12311202 544152AG6	RJ REYNOLDS TOBACCO CO/NC 3.750% 05/20/2023 DD 05/20/13	80,000.000	76,298.40	81,452.80	5,154.40
NFLF12311202 59018YN64	BANK OF AMERICA CORP 6.875% 04/25/2018 DD 04/25/08	10,000.000	11,793.10	11,438.60	(354.50)



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NFLF12311202 59020UUK9	MERRILL LYNCH MORTGAGE I 1 2A1 VAR RT 04/25/2035 DD 04/01/05	22,486.090	21,197.87	21,289.16	91.29
NFLF12311202 59156RAP3	METLIFE INC 6.400% 12/15/2066 DD 12/21/06	180,000.000	189,900.00	213,300.00	23,400.00
NFLF12311202 60871RAC4	MOLSON COORS BREWING CO 3.500% 05/01/2022 DD 05/03/12	10,000.000	9,975.80	10,310.30	334.50
NFLF12311202 609207AB1	MONDELEZ INTERNATIONAL INC 4.000% 02/01/2024 DD 01/16/14	80,000.000	81,180.00	86,639.20	5,459.20
NFLF12311202 61746BDC7	MORGAN STANLEY VAR RT 10/18/2016 DD 10/18/06	50,000.000	49,875.50	49,939.00	63.50
NFLF12311202 61747YDT9	MORGAN STANLEY 4.750% 03/22/2017 DD 03/22/12	10,000.000	10,913.30	10,645.90	(267.40)
NFLF12311202 61748HGR6	MORGAN STANLEY MORTGA 11AR 1A1 VAR RT 01/25/2035 DD 12/29/04	113,909.836	104,552.14	106,190.17	1,638.03
NFLF12311202 655044AF2	NOBLE ENERGY INC 4.150% 12/15/2021 DD 12/08/11	100,000.000	105,355.00	105,915.00	560.00
NFLF12311202 694308GE1	PACIFIC GAS & ELECTRIC CO 6.050% 03/01/2034 DD 03/23/04	90,000.000	108,989.60	117,582.30	8,592.70
NFLF12311202 71645WAL5	PETROBRAS GLOBAL FINANCE BV 6.125% 10/06/2016 DD 10/06/06	40,000.000	43,048.80	39,889.60	(3,159.20)
NFLF12311202 71645WAP6	PETROBRAS GLOBAL FINANCE BV 5.750% 01/20/2020 DD 10/30/09	32,000.000	33,402.24	29,682.56	(3,719.68)
NFLF12311202 71645WAR2	PETROBRAS GLOBAL FINANCE BV 5.375% 01/27/2021 DD 01/27/11	220,000.000	222,490.40	199,573.00	(22,917.40)
NFLF12311202 71647NAF6	PETROBRAS GLOBAL FINANCE BV 4.375% 05/20/2023 DD 05/20/13	30,000.000	27,450.60	25,653.00	(1,797.60)
NFLF12311202 71647NAM1	PETROBRAS GLOBAL FINANCE BV 6.250% 03/17/2024 DD 03/17/14	80,000.000	82,420.80	75,424.00	(6,996.80)
NFLF12311202 726505AN0	FREEPORT-MCMORAN OIL & GAS LLC 6.500% 11/15/2020 DD 10/26/12	6,000.000	6,607.50	6,367.50	(240.00)
NFLF12311202 726505AP5	FREEPORT-MCMORAN OIL & GAS LLC 6.875% 02/15/2023 DD 10/26/12	10,000.000	11,625.00	10,612.50	(1,012.50)
NFLF12311202 761713AX4	REYNOLDS AMERICAN INC 3.250% 11/01/2022 DD 10/31/12	30,000.000	28,224.00	29,851.50	1,627.50
NFLF12311202 761713AZ9	REYNOLDS AMERICAN INC 6.150% 09/15/2043 DD 09/17/13	30,000.000	33,847.20	37,067.40	3,220.20
NFLF12311202 772739AP3	ROCK-TENN CO 3.500% 03/01/2020 DD 03/01/13	40,000.000	40,572.80	41,524.00	951.20
NFLF12311202 775109AK7	ROGERS COMMUNICATIONS INC 6.800% 08/15/2018 DD 08/06/08	20,000.000	23,753.20	23,202.40	(550.80)
NFLF12311202 780097AH4	ROYAL BANK OF SCOTLAND GROUP P VAR RT 08/29/2049 DD 08/20/01	10,000.000	10,750.00	12,600.00	1,850.00
NFLF12311202 780097AY7	ROYAL BANK OF SCOTLAND GROUP P 6.100% 06/10/2023 DD 06/10/13	80,000.000	83,041.60	88,964.80	5,923.20
NFLF12311202 780097AZ4	ROYAL BANK OF SCOTLAND GROUP P 6.000% 12/19/2023 DD 12/19/13	80,000.000	83,040.80	88,987.20	5,946.40
NFLF12311202 780099CC9	ROYAL BANK OF SCOTLAND GROUP P 2.550% 09/18/2015 DD 09/18/12	10,000.000	10,212.10	10,073.00	(139.10)
NFLF12311202 780099CE5	ROYAL BANK OF SCOTLAND GROUP P 6.125% 12/15/2022 DD 12/04/12	40,000.000	43,620.40	45,044.00	1,423.60
NFLF12311202 78412FAP9	SESI LLC 7.125% 12/15/2021 DD 06/15/12	10,000.000	11,150.00	10,100.00	(1,050.00)
NFLF12311202 78577PAA1	SACO I TRUST 2006-7 7 A1 VAR RT 07/25/2036 DD 06/30/06	49,659.219	72,125.49	79,201.98	7,076.49
NFLF12311202 802815AT7	SANTANDER US DEBT SAU 144A 3.781% 10/07/2015 DD 10/07/10	100,000.000	103,426.00	101,625.00	(1,801.00)
NFLF12311202 84265VAG0	SOUTHERN COPPER CORP 5.250% 11/08/2042 DD 11/08/12	120,000.000	102,739.20	109,386.00	6,646.80
NFLF12311202 863579WR5	STRUCTURED ADJUSTABLE 16XS A1 VAR RT 08/25/2035 DD 07/25/05	41,716.110	38,892.53	39,800.51	907.98
NFLF12311202 87938WAG8	TELEFONICA EMISIONES SAU 6.221% 07/03/2017 DD 07/02/07	20,000.000	22,623.40	22,083.00	(540.40)
NFLF12311202 87938WAH6	TELEFONICA EMISIONES SAU 5.877% 07/15/2019 DD 07/06/09	30,000.000	33,747.00	34,696.80	949.80
NFLF12311202 883556AZ5	THERMO FISHER SCIENTIFIC INC 3.600% 08/15/2021 DD 08/16/11	20,000.000	20,370.00	20,876.00	506.00
NFLF12311202 883556BG6	THERMO FISHER SCIENTIFIC INC 5.300% 02/01/2044 DD 12/11/13	10,000.000	10,776.60	11,944.30	1,167.70
NFLF12311202 887317AL9	TIME WARNER INC 6.250% 03/29/2041 DD 04/01/11	10,000.000	11,714.80	12,905.70	1,190.90
NFLF12311202 88731EAJ9	TIME WARNER ENTERTAINMENT CO L 8.375% 07/15/2033 DD 01/15/94	15,000.000	20,671.35	21,998.40	1,327.05



