



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).

OMB Nos. 1210 - 0110
1210 - 0089

2016

**This Form is Open to Public
Inspection**

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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning **April 01, 2016**, and ending **March 31, 2017**

A a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)for

☒ a
multiemployer
plan;
☐ a single-
employer plan;

☐ a multiple-employer plan;
☐ a DFE (specify)

B This return/report is:

☐ the first
return/report;
☐ an amended
return/report;

☐ the final return/report;
☐ a short plan year return/report
(less than 12 months).

C If the plan is a collectively-bargained plan, check here ☒

D Check box if filing under:

☒ Form 5558; ☐ automatic
extension; ☐ the DFVC
program;
☐ special extension (enter description)

Part II Basic Plan Information – enter all requested information.

1a Name of plan

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

1b Three-digit
plan number (PN) **001**

1c Effective date of plan
September 09, 1962

2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan)

**RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
200 ST. PAUL STREET, SUITE 2420
BALTIMORE MD 21202**

2b Employer Identification Number (EIN)
13-6043636

2c Sponsor's telephone number
410-685-5069

2d Business code (see instructions)
711210

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.

Signature of plan administrator

12/20/2017

Date

TED PHILLIPS

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

12/22/2017

Date

SAM MCCULLUM

Enter name of individual signing as employer or plan
sponsor

Signature of DFE

Date

Enter name of individual signing as DFE

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

**Form 5500 (2016)
v.092308.1**

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

3b Administrator's EIN

3c Administrator's telephone number

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 below:

4b EIN

4c PN

a Sponsor's name

5	Total number of participants at the beginning of the plan year	5	12568
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans only complete lines 6a(1), 6a(2), 6b, 6c, and 6d)		
a(1)	Total active number of participants at the beginning of the plan year	6a(1)	2220
a(2)	Total active number of participants at the end of the plan year	6a(2)	
b	Retired or separated participants receiving benefits	6b	3716
c	Other retired or separated participants entitled to future benefits	6c	6190
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	12141
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	694
f	Total. Add lines 6d and 6e	6f	12835
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	32
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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information)- signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information - Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> 0 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 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 M-1 filing requirements? (See instructions and 29 CFR 2520.101-2)..... ☐ Yes ☐ No
- 11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent 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).

OMB No. 1210 - 0110

2016

This Form is Open to Public
Inspection

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

For the calendar plan year 2016 or fiscal plan year beginning **April 01, 2016**, and ending **March 31, 2017**
Round off amount 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

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

B Three digit

plan number (PN)

001

D Employer Identification Number
(EIN)

13-6043636

E Type of Plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: **04/01/2016**

b Assets

(1) Current value of assets

1b(1) **\$1,895,470,476**

(2) Actuarial value of assets for funding standard account

1b(2) **\$2,025,069,480**

c (1) Accrued liability for plan using immediate gain methods

1c(1) **\$2,590,783,629**

(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) **\$2,590,783,629**

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" informatoin:

(a) Current Liability

1d(2)(a) **\$5,479,627,110**

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

1d(2)(b) **\$116,420,485**

(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) **\$155,854,621**

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.

Signature of actuary

CHRISTOPHER E. FLOHR

Print or type name of actuary

AON CONSULTING, INC.

Firm Name

**500 EAST PRATT STREET
BALTIMORE MD 21202**

Address of the Firm

11/21/2017

Date

1706359

Most recent enrollment number

410-547-2800

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



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

**Schedule MB (Form 5500)
2016
v.092308.1**

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)

2a **\$1,895,470,476**

b "RPA '94" current liability/participant count breakdown:

(1) Number of Participants

(2) Current Liability

(1) For retired participants and beneficiaries receiving payments

4592 **\$2,070,363,576**

(2) For terminated vested participants

6095 **\$2,874,097,395**

(3) For active participants:

