NFLPA Response to Questions of October 12, 2007

"这个人,我们就把这个人,这个人,我们就把这个人,这个人,我们就把这个人。"这个人,我们就把这个人,这个人

EXHIBIT

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Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation Pan

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the internal Revenue Code (the Code).

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

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2001

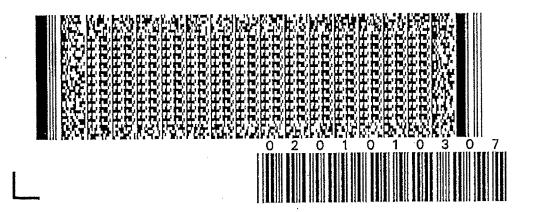
This Form is Open to Public Inspection

Part Annual Report Id	the instr entification Informatio	uctions to the Form 5500	•	This Form is Open to Public Inspection
A 71.	scal plan year beginning	04/01/2001		
(1) Ma	i multiemployer plan:		and ending 03/31/	2002
(2) <u> </u>	single-employer plan (other tha	(3)	a multiple-employer plan;	or
n	nultiple-employer plan);	(4)	a DFE (specify)	
B This return/report is: (1)				
· · / ···	ne first return/report filed for the	plan; 131	T	
C If the plan is a collectively bassely	amended return/report;	(4)	the final return/report filed	for the plan;
D If filing under an extension of time	plan, check here) (*)	a short plan year return/re	port (less than 12 months).
D If filing under an extension of time or Pacific Basic Plan Information	the DFVC program, check box		Ition (see Instruction	·····
			mor (see instructions)	▶X
BERT BELL/PETE ROZELLE 1	NET, PLAVED DECE		1b Three Will	
7- -	TEATER RETIREM	ENT PLAN	1b Three-digit plan number	(MAI)
•			1c Effective det	(PN) 001
			09/09/1962	e of plan (mo., day, yr.)
2a Plan sponsor's name and address (e (Address should include room or suit	molover if for a simple			
(Address should include room or suit	e no.)	r plan)	2b Employer Ide	ntification Number (EIN)
	m		1	3-6043636
ROZELLE NFL PLAYER RETIR	EMENT PLAN		2c Sponsor's tel	ephone number
			. [800	-638-3186
200 ST PART DIAGE			2d Business cod	e (see instructions)
200 ST. PAUL PLACE, SUITE	E 2420			711210
BALTIMORE				
Caution: A penalty for the late or least		MD 21202-2040		
Caution: A penalty for the late or incomplete Under penalties of perjury and other penalties set as the electronic version of this return/report if it is being	a filing of this return/report will t	oe assessed unless reason:	able cause is a state a	
under penalties of perjury and other penalties set as the electronic version of this return/report if it is being	filed electronically, and to the boot of	have examined this return/report, in	cluding accommond	
A(/hu)//)(L/N 1)	// mile to the best of th	ly knowledge and belief, it is true, o	correct and complete.	atements and attachments, as well
	1111			
Signature of plan administrator	1-6-03	WILLIAM V. BID	WILL/THOMAS J. Co	
	Date	Typed or printed na	ame of individual signing as p	ONDON
		•	as p	lan administrator
Signature of employer/plan sponsor/DFE				
or Paperwork Reduction Act Notice and	OMB Control No.	Typed or printed name of individ	ual signing as employer, plan spons	May DET
. Jourse add	omb control Numbers, see	the instructions for Form	15500. V4.1	
			¥7.1	Form 5500 (2001)
■ III ■ II				•
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Form 5500 (2001)	Pa	ige 2	l	
3a Dies administration			0	fficial Use Only
3a Plan administrator's name and address (If same as plan sponsor, enter "SAME	ame")	3b Administr	ator's EIN	
		0 - 4		
		3c Administr	ator's telep	hone number
ent of				
4 If the name and/or FIN of the plan species have been all the plan and the plan an				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report below:	urn/report filed for this plan, ent	er the name,	b	EIN