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NFLF12311202 88732JAJ7	TIME WARNER CABLE INC 6.550% 05/01/2037 DD 04/09/07	10,000.000	12,497.32	12,558.50	61.18
NFLF12311202 88732JAP3	TIME WARNER CABLE INC 8.750% 02/14/2019 DD 11/18/08	50,000.000	63,251.00	61,722.50	(1,528.50)
NFLF12311202 88732JAU2	TIME WARNER CABLE INC 6.750% 06/15/2039 DD 06/29/09	10,000.000	11,852.20	12,817.30	965.10
NFLF12311202 88732JAX6	TIME WARNER CABLE INC 4.125% 02/15/2021 DD 11/15/10	50,000.000	52,344.00	53,774.50	1,430.50
NFLF12311202 88732JAY4	TIME WARNER CABLE INC 5.875% 11/15/2040 DD 11/15/10	30,000.000	32,506.80	35,880.30	3,373.50
NFLF12311202 893830BA6	TRANSOCEAN INC 5.050% 12/15/2016 DD 12/05/11	40,000.000	43,507.20	40,400.00	(3,107.20)
NFLF12311202 902494AY9	TYSON FOODS INC 5.150% 08/15/2044 DD 08/08/14	10,000.000	10,391.10	11,638.50	1,247.40
NFLF12311202 90269GAG6	*UBS COMMERCIAL MORT C1 XA 144A VAR RT 05/10/2045 DD 05/01/12	1,292,698.332	161,890.30	147,134.92	(14,755.38)
NFLF12311202 909317BE8	UAL 2009-2A PASS THROUGH TRUST 9.750% 07/15/2018 DD 11/24/09	14,246.326	16,383.27	15,813.42	(569.85)
NFLF12311202 90969QAA0	UBM PLC 144A 5.750% 11/03/2020 DD 11/03/10	30,000.000	32,147.40	33,143.10	995.70
NFLF12311202 91911TAH6	VALE OVERSEAS LTD 6.875% 11/21/2036 DD 11/21/06	86,000.000	91,631.28	83,179.20	(8,452.08)
NFLF12311202 91911TAM5	VALE OVERSEAS LTD 4.375% 01/11/2022 DD 01/11/12	172,000.000	170,766.76	165,338.44	(5,428.32)
NFLF12311202 92343VBJ2	VERIZON COMMUNICATIONS INC 2.450% 11/01/2022 DD 11/07/12	10,000.000	9,112.90	9,693.20	580.30
NFLF12311202 92343VBQ6	VERIZON COMMUNICATIONS INC 4.500% 09/15/2020 DD 09/18/13	110,000.000	120,521.50	121,469.70	948.20
NFLF12311202 92343VBR4	VERIZON COMMUNICATIONS INC 5.150% 09/15/2023 DD 09/18/13	60,000.000	66,211.83	68,788.80	2,576.97
NFLF12311202 92343VBS2	VERIZON COMMUNICATIONS INC 6.400% 09/15/2033 DD 09/18/13	82,000.000	97,354.50	102,347.48	4,992.98
NFLF12311202 92343VBT0	VERIZON COMMUNICATIONS INC 6.550% 09/15/2043 DD 09/18/13	295,000.000	376,957.83	384,137.20	7,179.37
NFLF12311202 92343VBY9	VERIZON COMMUNICATIONS INC 4.150% 03/15/2024 DD 03/17/14	30,000.000	30,843.60	32,226.60	1,383.00
NFLF12311202 92343VCC6	VERIZON COMMUNICATIONS INC 3.450% 03/15/2021 DD 03/17/14	50,000.000	50,913.56	52,292.50	1,378.94
NFLF12311202 92553PAT9	VIACOM INC 4.250% 09/01/2023 DD 08/19/13	20,000.000	20,574.80	21,130.00	555.20
NFLF12311202 92890NAA7	*WF-RBS COMMERCIAL C10 XA 144A VAR RT 12/15/2045 DD 12/01/12	472,598.673	49,567.47	45,175.71	(4,391.76)
NFLF12311202 92922F4M7	WAMU MORTGAGE PASS-T AR13 A1A1 VAR RT 10/25/2045 DD 10/25/05	109,443.140	99,426.19	100,341.85	915.66
NFLF12311202 92922FJ25	WAMU MORTGAGE PASS-TH AR6 2A1A VAR RT 04/25/2045 DD 04/26/05	71,385.790	65,906.57	67,273.25	1,366.68
NFLF12311202 92922FW53	WAMU MORTGAGE PASS-TH AR10 1A4 VAR RT 09/25/2035 DD 07/01/05	126,373.090	118,939.83	125,501.12	6,561.29
NFLF12311202 92927BAB8	WAMU MORTGAGE PASS-TH OA6 1A1B VAR RT 07/25/2047 DD 06/01/07	350,161.030	142,816.71	130,224.89	(12,591.82)
NFLF12311202 92936MAD9	WPP FINANCE 2010 5.125% 09/07/2042 DD 09/07/12	20,000.000	19,672.60	22,148.00	2,475.40
NFLF12311202 939336X81	WAMU MORTGAGE PASS-TH AR1 A2A3 VAR RT 01/25/2045 DD 01/18/05	154,412.980	143,925.25	146,258.43	2,333.18
NFLF12311202 941063AQ2	WASTE MANAGEMENT INC 4.600% 03/01/2021 DD 02/28/11	20,000.000	21,691.80	22,359.00	667.20
NFLF12311202 94106LAG4	WASTE MANAGEMENT INC 7.375% 05/15/2029 DD 11/15/99	10,000.000	12,714.30	14,244.50	1,530.20
NFLF12311202 94106LAZ2	WASTE MANAGEMENT INC 3.500% 05/15/2024 DD 05/08/14	30,000.000	29,924.40	31,232.40	1,308.00
NFLF12311202 94973VAM9	ANTHEM INC 5.875% 06/15/2017 DD 06/08/07	10,000.000	11,275.00	10,938.80	(336.20)
NFLF12311202 94973VAR8	ANTHEM INC 7.000% 02/15/2019 DD 02/05/09	10,000.000	11,892.20	11,791.60	(100.60)
NFLF12311202 94973VAW7	ANTHEM INC 3.700% 08/15/2021 DD 08/15/11	10,000.000	10,210.80	10,573.80	363.00
NFLF12311202 94973VAX5	ANTHEM INC 3.125% 05/15/2022 DD 05/07/12	30,000.000	28,709.10	30,412.50	1,703.40
NFLF12311202 94973VAZ0	ANTHEM INC 1.250% 09/10/2015 DD 09/10/12	20,000.000	20,134.00	20,047.80	(86.20)
NFLF12311202 969457BB5	WILLIAMS COS INC/THE 7.500% 01/15/2031 DD 01/17/01	24,000.000	26,411.04	26,751.36	340.32



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4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 969457BD1	WILLIAMS COS INC/THE 7.750% 06/15/2031 DD 06/13/01	26,000.000	29,169.92	29,822.00	652.08
NFLF12311202 969457BG4	WILLIAMS COS INC/THE 7.875% 09/01/2021 DD 08/21/01	33,000.000	39,208.29	38,308.05	(900.24)
NFLF12311202 969457BM1	WILLIAMS COS INC/THE VAR RT 03/15/2032 DD 03/15/03	5,000.000	6,027.60	5,983.90	(43.70)
NFLF12311202 982526AQ8	WM WRIGLEY JR CO 144A 3.375% 10/21/2020 DD 10/21/13	10,000.000	10,095.80	10,478.90	383.10
NFLF12311202 982526AU9	WM WRIGLEY JR CO 144A 2.400% 10/21/2018 DD 10/21/13	10,000.000	10,028.90	10,179.20	150.30
NFLF12311202 982526AV7	WM WRIGLEY JR CO 144A 2.900% 10/21/2019 DD 10/21/13	50,000.000	50,450.50	51,553.00	1,102.50
NFLF12311202 98417EAB6	GLENCORE FINANCE CANADA L 144A 5.800% 11/15/2016 DD 11/15/06	10,000.000	11,009.60	10,642.30	(367.30)
NFLF12311202 98417EAS9	GLENCORE FINANCE CANADA L 144A STEP 10/23/2015 DD 10/25/12	70,000.000	70,804.30	70,294.00	(510.30)
NFLF12311202 98417EAU4	GLENCORE FINANCE CANADA L 144A STEP 10/25/2017 DD 10/25/12	70,000.000	70,847.00	71,024.80	177.80
NFLF12311202 98978VAB9	ZOETIS INC 3.250% 02/01/2023 DD 08/01/13	10,000.000	9,645.50	9,966.00	320.50
TOTAL CORPORATE DEBT INSTRUMENTS			11,818,204.76	12,053,315.22	235,110.46
CORPORATE STOCK - PREFERRED					
NFLF12311202 05518VAA3	BAC CAPITAL TRUST XIV VAR RT 09/29/2049 DD 02/16/07	10,000.000	7,800.00	7,942.50	142.50
NFLF12311202 225313AB1	CREDIT AGRICOLE SA 144A VAR RT 10/29/2049 DD 10/13/09	100,000.000	113,500.00	118,210.00	4,710.00
NFLF12311202 381427AA1	GOLDMAN SACHS CAPITAL II VAR RT 12/01/2049 DD 05/15/07	10,000.000	7,700.00	7,750.00	50.00
NFLF12311202 92978AAA0	WACHOVIA CAPITAL TRUST III VAR RT 03/29/2049 DD 02/01/06	310,000.000	297,987.50	306,094.00	8,106.50
TOTAL CORPORATE STOCK - PREFERRED			426,987.50	439,996.50	13,009.00
CORPORATE STOCK - COMMON					
NFLF12310002 594972119	MICRO STRATEGY INC WTS TO PUR COM 06/24/2007	640.000	6.40	35.20	28.80
NFLF12314002 003881307	ACACIA RESEARCH CORP	16,575.000	278,879.24	177,352.50	(101,526.74)
NFLF12314002 011311107	ALAMO GROUP INC	8,250.000	463,783.73	520,822.50	57,038.77
NFLF12314002 032359309	AMTRUST FINANCIAL SERVICES INC	11,857.000	501,673.04	675,671.15	173,998.11
NFLF12314002 056525108	BADGER METER INC	13,475.000	702,889.04	807,691.50	104,802.46
NFLF12314002 063904106	BANK OF THE OZARKS INC	55,450.000	1,886,963.50	2,047,768.50	160,805.00
NFLF12314002 128126109	CALAMP CORP	11,800.000	328,866.00	191,042.00	(137,824.00)
NFLF12314002 136635109	CANADIAN SOLAR INC	43,350.000	1,264,338.43	1,447,456.50	183,118.07
NFLF12314002 192479103	COHERENT INC	19,850.000	1,278,198.56	1,289,456.00	11,257.44
NFLF12314002 218681104	CORE-MARK HOLDING CO INC	35,475.000	1,285,275.62	2,281,752.00	996,476.38
NFLF12314002 26168L205	DREW INDUSTRIES INC	20,550.000	1,040,490.02	1,264,647.00	224,156.98
NFLF12314002 286082102	ELECTRONICS FOR IMAGING INC	10,575.000	454,283.95	441,506.25	(12,777.70)
NFLF12314002 29275Y102	ENERSYS	15,750.000	1,082,419.60	1,011,780.00	(70,639.60)
NFLF12314002 320209109	FIRST FINANCIAL BANCORP	87,050.000	1,485,151.68	1,550,360.50	65,208.82
NFLF12314002 41068X100	HANNON ARMSTRONG SUSTAINABLE I	78,550.000	1,273,496.03	1,435,894.00	162,397.97
NFLF12314002 426281101	JACK HENRY & ASSOCIATES INC	19,400.000	1,081,744.00	1,355,866.00	274,122.00