(a) Non-vested benefits

\$21,766,142

(b) Vested benefits

\$513,399,997

(c) Total active

2220 **\$535,166,139**

(4) Total

12907 **\$5,479,627,110**

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c **34.59%**

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

(a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by

(c) Amount paid by

(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees

Totals 3(b) \$241,773,537 3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 **4a** **E**

b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)): **4b** **78.2%**

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☒ Yes ☐ No

d If the plan is in critical status, were any adjustable benefits reduced? ☐ Yes ☐ No

e If line 4d 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 ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Reorganization **j** ☐ Other (specify):

k If box 5h is checked, enter period of use of shortfall method **5k**

l Has a change been made in funding method for this plan year? ☐ Yes ☒ No

m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ 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** **3.23%**

b Rates specified in insurance or annuity contracts ☐ Yes ☒ No ☐ N/A **6b** **3.23%**

c Mortality table code for valuation purposes:

(1) Males **6c(1)** **10P20**

(2) Females **6c(2)** **10P20**

d Valuation liability interest rate **6d** **7.25%**

e Expense loading **6e** **26.1%** ☐ N/A **6e** **0.3%** ☐ N/A

f Salary Scale **6f** **%** ☐ N/A **6f** **%** ☐ N/A

g Estimated investment return on actuarial value of assets for the year ending on the valuation date **6g** **4.5%**

h Estimated investment return on current value of assets for the year ending on the valuation date **6h** **-1.4%**

7 New amortization bases established in the current plan year:

(1) Type of Base (2) Initial Balance (3) Amortization Charge/Credit

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(1) Is the plan required to provide a projection of expected benefit payments? (See instructions.) If "Yes," attach a schedule ☐ Yes ☐ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☒ Yes ☐ 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)(1) of the Code? ☐ Yes ☒ 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? ☐ Yes ☐ No

(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line 8d(2)) **8d(4)**

(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 621(b) of the Code for years beginning after 2007? ☐ Yes ☐ 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 plan year funding deficiency, if any **9a**

b Employer's normal cost for plan year as of valuation date **9b** **\$26,673,134**

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)** **\$1,845,480,979** **\$248,253,455**

(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** **\$19,932,178**

e	Total charges. Add lines 9a through 9d		9e	\$294,858,767
Credits to funding standard account:				
f	Prior year credit balance, if any		9f	\$635,835,648
g	Employer contributions. Total from column (b) of line 3		9g	\$241,773,537
h	Amortization credits as of valuation date	9h	Outstanding balance	
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h			\$643,931,182
j	Full funding limitation (FFL) and credits:		9i	\$98,354,732
	(1) ERISA FFL (accrued liability FFL)	9j(1)		\$53,990,832
	(2) "RPA '94" override (90% current liability FFL)	9j(2)		\$1,456,264,025
	(3) FFL credit		9j(3)	\$3,046,202,767
k	(1) Waived funding deficiency		9k(1)	
	(2) Other credits		9k(2)	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	\$1,029,954,749
m	Credit balance: If line 9l is greater than line 9e, enter the difference		9m	\$735,095,982
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
o	Current year's accumulated reconciliation account:		9o(1)	
	(1) Due to waived funding deficiency accumulated prior to the 2016 plan year			
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		9o(2)(a)	
	(a) Reconciliation outstanding balance as of valuation date		9o(2)(b)	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(3)	
	(3) Total as of valuation date		10	
10	Contribution necessary to avoid an accumulated funding deficiency (see instructions)			
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

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

2016

This Form is Open to Public
Inspection

For the calendar plan year 2016 or fiscal plan year beginning April 01, 2016 and ending

A Name of plan

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

C Plan sponsor's name as shown on line 2a of Form 5500

RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

B Three-digit plan number (PIN) 001

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

RIVERSTONE CREDIT PARTNERS LP

98-1231273

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

LANDMARK EQUITY ADVISORS, LLC

06-1519082

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

BLACKSTONE REAL ESTATE SPECIAL SIT

26-1699805

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

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

PRIVATE ADVISORS, LLC

54-1886751

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

SIGULAR GUFF D.O. FUND III, LP

26-1412407

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

SIGULAR GUFF D.O. FUND IV, LP

27-2204076

(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

ARCLIGHT ENERGY PARTNERS

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

PANTHEON GLOBAL SECONDARY FUND IV

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

PAYDEN & RYSEL

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
30-0551775

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

VISTA EQUITY PARTNERS FUND IV, L.P.