a Sponsor's name			-	DAG
			6	PN
5 Preparer information (optional) a Name (including firm name, if app	licable) and address		b	EIN
		•	C	Telephone number
6 Total number of participants at the beginning of the plan year			6	8621
Author of participants as of the end of the plan year (welfare plans comple	ete only lines 7a 7h 7c	and 7d)		0021
a Active participants	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7a	1936
C Other retired assured to the control of the contr		• • • • • • • • • • • • • • • • • • • •	7b	2086
d Subtotal. Add lines 7a, 7b, and 7c		•••••••••	7c	4431
 Deceased participants whose beneficiaries are receiving or are entitled to re 	ecelve henefite		7d 7e	8453 313
I Total. Add lines 7d and 7e			7f	8766
g Number of participants with account balances as of the end of the plan year	f (only defined contribution plan	10		
complete this item)	*******************	· · · · · · · · ·	7g	
h Number of participants that terminated employment during the plan year will 100% vested	th accrued benefits that were le	ss than		
If any participant(s) separated from service with a deferred vested benefit, a	enter the number of sensented	· · · · · · · · · · · · · · · ·	7h	
participants required to be reported on a Schedule SSA (Form 5500)			7i	293
8 Deficition provided under the plan (complete 8a through 8c, as applicable)		····	
a X Pension benefits (check this box if the plan provides pension benefits and Characteristics Codes printed in the instructions): 1B 1G	d enter the applicable pension f	eature codes fro	m the List	of Plan
Characteristics Codes printed in the instructions): 1B 1G b X Welfare benefits (check this box if the plan provides welfare benefits and		لـــا لـــا		
Characteristics Codes printed in the instructions): 4H 4L	enter the applicable Welfare fea	Iture codes from	the List o	f Plan
C Fringe benefits (check this box if the plan provides fringe benefits)				
Plan funding arrangement (check all that apply)	9b Plan benefit arrangemer	nt (check all that	(vigas	
(1) Insurance	(1) Insurance	·	,	
(2) Code section 412(i) insurance contracts (3) X Trust	(2) Code section 41	2(i) insurance o	ontracts	
(4) General assets of the sponsor	(3) X Trust			
Typ : Touristant accord of the apprilator	(4) General assets	of the sponsor		
				•
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	Form 5500 (2001)					P	age 3	
	, 4(III 0000 (B-41))							Official Use Only
0	Schedules attached (Check all applicable boxes and, where indicated, ent	er the	num	ber	attach	ed. See	instructions.)	
а	Pension Benefit Schedules	þ				hedules	;	
	(1) X R (Retirement Plan Information)		(1)	X		Н	(Financial Info	rmation)
	(2) X 1 T (Qualified Pension Plan Coverage Information)		(2)	Ш		ı	(Financial Info	rmation Small Plan)
	If a Schedule T is not attached because the plan		(3)	Ш		_ A	(Insurance Inf	ormation)
	is relying on coverage testing information for a		(4)	Х		C	(Service Provi	der Information)
	prior year, enter the year		(5)	X		a	(DFE/Participa	ating Plan Information)
	(3) X B (Actuarial Information)		(6)			G	(Financial Tra	nsaction Schedules)
	(4) E (ESOP Annual Information)		(7)	X	1	. Р	(Trust Fiducia	ry Information)
	(5) X SSA (Separated Vested Participant Information)	С	Fric	nge	Bene	fit Sche	edule	
					·	F	(Fringe Benef	it Plan Annual Information)



SCHEDULE B (Form 5500)

Department of the Treasury internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

► Attach to Form 5500 or 5500-EZ if applicable.
► See separate instructions.