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NFLF12314002 44980X109	IPG PHOTONICS CORP	10,850.000	773,519.45	1,005,795.00	232,275.55
NFLF12314002 458665304	INTERFACE INC	37,100.000	762,405.00	770,938.00	8,533.00
NFLF12314002 511656100	LAKELAND FINANCIAL CORP	22,475.000	911,628.39	912,035.50	407.11
NFLF12314002 516012101	LANNETT CO INC	23,000.000	1,160,150.84	1,557,330.00	397,179.16
NFLF12314002 55306N104	MKS INSTRUMENTS INC	49,800.000	1,488,522.00	1,683,738.00	195,216.00
NFLF12314002 556269108	STEVEN MADDEN LTD	29,837.000	1,078,331.65	1,133,806.00	55,474.35
NFLF12314002 577933104	MAXIMUS INC	15,975.000	683,106.75	1,066,491.00	383,384.25
NFLF12314002 58461Q102	MEDICAL RES INC COM	463.000	0.00	0.00	0.00
NFLF12314002 620071100	MOTORCAR PARTS OF AMERICA INC	39,250.000	1,011,157.70	1,090,757.50	79,599.80
NFLF12314002 629337106	NN INC	39,975.000	835,223.18	1,002,573.00	167,349.82
NFLF12314002 67103X102	OFG BANCORP	29,550.000	514,539.59	482,256.00	(32,283.59)
NFLF12314002 671044105	OSI SYSTEMS INC	20,900.000	1,250,440.48	1,552,034.00	301,593.52
NFLF12314002 695263103	PACWEST BANCORP	36,025.000	1,539,369.73	1,689,212.25	149,842.52
NFLF12314002 703343103	PATRICK INDUSTRIES INC	30,225.000	1,319,055.44	1,882,110.75	563,055.31
NFLF12314002 743815102	PROVIDENCE SERVICE CORP/THE	33,350.000	1,362,653.89	1,771,552.00	408,898.11
NFLF12314002 82966C103	SIRONA DENTAL SYSTEMS INC	10,800.000	856,990.90	971,892.00	114,901.10
NFLF12314002 833034101	SNAP-ON INC	13,300.000	1,509,284.00	1,955,898.00	446,614.00
NFLF12314002 85472N109	STANTEC INC	27,825.000	849,476.97	665,017.50	(184,459.47)
NFLF12314002 858155203	STEELCASE INC	59,550.000	1,021,524.71	1,127,877.00	106,352.29
NFLF12314002 885160101	THOR INDUSTRIES INC	16,850.000	978,854.67	1,065,088.50	86,233.83
NFLF12314002 899896104	TUPPERWARE BRANDS CORP	17,700.000	1,398,205.30	1,221,654.00	(176,551.30)
NFLF12314002 913004107	UNITED STATIONERS INC	35,675.000	1,449,811.85	1,462,318.25	12,506.40
NFLF12314002 929740108	WABTEC CORP/DE	16,200.000	1,255,500.00	1,539,162.00	283,662.00
NFLF12314002 G4617B105	HORIZON PHARMA PLC	53,050.000	887,199.82	1,377,708.50	490,508.68
NFLF12314002 M75253100	ORBOTECH LTD	99,125.000	1,531,782.54	1,588,973.75	57,191.21
NFLF12318102 00507V109	ACTIVISION BLIZZARD INC	18,500.000	378,140.00	420,412.50	42,272.50
NFLF12318102 00846U101	AGILENT TECHNOLOGIES INC	5,400.000	217,698.49	224,370.00	6,671.51
NFLF12318102 00971T101	AKAMAI TECHNOLOGIES INC	8,600.000	500,606.00	610,987.00	110,381.00
NFLF12318102 01741R102	ALLEGHENY TECHNOLOGIES INC	9,000.000	339,120.00	270,090.00	(69,030.00)
NFLF12318102 03027X100	AMERICAN TOWER CORP	7,900.000	646,773.00	743,785.00	97,012.00
NFLF12318102 03073E105	AMERISOURCEBERGEN CORP	5,470.000	358,777.30	621,774.90	262,997.60
NFLF12318102 03662Q105	ANSYS INC	4,200.000	323,484.00	370,398.00	46,914.00
NFLF12318102 052769106	AUTODESK INC	7,500.000	368,850.00	439,800.00	70,950.00
NFLF12318102 067383109	CR BARD INC	2,100.000	310,758.00	351,435.00	40,677.00
NFLF12318102 090572207	BIO-RAD LABORATORIES INC	2,000.000	256,240.00	270,360.00	14,120.00
NFLF12318102 099724106	BORGWARNER INC	9,000.000	553,230.00	544,320.00	(8,910.00)



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NFLF12318102 101121101	BOSTON PROPERTIES INC	2,600.000	297,778.00	365,248.00	67,470.00
NFLF12318102 12504L109	CBRE GROUP INC	17,906.000	491,161.58	693,141.26	201,979.68
NFLF12318102 126408103	CSX CORP	16,100.000	466,417.00	533,232.00	66,815.00
NFLF12318102 127055101	CABOT CORP	4,680.000	276,400.80	210,600.00	(65,800.80)
NFLF12318102 231021106	CUMMINS INC	3,800.000	566,162.00	526,832.00	(39,330.00)
NFLF12318102 23331A109	DR HORTON INC	25,700.000	556,405.00	731,936.00	175,531.00
NFLF12318102 237194105	DARDEN RESTAURANTS INC	6,000.000	304,560.00	416,040.00	111,480.00
NFLF12318102 249030107	DENTSPLY INTERNATIONAL INC	6,956.000	372,318.77	353,990.84	(18,327.93)
NFLF12318102 260003108	DOVER CORP	3,878.000	344,523.20	268,047.36	(76,475.84)
NFLF12318102 277432100	EASTMAN CHEMICAL CO	6,600.000	568,986.00	457,116.00	(111,870.00)
NFLF12318102 278265103	EATON VANCE CORP	10,100.000	385,416.00	420,564.00	35,148.00
NFLF12318102 278768106	ECHOSTAR CORP	6,800.000	323,408.00	351,696.00	28,288.00
NFLF12318102 30219G108	EXPRESS SCRIPTS HOLDING CO	5,900.000	443,031.00	511,943.00	68,912.00
NFLF12318102 361448103	GATX CORP	7,306.000	495,931.28	423,601.88	(72,329.40)
NFLF12318102 369550108	GENERAL DYNAMICS CORP	3,200.000	348,544.00	434,336.00	85,792.00
NFLF12318102 45822P105	INTEGRYS ENERGY GROUP INC	5,700.000	340,005.00	410,514.00	70,509.00
NFLF12318102 45866F104	INTERCONTINENTAL EXCHANGE INC	2,600.000	514,358.00	606,502.00	92,144.00
NFLF12318102 461202103	INTUIT INC	8,100.000	629,613.00	785,376.00	155,763.00
NFLF12318102 481165108	JOY GLOBAL INC	6,400.000	371,200.00	250,752.00	(120,448.00)
NFLF12318102 493267108	KEYCORP	27,300.000	388,752.00	386,568.00	(2,184.00)
NFLF12318102 49338L103	KEYSIGHT TECHNOLOGIES INC	2,700.000	84,269.51	100,305.00	16,035.49
NFLF12318102 50540R409	LABORATORY CORP OF AMERICA HOL	1,154.000	133,621.66	145,507.86	11,886.20
NFLF12318102 574599106	MASCO CORP	17,568.000	390,185.28	469,065.60	78,880.32
NFLF12318102 58502B106	MEDNAX INC	5,200.000	322,296.00	377,052.00	54,756.00
NFLF12318102 626717102	MURPHY OIL CORP	3,700.000	232,582.00	172,420.00	(60,162.00)
NFLF12318102 651290108	NEWFIELD EXPLORATION CO	10,082.000	316,171.52	353,777.38	37,605.86
NFLF12318102 743315103	PROGRESSIVE CORP/THE	11,800.000	285,796.00	320,960.00	35,164.00
NFLF12318102 754730109	RAYMOND JAMES FINANCIAL INC	8,800.000	492,184.00	499,664.00	7,480.00
NFLF12318102 759351604	REINSURANCE GROUP OF AMERICA I	4,400.000	350,372.00	410,036.00	59,664.00
NFLF12318102 760759100	REPUBLIC SERVICES INC	13,000.000	444,080.00	527,280.00	83,200.00
NFLF12318102 78388J106	SBA COMMUNICATIONS CORP	2,900.000	263,784.00	339,590.00	75,806.00
NFLF12318102 810186106	SCOTTS MIRACLE-GRO CO/THE	4,700.000	288,016.00	315,699.00	27,683.00
NFLF12318102 81211K100	SEALED AIR CORP	15,500.000	509,485.00	706,180.00	196,695.00
NFLF12318102 833034101	SNAP-ON INC	5,200.000	590,096.00	764,712.00	174,616.00
NFLF12318102 860630102	STIFEL FINANCIAL CORP	8,262.000	411,117.12	460,606.50	49,489.38
NFLF12318102 871607107	SYNOPSYS INC	7,600.000	291,916.00	352,032.00	60,116.00



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NFLF12318102 872540109	TJX COS INC/THE	12,100.000	733,865.00	847,605.00	113,740.00
NFLF12318102 920355104	VALSPAR CORP/THE	7,600.000	548,112.00	638,628.00	90,516.00
NFLF12318102 966387102	WHITING PETROLEUM CORP	4,900.000	340,011.00	151,410.00	(188,601.00)
NFLF12318102 983919101	XILINX INC	9,300.000	504,711.00	393,390.00	(111,321.00)
NFLF12318102 G6359F103	NABORS INDUSTRIES LTD	21,085.000	519,745.25	287,810.25	(231,935.00)
NFLF12318102 G7496G103	RENAISSANCERE HOLDINGS LTD	3,241.000	316,321.60	323,224.93	6,903.33
NFLF12389502 99VVAA155	AUDAX MEZZANINE FUND III LP	4,235,436.040	4,707,893.54	4,235,436.04	(472,457.50)
TOTAL CORPORATE STOCK - COMMON			66,652,472.59	74,273,480.40	7,621,007.81
PARTNERSHIP/JOINT VENTURE INTEREST					
NFLF12316502 999D24518	RREEF AMERICA II	533,441.090	49,950,147.14	54,421,618.39	4,471,471.25
NFLF12317002 999D09477	GMO MULTI STRATEGY FD OFFSHORE CLASS E	26,493,272.000	25,664,637.74	26,493,272.00	828,634.26
NFLF12386002 999F02006	GROSVENOR INSTL PARTNERS LP	105,811,554.000	105,041,847.19	105,811,554.00	769,706.81
NFLF12387302 999D39508	WELLINGTON CIF DIVERSIFIED INFLATION HEDGE FUND	4,327,667.422	64,483,768.82	53,230,309.29	(11,253,459.53)
NFLF12387502 999255532	PANTHEON GLOBAL SECONDARY FD IV LP	6,756,565.000	6,270,079.00	6,756,565.00	486,486.00
NFLF12388002 999F50591	SIGULER GUFF LP	7,858,472.100	8,265,311.56	7,858,472.10	(406,839.46)
NFLF12388502 999239445	LANDMARK EQUITY PARTNERS XIV LP	6,111,051.000	6,217,996.44	6,111,051.00	(106,945.44)
NFLF12390002 99VVACR04	ADAMS SREET US FUND LP	3,217,469.000	2,794,261.00	3,217,469.00	423,208.00
NFLF12390002 99VVACRY0	ADAMS STREET DIRECT FUND LP	1,143,501.000	973,716.00	1,143,501.00	169,785.00
NFLF12390002 99VVACRZ7	ADAMS STREET NON US DEV MKT FUND	1,535,471.000	1,580,820.00	1,535,471.00	(45,349.00)
NFLF12390002 99VVAEZF8	ADAMS STREET NON US EMERGING MARKETS FUND	662,269.000	557,065.05	662,269.00	105,203.95
NFLF12390502 99VVAC1Y8	WESTERN TECH VENTURE LENDING & LEASING VI	4,750.000	5,051,767.50	4,891,692.50	(160,075.00)
NFLF12391002 99VVAD3B4	ENERGY SPECTRUM PARTNERS VI	4,398,062.340	4,087,471.34	4,398,062.34	310,591.00
NFLF12391502 99VVAEET1	ENERGY FUND XV-A LP	7,617,705.860	8,905,847.18	7,617,705.86	(1,288,141.32)
NFLF12391602 99VVAGP07	SIGULER GUFF DIST OPP FD IV	23,355,077.000	23,589,885.65	23,355,077.00	(234,808.65)
NFLF12391702 99VVAHRZ6	INDUSTRY VENTURES VI	11,327,853.760	10,588,028.49	11,327,853.76	739,825.27
NFLF12391802 99VVAJD38	VISTA EQUITY PARTNERS FUND IV LP	22,278,948.000	15,980,922.00	22,278,948.00	6,298,026.00
NFLF12391902 99VVANLY2	PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND V L P	3,616,171.850	3,615,427.85	3,616,171.85	744.00
NFLF12392002 999F61705	ASIA ALTERNATIVES TAX EXEMPT	12,578,382.000	10,332,500.00	12,578,382.00	2,245,882.00
NFLF12392002 99VVAPVW0	ASIA ALTERNATIVE DELAWARE III LP	334,011.000	397,408.00	334,011.00	(63,397.00)
NFLF12392102 99VVARPH6	VENTURE LENDING & LEASING VII LLC	5,062.500	5,129,964.38	5,323,522.50	193,558.12
NFLF12392202 99VVARZ02	THE REALTY ASSOCIATES FUND X UTP LP	19,884,613.000	19,884,613.00	19,884,613.00	0.00
NFLF12392302 99VVAS4L8	LANDMARK EQUITY PARTNERS XV LP	2,216,580.000	2,138,426.04	2,216,580.00	78,153.96
NFLF12392402 99VVAUGM8	EIG ENERGY FUND XVI LP	1,783,892.120	2,409,846.43	1,783,892.12	(625,954.31)
NFLF12392502 99VATET8	VISTA FOUNDATION FUND II LP	3,842,559.000	3,842,559.00	3,842,559.00	0.00
NFLF12392602 99VVASXD4	KPS SPECIAL SITUATIONS FUND IV LP	616,178.310	616,178.31	616,178.31	0.00