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

BLACKROCK ADVISORS, LLC
23-2784752

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

ADAMS STREET CO-INVESTMENT FUND III
36-4780559

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

BROOKFIELD ASSET MANAGEMENT
38-3907663

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

WTI EQUITY OPPORTUNITY FUND I LP
81-0710701

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

AMERICAN SECURITIES PARTNERS VII LP
47-1836594

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

ASIA ALTERNATIVES MANAGEMENT LLC
20-4391329

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

CASCOF

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

OCP ASIA LIMITED
98-0633619

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

SELECT EQUITY GROUP LP

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

Schedule C (Form 5500) 2016
v.092308.1

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	\$4,261,419	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

VITECH SYSTEMS GROUP,
INC.
13-3785492

(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?
<u>49 50</u>	NONE	\$3,753,962	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

AON

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?
<u>11 16 50</u>	NONE	\$917,623	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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?
<u>27 51</u>	NONE	\$899,070	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

RDA CORPORATION

51-0307421

(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?
<u>49 50</u>	NONE	\$878,840	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

ERNST & YOUNG U.S., LLP

34-6565596

(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?
<u>16 50</u>	NONE	\$862,785	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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?
<u>49 50</u>	NONE	\$795,221	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$708,297	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

CLOUDBERRY CREATIVE, INC.

27-1271032

(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	\$692,877	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$624,141	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

MONDRIAN INVESTMENT GROUP INC

56-2475915

(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	\$580,557	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$557,372	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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?

Code(s)	organization, or person known to be a party-in-interest	paid by the plan. If none, enter -0-.	indirect compensation? (sources other than plan or plan sponsor)	eligible indirect compensation, for which the plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	formula instead of an amount or estimated amount?
28 51	NONE	\$465,698	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

ST. PAUL PLAZA

(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	\$420,767	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$372,847	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$347,337	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

AXIOM INTERNATIONAL INVESTORS, LLC

64-0963574

(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	\$322,536	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1028

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	\$267,121	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

BENEFIT MALL

(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	\$234,438	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$224,400	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 59 62	NONE	\$219,927	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

MTS HEALTH INVESTORS IV MANAGEMENT

81-2484925

(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	\$218,192	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$214,556	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(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 \$191,516 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

SITCORE USA INC.

30-0262390

(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 \$177,014 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

EMPLOYEE 1039

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 \$176,649 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

(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 \$171,292 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

EMPLOYEE 1036

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 \$144,783 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

FEDEX

(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 \$132,480 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

RR DONNELLEY RECEIVABLES INC.

52-2125127

(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? (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?

(sources other than plan or plan sponsor) plan received the required disclosures?

36 50 NONE \$121,871 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

(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 \$120,207 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

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

EMPLOYEE 1018

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 \$107,328 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

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

EMPLOYEE 1034

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 \$96,583 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

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

EMPLOYEE 1014

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 \$96,294 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

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

BLACKROCK EAFE FUND

94-3112180

(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 \$90,267 ☒ Yes ☐ No ☒ Yes ☐ No ☐ Yes ☐ No

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

EMPLOYEE 1038

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	\$83,572	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$81,262	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1031

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	\$69,678	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

ADVANCE BUSINESS SYSTEMS

(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	\$69,285	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1004

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	\$59,975	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1015

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	\$58,282	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1043

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	\$56,838	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1012

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	\$52,279	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

CALFIDUCIARY SERVICES, INC.

47-5477044

(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	\$49,095	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1045

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	\$47,885	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1035

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	\$47,515	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$43,483	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$40,320	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$37,800	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

PARK-IT OF MARYLAND, INC.