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OMB No. 1210-0110

2001

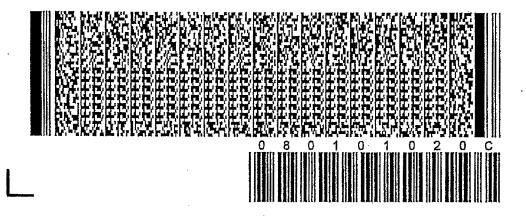
This Form is Open to Public Inspection (except when attached to Form 5500-EZ)

For calendar plan year 2001 or fiscal plan year beginning 04/01/2001	and ending 03/31/2002
▶ Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause	e is established.
	B Three-digit
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	plan number▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ RETIREMENT BOARD OF THE BERT BELL / PETE ROZELLE NFL PL	D Employer Identification Number 13-6043636
E Type of plan: (1) Single-employer (2) Multiemployer (3) Multiple-employer	F 100 or fewer participants in prior plan year
Basic Information (To be completed by all plans)	
1a Enter the actuarial valuation date: Month 04 Day 01 Ye	ar_2001
b Assets:	
(1) Current value of assets	b(1) 674,445,988
(2) Actuarial value of assets for funding standard account	
.C (1) Accrued liability for plans using immediate gain methods	c(1) 686,777,788
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	c(2)(a)
(b) Accrued liability under entry age normal method	c(2)(b)
(c) Normal cost under entry age normal method	c(2)(c)
To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attactly opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermon lan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) work acquivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumption were reasonable; in the case of a multiemployer plan, the assumption account the experience of the plan and reasonable expectations).	uld, in the aggregate, result in a total contribution comptions used, in the aggregate, are reasonable
Signature of actuary	Date
BRUCE GOULD	G 02-2767
Print or type name of actuary AON CONSULTING	Most recent enrollment number 410-547-2800
Firm name	Telephone number (including area code)
111 MARKET PLACE	
BALTIMORE MD 21202	
Address of the firm	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in comple check the box and see instructions	
For Paperwork Reduction Act Notice and OMB Control Numbers, V4.1	Schedule B (Form 5500) 2001
see the instructions for Form 5500 or 5500-EZ	
	•
100 (1) 全联系,数据系统数据设置的数据设置的 15 元 15	#f 18 f

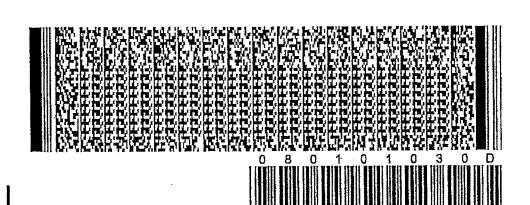


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1d			n on current liabilities of the							
	(1)	Amou	int excluded from current li	ability attributable	to pre-particip	ation servi	ce (see instruc	tions)d(1)		0
	(2)	"RPA	'94" Information:							
		(a) (Current liability					d(2)(a	0	817,371,469
		(b) E	Expected increase in currer	t liability due to b	enefits accruir	ng during th	e plan year .			25,688,845
			Current liability computed a							
			Expected release from "RP.							
	(3)		A '87" Information:					-(-/\)		
•	` -							d(3)(a	3	817,371,469
		• •	Expected increase in currer							25,688,845
			Expected release from "OB							
	(4)		cted plan disbursements fo						·/	26,573,305
2	Ope	eration	al information as of beginni	nd of this plain ve	<u></u>					20/010/000
			alue of the assets (see instr					2a	***	674,445,988
b			current flability:	donoris)			o. of Persons	(2) Vested Be		
~			etired participants and bene	finlarian sanakula	w nationania		2494	247,95		(3) Total Benefits 247, 957, 595
	(2)		erminated vested participan				4186	454,30		
	(2)						1920	79,45		467,493,293
	(4)	Total	• •	• • • • • • • • • • • • • • • • • • • •			8600	781,71		101,920,581
~	٠,								0,393	817,371,469
C			entage resulting from divid					ρ		
3				<u> </u>				<u></u>	. 2c	<u>%</u>
<u>. </u>			ons made to the plan for th					<i>(</i> b)	T	(-3
Mo.	(a) VeO-	} '-Year	(b) Amount paid by employer	(c) Amount pai	d by	(a) Day-Year	Amou	(b) nt paid by nployer	Δ	mount paid by
		/200	27,995,961	emplòye	es 1010.	-Day-Teat	ее	Isployer		employees
			21/333/331							
	 -									
									·	
·										
							<i>.</i>	07 005 064		
_					31	otals 🕨	(b)	27,995,961	(c)	0
4_			contributions and liquidity s							
а			er than multiemployer plans	s, enter funded cu	urrent liability p	ercentage	for preceding		-	
	-	•							. 4a	<u>%</u>
b	lf lir	<u>1e 4a i</u>	s less than 100%, see instr							•
<u> </u>				Liquidity sl	hortfall as of e	nd of Quart	er of this plan	year		
		(1)	1st	(2) 2	nd .	<u> </u>	(3) 3rd	1	(4)	4th
ĺ										
										