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NFLF12392802 99VAT0T3	BLACKSTONE RE DEBT STRATEGIES II LP	6,925,110.280	6,358,625.15	6,925,110.28	566,485.13
NFLF12392902 99VVAW363	INDUSTRY VENTURES VII	4,999,970.000	4,535,276.22	4,999,970.00	464,693.78
NFLF12393002 99VVAYTJ3	VISTA EQUITY PARTNERS FUND V LP	3,894,688.000	3,868,046.00	3,894,688.00	26,642.00
NFLF12393102 99VVAZA19	ASIA ALTERNATIVES IV CAP PRTNRS LP	789,830.000	810,098.00	789,830.00	(20,268.00)
NFLF12393302 99VVA2YX6	ADAMS STREET CO-INVEST FD III LP	381,580.000	381,580.00	381,580.00	0.00
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			404,324,120.48	408,297,979.30	3,973,858.82

OTHER INVESTMENTS

NFLF12311202 195325BR5	COLOMBIA GOVERNMENT INTERNATIO 5.625% 02/26/2044 DD 01/28/14	200,000.000	208,800.00	223,500.00	14,700.00
NFLF12311202 471068AA4	JAPAN FINANCE ORGANIZATION FOR 4.000% 01/13/2021 DD 01/13/11	100,000.000	107,973.00	111,156.00	3,183.00
NFLF12311202 715638BM3	PERUVIAN GOVERNMENT INTERNATIO 5.625% 11/18/2050 DD 11/18/10	10,000.000	11,537.80	12,225.00	687.20
NFLF12311202 78307ACZ4	RUSSIAN FOREIGN BOND - EU 144A STEP/03/31/2030 DD 03/31/00	31,250.000	35,470.31	35,856.25	385.94
NFLF12311202 857524AC6	POLAND GOVERNMENT INTERNATIONA 4.000% 01/22/2024 DD 01/22/14	160,000.000	160,840.00	175,680.00	14,840.00
NFLF12311202 900123CF5	TURKEY GOVERNMENT INTERNATIONA 5.750% 03/22/2024 DD 01/29/14	200,000.000	206,900.00	222,420.00	15,520.00
NFLF12311202 91086QBB3	MEXICO GOVERNMENT INTERNATIONA 4.750% 03/08/2044 DD 03/08/12	18,000.000	17,100.00	18,900.00	1,800.00
NFLF12311202 91086QBC1	MEXICO GOVERNMENT INTERNATIONA 4.000% 10/02/2023 DD 10/02/13	12,000.000	12,120.00	12,696.00	576.00
NFLF12311202 91086QBE7	MEXICO GOVERNMENT INTERNATIONA 5.550% 01/21/2045 DD 01/21/14	220,000.000	233,750.00	257,950.00	24,200.00
NFLF12311202 99F133F5A	US TREAS BD FUTURE (CBT) EXP JUN 15	-9.000	0.00	(29,953.12)	(29,953.12)
NFLF12311202 99F139F5A	US 10YR TREAS NTS FUTURE (CBT) EXP JUN 05	12.000	0.00	22,148.43	22,148.43
NFLF12311202 99F167F6C	90DAY EURODOLLAR FUTURE (CME) EXP JUN 16	15.000	0.00	17,462.50	17,462.50
NFLF12311202 99F167F7C	90DAY EURODOLLAR FUTURE (CME) EXP JUN 17	5.000	0.00	625.00	625.00
NFLF12311202 99F167F8C	90DAY EURODOLLAR FUTURE (CME) EXP JUN 18	-5.000	0.00	(562.50)	(562.50)
NFLF12311202 99F167L5C	90DAY EURODOLLAR FUTURE (CME) EXP DEC 15	3.000	0.00	(37.50)	(37.50)
NFLF12311202 99F167L6C	90DAY EURODOLLAR FUTURE (CME) EXP DEC 16	16.000	0.00	9,350.00	9,350.00
NFLF12311202 99F183F5A	US 5YR TREAS NTS FUTURE (CBT) EXP JUN 05	39.000	0.00	50,015.65	50,015.65
NFLF12311202 99F700F5A	US ULTRA BOND (CBT) EXP JUN 15	10.000	0.00	43,312.49	43,312.49
NFLF12311202 EDF215F5S	EURO - BOBL FUTURE (EUX) EXP JUN 05	-10.000	0.00	(1,933.20)	(1,933.20)
NFLF12311202 EDF306F5S	EURO-BUND FUTURE (EUX) EXP JUN 05	-3.000	0.00	(4,790.04)	(4,790.04)
NFLF12311202 LBB1VRLR4	BRAZIL NOTAS DO TESOURO NACION 10.000% 01/01/2017	710,000.000	284,175.96	216,512.57	(67,663.39)
NFLF12311202 LBB4VFQN8	BRAZIL NOTAS DO TESOURO NACION 6.000% 08/15/2050	11,700.000	126,157.89	89,370.38	(36,787.51)
NFLF12311202 LMB05QN18	MEXICAN BONOS 10.000% 12/05/2024	1,420,000.000	139,167.00	121,053.15	(18,113.85)
NFLF12311202 LMB4NDCC7	MEXICAN BONOS 6.500% 06/09/2022	10,054,700.000	800,037.80	689,906.50	(110,131.30)
NFLF12311202 LMB7V21L7	MEXICAN BONOS 7.750% 11/13/2042	6,760,600.000	587,427.54	514,476.14	(72,951.40)
NFLF12311202 NA4230812	RUSSIAN FOREIGN BOND - EU REGS VAR RT /31/2030	96,875.000	110,195.32	111,154.38	959.06
NFLF12311202 NABP0RQ90	PORTUGAL GOVERNMENT INTER 144A 5.125% 10/15/2024	200,000.000	201,085.24	221,256.00	20,170.76
NFLF12311202 99F1679LZ	90DAY EURODOLLAR FUTURE DEC 15 CALL DEC 15 99.625 ED 121415	7.000	722.75	525.00	(197.75)



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF12311202 99F1679XL	90DAY EURODOLLAR FUTURE DEC 15 PUT DEC 11 99.250 ED 12/19/11	7.000	1,072.75	525.00	(547.75)
NFLF12311202 99F1839DN	US 5YR TREAS NTS FUT JUN 15 CALL MAY 15 119.500 ED 4/24/15	8.000	3,401.00	7,062.50	3,661.50
NFLF12311202 99F1839DQ	US 5YR TREAS NTS FUT JUN 15 CALL MAY 15 121.500 ED 4/24/15	8.000	416.63	562.50	145.87
NFLF12311202 99F1389DA	US 10YR TREAS NTS FUT JUN 15 CALL MAY 15 130.500 ED 4/24/15	-14.000	(4,123.62)	(3,062.50)	1,061.12
NFLF12311202 99F1389DB	US 10YR TREAS NTS FUT JUN 15 CALL MAY 15 128.000 ED 4/24/15	-3.000	(1,068.38)	(3,750.00)	(2,681.62)
NFLF12311202 99F1389EZ	US 10YR TREAS NTS FUT JUN 15 CALL JUN 15 132.000 ED 5/22/15	-8.000	(1,380.25)	(1,875.00)	(494.75)
NFLF12311202 99F1389QT	US 10YR TREAS NTS FUT JUN 15 PUT JUN 15 124.000 ED 05/22/15	-11.000	(2,448.63)	(687.50)	1,761.13
NFLF12311202 99F1399EM	US 10YR TREAS NTS FUT JUN 15 CALL JUN 12 137.500 ED 5/25/12	-2.000	(1,181.00)	(1,343.75)	(162.75)
NFLF12311202 99F1399EP	US 10 YR TREAS NTS FUTURE JUN CALL JUN 12 130.000 ED 5/25/12	-11.000	(3,323.63)	(4,468.75)	(1,145.12)
NFLF12311202 99F1399EX	US 10 YR TREAS NTS FUT JUN 15 CALL JUN 08 145.000 ED 5/23/08	-4.000	(1,924.50)	(2,125.00)	(200.50)
NFLF12311202 99F1399PG	US 10YR TREAS NTS FUT JUN 15 PUT MAY 12 129.500 ED 04/20/12	-6.000	(1,461.75)	(93.75)	1,368.00
NFLF12311202 99F1679LR	90DAY EURODOLLAR FUTURE DEC 15 CALL DEC 15 099.250 ED 121415	-7.000	(3,477.25)	(3,456.25)	21.00
NFLF12311202 99F1679XJ	90DAY EURODOLLAR FUT DEC 15 PUT DEC 06 094.250 ED 12/18/06	-7.000	(2,777.25)	(1,793.75)	983.50
NFLF12311202 99F1709RC	EURO\$ 1YR MID CRV FUT JUN 16 PUT JUN 15 098.750 ED 06/12/15	-6.000	(1,855.50)	(712.50)	1,143.00
NFLF12311202 99F1839DP	US 5YR TREAS NTS FUT JUN 15 CALL MAY 15 120.500 ED 4/24/15	-16.000	(2,260.50)	(5,000.00)	(2,739.50)