(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	\$34,847	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$33,768	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$33,761	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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?

	person known to be a party-in-interest	plan. If none, enter -0-.	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	you answered "Yes" to element (f). If none, enter -0-.	amount or estimated amount?
49 50	NONE	\$33,202	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$26,276	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

EMPLOYEE 1013

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	\$25,198	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

PROFESSIONAL FIDUCIARY SERVICES LLC

45-3931002

(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	\$23,323	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$22,800	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

VERIZON WIRELESS

(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	\$22,654	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

GALLAGHER BENEFIT SERVICES INC

36-4291971

(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	\$18,218	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

IT'S PERSONNEL

(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	\$18,156	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

METLIFE

(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	\$18,123	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

MICROSOFT CORPORATION

(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	\$14,591	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$14,288	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

IMPACT OFFICE PRODUCTS

(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	\$13,330	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$13,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

VSC FIRE & SECURITY INC

54-1543122

(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	\$12,570	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**PORTFOLIO EVALUATIONS
INC**

22-3189064

(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 49 50	NONE	\$12,500	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(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	\$11,110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

ALL BLUE SOLUTIONS INC

80-0835445

(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	\$10,075	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

THE HARTFORD

(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?

23 50 NONE \$9,279 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

TOTALFUNDS BY HASLER

(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 \$9,193 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

AMERICAN MANAGEMENT ASSOCIATION

23-7259445

(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 \$8,632 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

MODCO SPECIALTY CONTRACTING CORP

81-0564085

(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 \$8,233 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

DOCUSIGN INC

91-2183967

(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 \$7,952 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

WOLTERS KLUWER

(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 \$7,063 ☐Yes ☒No ☐Yes ☐No ☐Yes ☐No

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

MAILFIANCE

(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? (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?

(sources other than plan or plan sponsor) plan received the required disclosures?

49 50 NONE \$6,278 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

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

ADP PROCESSING

(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 \$6,271 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

(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 \$6,000 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

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

STATE STREET GLOBAL MARKETS

(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 \$5,000 ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☐ No

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.

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 Codes

(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
(c) Position

(b) EIN

(d) Address
Explanation

(e) Telephone

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3

Schedule C (Form 5500) 2014

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2016

This Form is Open to Public
Inspection

For the calendar plan year 2016 or fiscal plan year beginning **April 01, 2016**, and ending **March 31, 2017**

A Name of plan or DFE

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

C Plan sponsor's name as shown on line 2a of Form 5500

RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

B Three-digit
plan number (PN) **001**

D Employer Identification Number
(EIN)
13-6043636

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

(a) Name of MTIA, CCT, PSA, or 103-12IE

RUSSELL 1000 INDX NL FUND

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **C** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$306,907,382

(a) Name of MTIA, CCT, PSA, or 103-12IE

BLACKROCK EAFE HEDGED

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **C** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$142,640,743

(a) Name of MTIA, CCT, PSA, or 103-12IE

EB TEMPORARY INVESTMENT FUND

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **C** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$117,948,771

(a) Name of MTIA, CCT, PSA, or 103-12IE

EB DV DYNAMIC GROWTH FUND

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **C** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$103,110,866

(a) Name of MTIA, CCT, PSA, or 103-12IE

SSGA US TREASURY INFL INDEX NL

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **C** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$100,321,840

(a) Name of MTIA, CCT, PSA, or 103-12IE

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 **13-516038200-001**

(d) [Entity Code](#) **C** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$93,682,246

(a) Name of MTIA, CCT, PSA, or 103-12IE

JP MORGAN STRATEGIC PROPERTY FUND

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **C** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$71,889,015

(a) Name of MTIA, CCT, PSA, or 103-12IE

WELLINGTON CIF DIVERSIFIED INFLATIO

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **C** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$53,390,617

(a) Name of MTIA, CCT, PSA, or 103-12IE

WA FLTG RATE HI INCOME FUND

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **E** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$3,666,312

(a) Name of MTIA, CCT, PSA, or 103-12IE

WAMCO OPPORTUNISTIC US HI YIELD SEC

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **E** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$2,807,004

(a) Name of MTIA, CCT, PSA, or 103-12IE

WAMCO OPPORTUNISTIC INTL INVESTMENT

(b) Name of sponsor of entity listed in (a)

THE BANK OF NEW YORK MELLON

(c) EIN-PN **13-516038200-001**

(d) [Entity Code](#) **E** (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

\$604,353

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

Schedule D (Form 5500) 2016
v.092308.1

Part II Information on Participating Plans (to be completed by DFEs) (complete as many entries as needed to report all participating plans)

SCHEDULE H

(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

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

File as an attachment to Form 5500.