TOTAL OTHER INVESTMENTS**3,221,068.73****3,120,056.33****(101,012.40)****COMMON/COLLECTIVE TRUST**

NFLF12310002 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	204,092,802.630	204,092,802.63	204,092,802.63	0.00
NFLF12310102 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	29,319.350	29,319.35	29,319.35	0.00
NFLF12311202 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	7,833,856.760	7,833,856.76	7,833,856.76	0.00
NFLF12311502 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	19,150.350	19,150.35	19,150.35	0.00
NFLF12312102 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	10.420	10.42	10.42	0.00
NFLF12313502 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	106.390	106.39	106.39	0.00
NFLF12314002 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	3,950,193.430	3,950,193.43	3,950,193.43	0.00
NFLF12316002 999D53640	JP MORGAN STRATEGIC PROPERTY FUND	25,557.841	30,237,966.94	64,247,770.97	34,009,804.03
NFLF12317502 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	5,738.920	5,738.92	5,738.92	0.00
NFLF12318002 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	16,064.630	16,064.63	16,064.63	0.00
NFLF12318102 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	1,540,481.530	1,540,481.53	1,540,481.53	0.00
NFLF12386502 996115960	EB TEMP INV FD VAR RT 12/31/49 FEE CL 15	102,552.520	102,552.52	102,552.52	0.00
NFLF12387202 999783996	TBC EMERGING MARKETS EQUITY	1,310,884.573	84,859,050.00	74,838,400.27	(10,020,649.73)
NFLF12389002 999F71134	LOOMIS SAYLES CREDIT ASSET TRUST - CLASS B	2,997,469.358	38,233,539.14	58,810,348.80	20,576,809.66
NFLF18582502 990023780	EB DV GLOBAL ALPHA I FUND	401,152.387	64,134,562.66	98,612,907.25	34,478,344.59
NFLF18597402 990060964	EB DV NSL SIF	4,148.023	1,123,735.71	1,253,750.23	130,014.52
NFLF18619602 999F66050	EB DV NSL LCG SIF	153,366.937	25,153,569.61	34,966,073.37	9,812,503.76
NFLF18624802 990060972	EB DV NSL AGG BIF	749,215.528	96,786,109.59	101,892,005.93	5,105,896.34



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

COMBINED PLAN - NFLGCALL1000

4/1/2014 - 3/31/2015

BERT BELL/PETE ROZELLE NFL RET

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
NFLF18626702 999F66092	EB DV NSL LCV SIF	162,329.088	27,061,120.67	33,708,311.71	6,647,191.04
NFLF18627302 990060956	EB DV NSL INTL SIF	308,348.057	47,869,091.19	57,617,526.33	9,748,435.14
NFLF18642702 990063059	EB DV NSL LGE CAP SIF	153,840.372	38,894,043.29	48,929,160.15	10,035,116.86
<u>TOTAL COMMON/COLLECTIVE TRUST</u>			<u>671,943,065.73</u>	<u>792,466,531.94</u>	<u>120,523,466.21</u>
103-12 INVESTMENT ENTITIES					
NFLF12311202 999699804	WAMCO OPPORTUNISTIC US\$ HIGH YIELD SEC PORT LLC	116,490.236	2,685,459.17	3,413,163.91	727,704.74
NFLF12311202 999699812	WAMCO OPPORTUNISTIC INTL INVESTMENT GRADE SEC LLC	41,467.183	1,057,856.42	1,312,436.34	254,579.92
NFLF12311202 999D13305	WA FLTG RATE HI INCOME FD	102,934.838	1,298,189.52	1,975,834.22	677,644.70
<u>TOTAL 103-12 INVESTMENT ENTITIES</u>			<u>5,041,505.11</u>	<u>6,701,434.47</u>	<u>1,659,929.36</u>
REGISTERED INVESTMENT COMPANIES					
NFLF12310502 704329176	PAYDEN EMER MRKT CORP BD-SI	842.908	8,445.32	8,403.79	(41.53)
NFLF12310502 704329242	PAYDEN EMER MRKT BOND-SI	2,453,935.207	33,339,906.22	33,348,979.46	9,073.24
NFLF12310502 704329275	PAYDEN EMER MRKT LOC BOND-IV	1,912,638.688	14,287,411.00	14,287,411.00	0.00
NFLF12311002 693391880	PIMCO DIVERSIFIED INCOME-I INSTITUTIO	6,711,477.609	76,973,749.96	73,087,991.16	(3,885,758.80)
NFLF12315502 04314H402	ARTISAN INTERNATIONAL FD-INS	2,622,721.143	57,344,533.16	82,458,352.74	25,113,819.58
NFLF12317002 362008161	GMO STRAT OPPOR ALLOCATION-3	3,110,599.190	67,269,526.07	65,820,278.86	(1,449,247.21)
NFLF12318502 922908710	VANGUARD 500 INDEX FUND-ADM	1,548.915	178,960.32	295,393.58	116,433.26
NFLF12387102 722005626	PIMCO ALL ASSET FUND-INSTITU INSTITUTIO	7,370,741.968	86,452,350.54	85,353,191.99	(1,099,158.55)
NFLF12387602 04314H758	ARTISAN SMALL CAP FUND-INST	1,422,068.173	36,602,869.62	42,974,900.19	6,372,030.57
NFLF12393602 09256H286	BLACKROCK STRAT INC OPP-INST	4,403,131.115	45,000,000.00	45,000,000.00	0.00
<u>TOTAL REGISTERED INVESTMENT COMPANIES</u>			<u>417,457,752.21</u>	<u>442,634,902.77</u>	<u>25,177,150.56</u>
<u>GRAND TOTAL</u>			<u>1,615,514,427.23</u>	<u>1,775,253,904.85</u>	<u>159,739,477.62</u>
					(313,126.32) C
					160,052,603.94 I

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
12592PBF9	COMM MORTGAGE TRUST UBS6 A5 3.644% 12/10/2047 DD 12/01/14	100,000.000	(102,995.61)	103,289.06
12649CAA3	CSMC TR 2014-TIKI CL A 144A VAR RT 09/15/2016 DD 11/06/14	100,000.000	(100,000.00)	100,000.00
12649CAG0	CSMC TR 2014-TIKI CL B 144A VAR RT 09/15/2038 DD 11/06/14	120,000.000	(120,000.00)	120,000.00
20030NBJ9	COMCAST CORP 3.600% 03/01/2024 DD 02/26/14	100,000.000	(101,518.30)	105,534.40
212015AN1	CONTINENTAL RESOURCES INC/OK 3.800% 06/01/2024 DD 05/19/14	10,000.000	(10,069.30)	9,674.30
254683AS4	DISCOVER CARD MASTER TRU A4 A4 VAR RT 05/15/2019 DD 11/22/11	300,000.000	(300,000.00)	300,421.88
78469EAA7	SOCIAL PROFESSNL 14-A A1 144A VAR RT 06/25/2025 DD 07/14/14	100,000.000	(100,000.00)	101,074.22
78469EAB5	SOFI PROFESSIONAL LN A A2 144A 3.020% 10/25/2027 DD 07/14/14	100,000.000	(99,988.40)	101,164.06
92343VCJ1	VERIZON COMMUNICATIONS IN 144A 4.862% 08/21/2046 DD 08/21/14	154,799.400	(140,506.52)	162,489.50
92343VCL6	VERIZON COMMUNICATIONS IN 144A 5.012% 08/21/2054 DD 08/21/14	44,466.100	(41,237.40)	44,720.86
99F1339AK	US TREAS BD FUTURE MAR 15 CALL FEB 15 147.000 ED 1/23/15	6.000	(7,269.50)	9,730.50
99F1339AL	US TREAS BD FUTURE MAR 15 CALL FEB 15 150.000 ED 1/23/15	12.000	6,523.50	(5,851.50)
99F1339CB	US TREAS BD FUTURE JUN 15 CALL APR 15 166.000 ED 3/27/15	1.000	(3,612.63)	809.25
99F1339LY	US TREAS BD FUTURE MAR 15 CALL JAN 15 147.000 ED 12/26/14	5.000	140.00	(94.38)
99F1339OK	US TREAS BD FUTURE JUN 15 PUT APR 15 166.000 ED 03/27/15	1.000	(3,472.00)	6,996.75
99F1339UU	US TREAS BD FUTURE DEC 14 PUT OCT 14 134.000 ED 09/26/14	4.000	643.25	(513.00)
99F133C5A	US TREAS BD FUTURE (CBT) EXP MAR 15	40.000	0.00	(187,625.00)
99F133I4A	US TREAS BD FUTURE (CBT) EXP SEP 14	34.000	0.00	(104,078.10)
99F133L4A	US TREAS BD FUTURE (CBT) EXP DEC 14	31.000	0.00	(89,562.50)
99F1349IA	US TREAS BD FUTURE DEC 14 CALL OCT 14 138.000 ED 09/26/14	4.000	1,393.25	(606.75)
99F1349ID	US TREAS BD FUTURE DEC 14 CALL OCT 14 144.000 ED 9/26/14	4.000	1,112.00	(513.00)
99F1349KE	US TREAS BD FUTURE DEC 14 CALL DEC 14 145.000 ED 11/21/14	12.000	711.00	(226.50)
99F1379BA	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 133.000 ED 2/20/15	7.000	1,305.38	(319.63)
99F1379HD	US 10YR TREAS NTS FUT SEP 14 CALL SEP 14 126.000 ED 8/22/14	9.000	2,361.38	(2,216.75)
99F1379KB	US 10YR TREAS NTS FUT DEC 14 CALL DEC 14 127.000 ED 11/21/14	15.000	3,466.88	(7,799.26)
99F1379NJ	US 10YR TREAS NTS FUT MAR 15 PUT MAR 15 127.000 ED 02/20/15	2.000	306.00	(100.25)
99F1389AC	US 10YR TREAS NTS FUT MAR 15 CALL FEB 15 129.500 ED 1/23/15	9.000	2,267.63	(3,935.50)
99F1389BB	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 129.000 ED 2/20/15	3.000	1,193.38	(712.88)
99F1389BX	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 128.500 ED 2/20/15	3.000	974.63	(1,087.88)
99F1389CF	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 131.500 ED 3/27/15	7.000	3,258.50	(679.00)
99F1389CH	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 129.500 ED 3/27/15	5.000	2,577.50	(328.75)
99F1389CJ	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 130.500 ED 3/27/15	4.000	1,237.00	(138.00)
99F1389IB	US 10YR TREAS NTS FUT DEC 14 CALL OCT 14 126.500 ED 9/26/14	3.000	1,255.88	(509.75)
99F1389OB	US 10YR TREAS NTS FUT JUN 15 PUT APR 15 125.500 ED 03/27/15	5.000	1,780.63	(328.75)
99F1389OC	US 10YR TREAS NTS FUT JUN 15 PUT APR 15 124.500 ED 03/27/15	10.000	1,998.75	(876.25)
99F1389QQ	US 10YR TREAS NTS FUT JUN 14 PUT JUN 14 123.00 ED 05/23/14	2.000	681.00	(69.00)
99F1399AJ	US 10YR TREAS NTS FUT MAR 15 CALL FEB 15 129.000 ED 1/23/15	13.000	2,442.13	(4,682.89)
99F1399AK	US 10YR TREAS NTS FUT MAR 15 CALL FEB 15 128.000 ED 1/23/15	4.000	1,362.00	(1,247.38)

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
99F1399AS	US 10YR TREAS NTS FUT MAR 15 CALL FEB 15 128.500 ED 1/23/15	2.000	743.50	(475.25)
99F1399BG	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 131.500 ED 2/20/15	7.000	2,711.63	(1,335.25)
99F1399BH	US 10YR TREAS NTS FUT MAR 15 CALL MAR 15 131.000 ED 2/20/15	15.000	4,857.50	(6,767.51)
99F1399BN	US 10 YR TREAS NTS FUT MAR 15 CALL MAR 15 130.000 ED 2/20/15	6.000	1,105.50	(1,050.76)
99F1399CR	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 130.000 ED 3/27/15	10.000	2,780.00	(1,032.50)
99F1399CY	US 10YR TREAS NTS FUT JUN 15 CALL APR 15 132.000 ED 3/27/15	5.000	2,015.00	(328.75)
99F1399FG	US 10YR TREAS NTS FUT SEP 14 CALL JUL 14 125.500 ED 6/20/14	2.000	712.25	(69.00)
99F1399FY	US 10YR TREAS NTS FUT SEP 14 CALL JUL 14 124.500 ED 06/20/14	4.000	1,674.50	(700.50)
99F1399IF	US 10YR TREAS NTS FUT DEC 14 CALL OCT 14 125.000 ED 9/26/14	3.000	1,115.25	(1,978.50)
99F1399IG	US 10YR TREAS NTS FUT DEC 14 CALL OCT 14 126.000 ED 9/26/14	2.000	493.50	(725.25)
99F1399RC	US 10YR TREAS NTS FUT SEP 14 PUT JUL 14 123.500 ED 06/20/14	4.000	737.00	(513.00)
99F1399TU	US 10YR TREAS NTS FUT SEP 14 PUT SEP 14 123.000 ED 08/22/14	9.000	3,767.63	(1,294.88)
99F1399UM	US 10YR TREAS NTS FUT DEC 14 PUT OCT 14 121.000 ED 09/26/14	5.000	1,608.75	(875.63)
99F1399WM	US 10YR TREAS NTS FUT DEC 14 PUT DEC 14 122.000 ED 11/21/14	8.000	1,890.67	(401.00)
99F139C5A	US 10YR TREAS NTS FUTURE (CBT) EXP MAR 15	38.000	0.00	43,625.05
99F139I4A	US 10YR TREAS NTS FUTURE (CBT) EXP SEP 14	40.000	0.00	1,476.59
99F139L4A	US 10YR TREAS NTS FUTURE (CBT) EXP DEC 14	37.000	0.00	15,328.14
99F1409FC	US 10YR TREAS NTS FUT SEP 14 CALL JUL 14 126.000 ED 06/20/14	4.000	674.50	(200.50)
99F1409RA	US 10YR TREAS NTS FUT SEP 14 PUT JUL 14 124.500 ED 06/20/14	4.000	(2,638.00)	2,924.50
99F1679FB	90DAY EURODOLLAR FUTURE JUN 15 CALL JUN 15 099.750 ED 6/15/15	12.000	(339.00)	111.00
99F1679FZ	90DAY EURODOLLAR FUTURE (CME) CALL JUN 15 099.500 ED 06/15/15	11.000	3,576.75	(3,060.75)
99F167F5C	90DAY EURODOLLAR FUTURE (CME) EXP JUN 15	1.000	0.00	75.00
99F1689RB	90DAY EURODOLLAR FUTURE JUN 15 PUT JUN 15 099.500 ED 06/15/15	11.000	1,451.75	(998.25)
99F1769LN	EURO\$ 2YR MID-CRV FUT DEC 16 CALL DEC 14 097.875 ED 12/12/14	18.000	13,216.50	(13,558.50)
99F1769UN	EURO\$ 2YR MID-CRV FUT SEP 16 PUT SEP 14 097.750 ED 09/12/14	11.000	(1,310.75)	101.75
99F1839AE	US 5YR TREAS NTS FUT MAR 15 CALL FEB 15 121.000 ED 1/23/15	22.000	1,647.25	(4,196.50)
99F1839AG	US 5YR TREAS NTS FUT MAR 15 CALL FEB 15 120.000 ED 1/23/15	11.000	(3,301.38)	8,643.94
99F1839AH	US 5YR TREAS NTS FUT MAR 15 CALL FEB 15 122.000 ED 1/23/15	11.000	(379.50)	479.88
99F1839BV	US 5YR TREAS NTS FUTURE MAR 15 CALL MAR 15 122.250 ED 2/20/15	11.000	1,683.00	(551.38)
99F1839FF	US 5YR TREAS NTS FUTURE SEP 14 CALL JUL 14 120.000 ED 6/20/14	5.000	921.25	(141.25)
99F1839FG	US 5YR TREAS NTS FUTURE SEP 14 CALL JUL 14 119.000 ED 6/20/14	6.000	1,480.50	(816.38)
99F1839FL	US 5YR TREAS NTS FUT SEP 14 CALL JUL 14 119.750 ED 6/20/14	7.000	1,727.25	(132.13)
99F1839HK	US 5YR TREAS NTS FUTURE SEP 14 CALL SEP 14 120.000 ED 8/22/14	4.000	(825.50)	424.50
99F1839RD	US 5YR TREAS NTS FUTURE SEP 14 PUT JUL 14 117.750 ED 06/20/14	5.000	1,116.57	(172.50)
99F1839RE	US 5YR TREAS NTS FUTURE SEP 14 PUT JUL 14 117.000 ED 06/20/14	6.000	1,058.63	(284.27)
99F183C5A	US 5YR TREAS NTS FUTURE (CBT) EXP MAR 15	23.000	0.00	(11,007.75)
99F183I4A	US 5YR TREAS NTS FUTURE (CBT) EXP SEP 14	50.000	0.00	(7,000.01)
99F183L4A	US 5YR TREAS NTS FUTURE (CBT) EXP DEC 14	62.000	0.00	28,281.26

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
99F700C5A	US ULTRA BOND (CBT) EXP MAR 15	7.000	0.00	25,781.25
99F700I4A	US ULTRA BOND (CBT) EXP SEP 14	2.000	0.00	8,492.18
99F700L4A	US ULTRA BOND FUTURE (CBT) EXP DEC 14	2.000	0.00	13,812.50
99ZAKW588	RBS CITIZENS BANK REPO 0.040% 04/07/2014 DD 04/04/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKWJL4	RBS CITIZENS BANK REPO 0.040% 04/02/2014 DD 04/01/14	4,600,000.000	(4,600,000.00)	4,600,000.00
99ZAKWRU5	RBS CITIZENS BANK REPO 0.040% 04/03/2014 DD 04/02/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKWZZ5	RBS CITIZENS BANK REPO 0.040% 04/04/2014 DD 04/03/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKXDG9	RBS CITIZENS BANK REPO 0.040% 04/08/2014 DD 04/07/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKXJJ7	RBS CITIZENS BANK REPO 0.040% 04/09/2014 DD 04/08/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKXS24	RBS CITIZENS BANK REPO 0.040% 04/10/2014 DD 04/09/14	4,700,000.000	(4,700,000.00)	4,700,000.00
99ZAKXXJ1	RBS CITIZENS BANK REPO 0.040% 04/11/2014 DD 04/10/14	4,500,000.000	(4,500,000.00)	4,500,000.00
ANB90RPY8	NEW ZEALAND GOVERNMENT BO REGS 3.000% 04/15/2020	450,000.000	(365,607.16)	334,871.68
EDF215C5S	EURO-BOBL FUTURE (EUX) EXP MAR 15	10.000	0.00	(18,644.56)
EDF215I4S	EURO-BOBL FUTURE (EUX) EXP SEP 14	10.000	0.00	(13,636.73)
EDF215L4S	EURO-BOBL FUTURE (EUX) EXP DEC 14	10.000	0.00	(7,553.12)
EDF306C5S	EURO-BUND FUTURE (EUX) EXP MAR 15	3.000	0.00	(20,622.12)
EDF306F4S	EURO-BUND FUTURE (EUX) EXP JUN 14	3.000	0.00	(326.88)
EDF306I4S	EURO-BUND FUTURE (EUX) EXP SEP 14	3.000	0.00	(22,859.25)
EDF306L4S	EURO-BUND FUTURE (EUX) EXP DEC 14	3.000	0.00	(13,890.80)
LMB44NND2	MEXICAN BONOS 8.500% 11/18/2038	589,000.000	(55,062.97)	52,939.14

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

Plan Sponsor: Retirement Board of the Bert Bell/ Pete Rozelle NFL Player Retirement Plan
Address: NFL Player Benefits
200 St. Paul Street, 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, 2014 – March 31, 2015

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, 2014 is estimated to be less than 80%. As of April 1, 2014 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.