OMB No. 1210 - 0110

2016

This Form is Open to Public Inspection

For the calendar plan year 2016 or fiscal plan year beginning April 01, 2016, and ending March 31, 2017

A Name of plan

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

C Plan sponsor's name as shown on line 2a of Form 5500

RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

B Three-digit

plan number (PN)

001

D Employer Identification Number (EIN)

13-6043636

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	\$300	\$130,030,970
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	\$72,888,502	\$84,790,925
c General investments:			
(1) Interest-bearing cash (incl money market accounts & certificates of deposit)	1c(1)	\$467,189	\$553,898
(2) U.S. Government securities	1c(2)	\$25,654,974	\$33,942,853
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	\$12,381,709	\$13,874,209
(B) All other	1c(3)(B)	\$13,334,711	\$15,513,634
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	\$427,969	\$380,278
(B) Common	1c(4)(B)	\$70,362,644	\$146,412,199
(5) Partnership/joint venture interests	1c(5)	\$337,965,056	\$524,954,038
(6) Real Estate (other than employer real property)	1c(6)	\$91,068,577	\$168,794,165
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	\$912,702,715	\$918,002,464
(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)	\$5,864,122	\$7,077,669
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	\$419,658,829	\$272,651,615
(14) Value of funds held in insurance co. general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	\$2,685,015	\$3,704,427

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

Schedule H (Form 5500) 2016
v.092308.1

1d Employer-related investments:

(1) Employer securities

(2) Employer real property

e Buildings and other property used in plan operation

f Total assets (add all amounts in lines 1a through 1e)

Liabilities

g Benefit claims payable

h Operating payables

i Acquisition indebtedness

j Other liabilities

k Total liabilities (add all amounts in lines 1g through 1j)

Net Assets

l Net assets (subtract line 1k from line 1f)

(a) Beginning of Year (b) End of Year

1d(1)		
1d(2)		
1e		
1f	\$1,965,462,312	\$2,320,683,344
1g		
1h	\$4,028,936	\$3,102,195
1i		
1j	\$65,962,900	\$148,514,744
1k	\$69,991,836	\$151,616,939
1l	\$1,895,470,476	\$2,169,066,405

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

(B) Participants

(C) Others (including rollovers)

(2) Noncash contributions

(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)

a2(1)(A) \$241,773,537

2a(1)(B)

2a(1)(C) \$188

2a(2)

2a(3) \$241,773,725

b Earnings on investments:

(1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	(\$1,381)	
(B) U.S. Government securities	2b(1)(B)	\$801,653	
(C) Corporate debt instruments	2b(1)(C)	\$996,748	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	\$208,177	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		\$2,005,197
(2) Dividends (A) Preferred stock	2b(2)(A)	\$3,872	
(B) Common stock	2b(2)(B)	\$941,753	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	\$10,007,964	
(D) Total dividends. Add lines 2b(2)(A), (B) and (C)	2b(2)(D)		\$10,953,589
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	\$319,774,662	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	\$304,102,358	
(C) Subtract line 2b(4)(B) from line 2b(4)(A)	2b(4)(C)		\$15,672,304
(5) Unrealized appreciation (depreciation) of assets: (A) Real Estate	2b(5)(A)		
(B) Other	2b(5)(B)	\$37,324,276	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		\$37,324,276
(6) Net investment gain (loss) from common/collective trusts	2b(6)		\$96,987,549
(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)		\$624,582
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		\$20,515,805
c Other Income	2c		\$12,135,185
d Total income. Add all income amounts in column (b) and enter total	2d		\$437,992,212
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	\$148,708,580	
(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)		\$148,708,580
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)	\$3,061,621	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	\$8,189,079	
(4) Other	2i(4)	\$4,437,003	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		\$15,687,703
j Total expenses. Add all expense amounts in column (b) and enter total	2j		\$164,396,283
Net Income and Reconciliation			
k Net income (loss) (subtract line 2j from line 2d)	2k		\$273,595,929
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.