A Funding Improvement Plan was adopted by the Plan on February 23, 2011 and last updated on July 23, 2013. As of April 1, 2014, the Plan is making the scheduled progress in meeting the requirements of its Funding Improvement Plan.

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, 2013, except as noted below. Unaudited financial statements as of March 31, 2014 were used to determine the Plan's assets. 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, 2014 in accordance with the provisions of the Pension Protection Act of 2006. I am an Enrolled Actuary and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

<input type="checkbox"/> Neither Endangered nor Critical	<input checked="" type="checkbox"/> Endangered	<input type="checkbox"/> Seriously Endangered	<input type="checkbox"/> Critical
(Green Zone)	(Yellow Zone)	(Orange Zone)	(Red Zone)



Signature of Actuary

May 15, 2014

Date

Alvin K. Winters, FSA, EA, MAAA

Name of Actuary

14-06620

Enrollment Number

Aon Hewitt
500 East Pratt Street, 7th Floor
Baltimore, MD 21202
Telephone: 410-547-2916
e-mail: al.winters@aonhewitt.com

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule MB Line 4

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
FUNDING IMPROVEMENT PLAN

Originally Adopted February 23, 2011
Updated May 14, 2015

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INTRODUCTION

This document constitutes an update to the Funding Improvement Plan ("FIP") for the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Retirement Plan"), which was originally adopted by the Retirement Plan's Retirement Board on February 23, 2011, in accordance with federal law. The FIP provides the bargaining parties, the National Football League Management Council ("NFL Management Council"), and the National Football League Players Association ("NFLPA"), with a contribution arrangement that is expected to enable the Retirement Plan to increase its funding percentage.

Section 305 of the Employee Retirement Income Security Act of 1974, as amended, and the parallel section 432 of the Internal Revenue Code, establish "endangered" status (also referred to as "yellow zone") and "critical" status (also referred to as "red zone") for multiemployer defined benefit pension plans based on the plan's funded level and whether the plan is expected to experience a funding deficiency in the current or next six years (for endangered status) or in the current or next three or four years (for critical status). A plan in the yellow or red zone is subject to certain requirements intended to improve the plan's funded level. A plan that is not in the yellow or red zone is in the "green" zone, and none of the yellow or red zone requirements apply.

On June 28, 2010, the actuary for the Retirement Plan certified that the Retirement Plan was in endangered (yellow zone) status for the Plan Year beginning April 1, 2010 because the Retirement Plan was less than 80 percent funded on April 1, 2010. In response to this certification, the Retirement Board adopted a FIP effective February 23, 2011. The Retirement Board will update the FIP annually based on the actual experience of the Plan. This update was adopted May 14, 2015 and supersedes the updated FIP that was adopted on May 15, 2014. It

includes experience and data for the Plan as of April 1, 2014 and reflects additional contributions negotiated by the collective bargaining parties.

FIP REQUIREMENTS

A FIP consists of benefit reductions, contribution increases, or both, that are reasonably expected over a ten-year period to meet two benchmarks: (1) reduce the plan's unfunded liabilities by at least one third and (2) avoid an accumulated funding deficiency, i.e., a failure to meet minimum funding requirements for a plan year. A FIP must be based on reasonably anticipated experience and reasonable actuarial assumptions regarding investment income and other experience of the plan over a period of future years.

If, before the ten year period ends, the actuary certifies that the plan is no longer in endangered status (e.g., the plan is at least 80 percent funded and not expected to have a funding deficiency in the current or next six years) and the plan is not then in critical status, the FIP requirements end.

Funding Improvement Period

The ten year period or "funding improvement period" begins on the first day of the first plan year beginning after the earlier of (1) the second anniversary of the date of the adoption of the FIP, i.e., the first plan year beginning after February 24, 2013 or (2) the expiration of the collective bargaining agreement ("CBA") (covering at least 75% of active participants) in effect on the due date for certification of the plan's status, i.e., the first plan year beginning after March 3, 2011. For the Retirement Plan, the funding improvement period therefore begins April 1, 2011 (the first Plan Year beginning after March 3, 2011) and ends March 31, 2021.

Schedule

Generally speaking, once a FIP is adopted, the bargaining parties must agree on a schedule consisting of increased contributions or future benefit reductions, or both, which would allow the Retirement Plan to satisfy the funding benchmarks of federal law by the end of the ten-year funding improvement period. If the bargaining parties cannot agree, then the Retirement Board is required to implement a "status quo" or "default" schedule after the expiration of the then-current CBA that, among other things, assumes that the Retirement Plan will provide no new pension benefit accruals.

To meet its FIP obligations, the bargaining parties agreed and the Retirement Board adopted a schedule of increased contributions, the most current version of which can be found below, under "FIP SCHEDULE."

OPERATION OF RETIREMENT PLAN IN THE YELLOW ZONE

While operating under a FIP, the Retirement Plan is subject to certain restrictions during the funding improvement period extending from April 1, 2011 and ending on March 31, 2021 (or earlier if the Plan is no longer certified to be endangered).

Adoption of Collective Bargaining Agreements or Participation Agreements: the Retirement Board cannot accept a collective bargaining agreement or participation agreement that provides for (1) a reduction in the level of contributions for any participants, (2) a suspension of contributions with respect to any period of service, or (3) any new exclusion of any younger or newly added employees from plan participation.

Plan Amendments: the Retirement Plan may not be amended so as to be inconsistent with the FIP. The Retirement Plan can be amended to increase benefits, however, if the actuary certifies that the benefit increase is consistent with the FIP and that such increase is paid for with contributions that are not required to meet the benchmarks under the FIP schedule or schedules. Since the original FIP was adopted on February 23, 2011, the Retirement Plan was amended to increase certain benefits, including to take into account the 2011 CBA between the NFL Management Council and NFLPA. The Retirement Plan's actuary has certified that the benefit increases are consistent with the FIP and are paid for with contributions that are not required to meet the benchmarks under the FIP schedule.

FIP SCHEDULE

The Funding Improvement Plan Schedule below shows the estimated contributions and funded percentage of the Retirement Plan during the remaining portion of the funding improvement period.

Funding Improvement Plan Schedule (millions)		
	April 1, 2014 Updated FIP Schedule	
Plan Year Ending	Actual or Estimated Contribution	Estimated Funded Percentage*
03/31/2012	\$172.1	52%
03/31/2013	\$105.0	48%
03/31/2014	\$299.7	56%
03/31/2015	\$305.5	61%
03/31/2016	\$267.8	67%
03/31/2017	\$244.0	72%
03/31/2018	\$231.9	77%
03/31/2019	\$138.4	79%
03/31/2020	\$109.3	80%
03/31/2021	\$89.0	80%
*Funded percentage is estimated as of the end of the Plan Year		

The original FIP adopted on February 23, 2011 was developed with the intention of achieving a funded percent of 80% by the end of the funding improvement period. The Retirement Plan's actuary has estimated that the current estimated contributions will result in the Retirement Plan reaching that benchmark by March 31, 2020.

The updated FIP is based on the census data, asset information actuarial assumptions, and plan provisions which were used for the actuarial valuation as of April 1, 2014. Employer contributions were projected using the actuarial assumptions and methods stated in the applicable collective bargaining agreement.

ANNUAL REVIEW AND UPDATE

The Retirement Board will review the FIP and schedules annually and make changes, as appropriate, to satisfy the FIP requirements.

PENALTIES FOR NON-COMPLIANCE

A contributing employer's failure timely to contribute to the Retirement Plan at the rates required by the schedule that the bargaining parties have adopted or that has been imposed by the Retirement Board will result in the deficient amounts being treated as delinquent employer contributions under the Retirement Plan.

Employers are subject to an excise tax if they fail to make contributions required under the FIP. The amount of the excise tax is the amount of the unpaid contribution.

The Department of Labor has the authority to assess a penalty of up to \$1,100 per day against the Retirement Board if it does not timely adopt a funding improvement plan or if the Retirement Plan does not meet the funding improvement benchmarks (reduce the Retirement Plan's unfunded liabilities by one third (or fund the plan to 80%) and avoid an accumulated funding deficiency) by the end of the funding improvement period.

CONSTRUCTION OF AND MODIFICATIONS TO FIP

The Retirement Board reserves the right, in its sole and absolute discretion, to construe, interpret, and/or apply the terms and provisions of the FIP in a manner that is consistent with the law. Any and all constructions, interpretations and/or applications of the Retirement Plan (and other Retirement Plan documents) or the FIP by the Retirement Board, in its sole and absolute discretion, shall be final and binding. Subject to applicable law and notwithstanding anything herein to the contrary, the Retirement Board further reserves the right to make any modifications to the FIP that the Retirement Board, in its sole and absolute discretion, determines are necessary and/or appropriate (including, without limitation in the event of the issuance of any future legislative, regulatory, or judicial guidance).

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule MB Line 4c

Illustration Supporting Scheduled Progress with Funding Improvement Plan

	<i>2015</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>
	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>	<i>Plan year</i>
Valuation Date	04/01/2015	04/01/2016	04/01/2017	04/01/2018	04/01/2019	04/01/2020	04/01/2021
Original FIP Funded Percentage	62%	61%	63%	67%	70%	73%	80%
Updated FIP Funded Percentage	61%	67%	72%	77%	79%	80%	80%

Bert Bell/Pete Rozelle NFL Player Retirement Plan

EIN/PN: 13-6043636/001

Schedule MB Line 4a

Illustration Supporting Actuarial Certification of Status

I. *2014 Plan Year*

Valuation Date	04/01/2014
Funded Percentage	55.9%
Value of Assets	\$1,606,696,212
Value of Liabilities	\$2,874,829,621

II. An accumulated funding deficiency is not projected to exist in any of the next seven plan years.

III. The sum of the market value of assets and the present value of expected contributions over the next seven years is greater than the present value of benefit payments and administrative expenses over the next seven years.

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 4/01/2014						
Type*	Date	Initial Years	Original Amount	Annual Payment	Remaining Years	Outstanding Balance
Charges						
IL	3/31/1977	40	\$27,413,000	\$1,780,787	2.00	\$3,441,181
PA	11/01/1977	40	1,692,600	112,808	2.42	259,710
PA	2/01/1979	40	651,600	43,341	3.83	150,865
PA	3/31/1989	30	1,303,288	93,144	4.00	336,459
PA	3/31/1992	30	124,393,450	8,968,644	7.00	51,390,108
PA	4/01/1993	30	5,579,111	428,686	9.00	2,963,908
PA	4/01/1994	30	23,799,617	1,833,394	10.00	13,652,388
PA	4/01/1998	30	50,168,724	3,864,728	14.00	35,711,997
EL	4/01/2001	15	27,102,402	2,818,515	2.00	5,446,496
PA	4/01/2002	30	125,518,055	9,669,234	18.00	102,459,121
EL	4/01/2002	15	29,562,857	3,074,390	3.00	8,613,735
EL	4/01/2003	15	60,394,203	6,280,696	4.00	22,688,228
EL	4/01/2004	15	14,620,943	1,520,505	5.00	6,641,844
EL	4/01/2005	15	17,333,722	1,802,621	6.00	9,144,504
EL	4/01/2006	15	15,903,903	1,653,927	7.00	9,476,952
PA	4/01/2006	30	233,549,828	17,991,420	22.00	209,082,058
CA	4/01/2007	15	57,655,763	5,995,912	8.00	38,029,867
EL	4/01/2007	15	8,876,667	923,129	8.00	5,855,069
PA	4/01/2008	15	19,605,761	2,038,901	9.00	14,096,716
EL	4/01/2008	15	31,424,147	3,267,955	9.00	22,594,232
EL	4/01/2009	15	333,980,469	34,732,303	10.00	258,634,278
CA	4/01/2011	15	187,478,376	19,496,816	12.00	163,893,753
CF	4/01/2011	15	124,853,059	12,984,095	12.00	109,146,650
EL	4/01/2011	15	162,030,373	16,850,351	12.00	141,647,087
PA	4/01/2012	15	606,219,701	63,043,825	13.00	557,176,944
EL	4/01/2012	15	51,590,150	5,365,118	13.00	47,416,543
PA	4/01/2013	15	12,023,238	1,250,357	14.00	11,553,915
EL	4/01/2013	15	112,644,876	11,714,505	14.00	108,247,823
EL	4/01/2014	15	32,540,761	3,384,077	15.00	32,540,761
Total Amortization Charges:				\$242,984,184		\$1,992,293,192

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 4/01/2014						
Type*	Date	Initial Years	Original Amount	Annual Payment	Remaining Years	Outstanding Balance
Credits						
CF	3/31/1980	37	1,375,300	\$91,263	2.00	\$176,350
CF	4/01/1993	30	55,410,763	4,257,640	9.00	29,436,786
CA	4/01/1994	30	83,007,633	6,394,461	10.00	47,616,370
EG	4/01/2000	15	22,918,036	2,383,361	1.00	2,383,361
CF	4/01/2007	10	191,088,768	25,661,537	3.00	71,897,781
EG	4/01/2010	15	82,554,483	8,585,254	11.00	68,193,782
Total Amortization Credits:				\$47,373,516		\$219,704,430

* IL = Initial Liability; EL = Experience Loss; PA = Plan Amendment; CA = Changes in Actuarial Assumptions; EG = Experience Gain; CF = Change in Funding Method; FL = Current Liability Full Funding Limitation Base

Bert Bell/Pete Rozelle NFL Player Retirement Plan
EIN/PN: 13-6043636/001
Schedule R

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
FUNDING IMPROVEMENT PLAN

Originally Adopted February 23, 2011
Updated May 14, 2015

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INTRODUCTION

This document constitutes an update to the Funding Improvement Plan ("FIP") for the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Retirement Plan"), which was originally adopted by the Retirement Plan's Retirement Board on February 23, 2011, in accordance with federal law. The FIP provides the bargaining parties, the National Football League Management Council ("NFL Management Council"), and the National Football League Players Association ("NFLPA"), with a contribution arrangement that is expected to enable the Retirement Plan to increase its funding percentage.

Section 305 of the Employee Retirement Income Security Act of 1974, as amended, and the parallel section 432 of the Internal Revenue Code, establish "endangered" status (also referred to as "yellow zone") and "critical" status (also referred to as "red zone") for multiemployer defined benefit pension plans based on the plan's funded level and whether the plan is expected to experience a funding deficiency in the current or next six years (for endangered status) or in the current or next three or four years (for critical status). A plan in the yellow or red zone is subject to certain requirements intended to improve the plan's funded level. A plan that is not in the yellow or red zone is in the "green" zone, and none of the yellow or red zone requirements apply.

On June 28, 2010, the actuary for the Retirement Plan certified that the Retirement Plan was in endangered (yellow zone) status for the Plan Year beginning April 1, 2010 because the Retirement Plan was less than 80 percent funded on April 1, 2010. In response to this certification, the Retirement Board adopted a FIP effective February 23, 2011. The Retirement Board will update the FIP annually based on the actual experience of the Plan. This update was adopted May 14, 2015 and supersedes the updated FIP that was adopted on May 15, 2014. It

includes experience and data for the Plan as of April 1, 2014 and reflects additional contributions negotiated by the collective bargaining parties.

FIP REQUIREMENTS

A FIP consists of benefit reductions, contribution increases, or both, that are reasonably expected over a ten-year period to meet two benchmarks: (1) reduce the plan's unfunded liabilities by at least one third and (2) avoid an accumulated funding deficiency, i.e., a failure to meet minimum funding requirements for a plan year. A FIP must be based on reasonably anticipated experience and reasonable actuarial assumptions regarding investment income and other experience of the plan over a period of future years.

If, before the ten year period ends, the actuary certifies that the plan is no longer in endangered status (e.g., the plan is at least 80 percent funded and not expected to have a funding deficiency in the current or next six years) and the plan is not then in critical status, the FIP requirements end.

Funding Improvement Period

The ten year period or "funding improvement period" begins on the first day of the first plan year beginning after the earlier of (1) the second anniversary of the date of the adoption of the FIP, i.e., the first plan year beginning after February 24, 2013 or (2) the expiration of the collective bargaining agreement ("CBA") (covering at least 75% of active participants) in effect on the due date for certification of the plan's status, i.e., the first plan year beginning after March 3, 2011. For the Retirement Plan, the funding improvement period therefore begins April 1, 2011 (the first Plan Year beginning after March 3, 2011) and ends March 31, 2021.

Schedule

Generally speaking, once a FIP is adopted, the bargaining parties must agree on a schedule consisting of increased contributions or future benefit reductions, or both, which would allow the Retirement Plan to satisfy the funding benchmarks of federal law by the end of the ten-year funding improvement period. If the bargaining parties cannot agree, then the Retirement Board is required to implement a "status quo" or "default" schedule after the expiration of the then-current CBA that, among other things, assumes that the Retirement Plan will provide no new pension benefit accruals.

To meet its FIP obligations, the bargaining parties agreed and the Retirement Board adopted a schedule of increased contributions, the most current version of which can be found below, under "FIP SCHEDULE."

OPERATION OF RETIREMENT PLAN IN THE YELLOW ZONE

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Plan Amendments: the Retirement Plan may not be amended so as to be inconsistent with the FIP. The Retirement Plan can be amended to increase benefits, however, if the actuary certifies that the benefit increase is consistent with the FIP and that such increase is paid for with contributions that are not required to meet the benchmarks under the FIP schedule or schedules. Since the original FIP was adopted on February 23, 2011, the Retirement Plan was amended to increase certain benefits, including to take into account the 2011 CBA between the NFL Management Council and NFLPA. The Retirement Plan's actuary has certified that the benefit increases are consistent with the FIP and are paid for with contributions that are not required to meet the benchmarks under the FIP schedule.

FIP SCHEDULE

The Funding Improvement Plan Schedule below shows the estimated contributions and funded percentage of the Retirement Plan during the remaining portion of the funding improvement period.

Funding Improvement Plan Schedule (millions)		
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03/31/2014	\$299.7	56%
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03/31/2016	\$267.8	67%
03/31/2017	\$244.0	72%
03/31/2018	\$231.9	77%
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03/31/2021	\$89.0	80%
*Funded percentage is estimated as of the end of the Plan Year		

The original FIP adopted on February 23, 2011 was developed with the intention of achieving a funded percent of 80% by the end of the funding improvement period. The Retirement Plan's actuary has estimated that the current estimated contributions will result in the Retirement Plan reaching that benchmark by March 31, 2020.

The updated FIP is based on the census data, asset information actuarial assumptions, and plan provisions which were used for the actuarial valuation as of April 1, 2014. Employer contributions were projected using the actuarial assumptions and methods stated in the applicable collective bargaining agreement.

ANNUAL REVIEW AND UPDATE

The Retirement Board will review the FIP and schedules annually and make changes, as appropriate, to satisfy the FIP requirements.

PENALTIES FOR NON-COMPLIANCE

A contributing employer's failure timely to contribute to the Retirement Plan at the rates required by the schedule that the bargaining parties have adopted or that has been imposed by the Retirement Board will result in the deficient amounts being treated as delinquent employer contributions under the Retirement Plan.

Employers are subject to an excise tax if they fail to make contributions required under the FIP. The amount of the excise tax is the amount of the unpaid contribution.

The Department of Labor has the authority to assess a penalty of up to \$1,100 per day against the Retirement Board if it does not timely adopt a funding improvement plan or if the Retirement Plan does not meet the funding improvement benchmarks (reduce the Retirement Plan's unfunded liabilities by one third (or fund the plan to 80%) and avoid an accumulated funding deficiency) by the end of the funding improvement period.

CONSTRUCTION OF AND MODIFICATIONS TO FIP

The Retirement Board reserves the right, in its sole and absolute discretion, to construe, interpret, and/or apply the terms and provisions of the FIP in a manner that is consistent with the law. Any and all constructions, interpretations and/or applications of the Retirement Plan (and other Retirement Plan documents) or the FIP by the Retirement Board, in its sole and absolute discretion, shall be final and binding. Subject to applicable law and notwithstanding anything herein to the contrary, the Retirement Board further reserves the right to make any modifications to the FIP that the Retirement Board, in its sole and absolute discretion, determines are necessary and/or appropriate (including, without limitation in the event of the issuance of any future legislative, regulatory, or judicial guidance).