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

a (1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: **ABRAMS, FOSTER, NOLE & WILLIAMS, PA** (2) EIN: **52-1854049**

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

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

Part IV Compliance Questions

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

103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)	4b	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)	4c	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
d Did the plan engage in any nonexempt transaction with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked)	4d	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
e Was this plan covered by a fidelity bond?	4e	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	\$2,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked,	4i	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

and see instructions for format requirements)

- j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if **"Yes"** is checked, and see instructions for format requirements) **4j** ☒ Yes ☐ No
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC? **4k** ☐ Yes ☒ No
- l** Has the plan failed to provide any benefit when due under the plan? **4l** ☐ Yes ☒ No
- m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m** ☐ Yes ☐ No
- n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 **4n** ☐ Yes ☐ No
- o** Did the plan trust incur unrelated business taxable income? **4o** ☐ Yes ☐ No
- p** Were in-service distributions made during the plan year? **4p** ☐ Yes ☐ No
- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No **Amount:**
If "Yes", enter the amount of any plan assets that reverted to the employer this year
- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).
5b(1) Name of plan(s) **5b(2)** EIN(s) **5b(3)** PN(s)

- 5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4012)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

Schedule R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).
File as an Attachment to Form 5500.

OMB No. 1210 - 0110

2016

This Form is Open to Public Inspection

For the calendar plan year 2016 or fiscal plan year beginning **April 01, 2016** and ending **March 31, 2017**

A Name of plan

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

C Plan sponsor's name as shown on line 2a of Form 5500

RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

B Three-digit

plan number (PN)

001

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**
- 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)? ☐ Yes ☒ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.
- 5 If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver. Date: _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.
- 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**
b Enter the amount contributed by the employer to the plan for this plan year **6b**
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**
- If you completed line 6c, skip lines 8 and 9**
- 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A
- 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A

Part III Amendments

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

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

- 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No
- 11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No
- 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

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

**Schedule R (Form 5500) 2016
v.092308.1**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

- 13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.
- 14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:
a The current year **14a**
b The plan year immediately preceding the current plan year **14b**
c The second preceding plan year **14c**
- 15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:
a The corresponding number for the plan year immediately preceding the current plan year **15a**
b The corresponding number for the second preceding plan year **15b**
- 16 Information with respect to any employers who withdrew from the plan during the preceding plan year:
a Enter the number of employers who withdrew during the preceding plan year **16a**
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers **16b**
- 17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding information to be included as an attachment. ☐

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

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

instructions regarding supplemental information to be included as an attachment

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

a Enter the percentage of plan assets held as:

Stock: **40.4%** Investment-Grade Debt: **10.8%** High-Yield Debt: **1.6%** Real Estate: **7.8%** Other: **39.4%**

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

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

c What duration measure was used to calculate item 19(b)?

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

Part VI IRS Compliance Questions

20a Is the plan a 401(k) plan?

☐ Yes ☐ No

If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals

20b and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?

☐ Design-based ☐ ADP
☐ safe harbor / ACP
method test

20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii)?

☐ Yes ☐ No

21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):

Ratio ☐ Average
☐ percentage ☐ benefit
test test

21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?

Yes No

22a Has the plan been timely amended for all required tax law changes?

☐ Yes No

Date the last plan amendment/restatement for the required tax law changes was

22b adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes)

If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter

22c plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter

____/____/____ and the letter's serial number ____.

If the plan is an individually-designed plan and received a favorable

22d determination letter from the IRS, enter the date of the plan's last favorable determination letter

____/____/____.

Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)

23 (2) has been made), American Samoa,

☐ Yes ☐ No

Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?