	Schedule B (Form 5500) 2001			rage	3		•
	Scriedule & (FURIT 3300) 2001					Official Use	Only
a d g	Actuarial cost method used as the basis for this plan year's fund. Attained age normal Aggregate Individual aggregate Has a change been made in funding method for this plan year's fund. b Entry age normal Frozen initial liable Other (specify) Has a change been made in funding method for this plan year.	lity	c } f	Accrued benefit	oremium	······································	X No
j k	If line i is "Yes," was the change made pursuant to Revenue If line i is "Yes," and line i is "No" enter the date of the ruling class) approving the change in funding method	letter (dure 2000-40? Individual or	Manth	Day	∏Yes Ye	<u></u>
6	Checklist of certain actuarial assumptions:						
a b	Interest rates for: (1) "RPA '94" current liability (2) "OBRA '87" current liability Weighted average retirement age			1 1		6.14 6.14 47	% N/A % N/A N/A
			Pre-reti		1 1	-retirement	
C	Rates specified in Insurance or annuity contracts N/A	6c	Yes	X No	Yes	X No	
d	Mortality table code for valuation purposes:		6		6		
	(1) Males	d(1) d(2)	6		6		
À	(2) Females Valuation liability interest rate N/A			7.25 %		7.25	% N/A
f	Expense loading	6f		15.5 %		0.0	% N/A
•			Ma	le		Female	
g	Annual withdrawal rates:		Rate Code		Rate Code		
	(1) Age 25	g(1)			U		%
	(2) Age 40	g(2)	U		U U	·····	<u>%</u> %
Ł	(3) Age 55 Xalary scale X N/A	g(3)	0	% %		· · · · · · · · · · · · · · · · · · ·	% X N/A
i i	Salary scale	he ves	r ending on	· ·			
	the valuation date	•	-			4.1	%
7	New amortization bases established in the current plan year:					ŧ	
	(1) Type of Base (2) Initial I	Balanc 27,1	e L02,402		(3) Amortiz	ration Charge/Cre -2,818	
				•			



If a walver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the

Year

Day

8

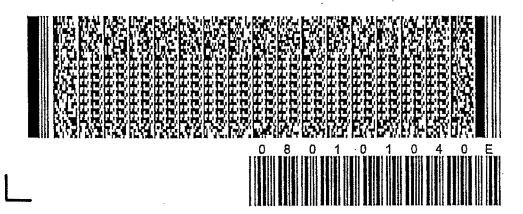
Miscellaneous information:

date of the ruling letter granting the approval

Page 4

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8b	If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the a	ppropriate	,
	code in accordance with the instructions		
C	is the plan required to provide a Schedule of Active Participant Data? (see instructions) if "Yes," attach schedule		Yes X No
9	Funding standard account statement for this plan year:		
	Charges to funding standard account:		. •
a	Prior year funding deficiency, if any	.9a	0
b	Employer's normal cost for plan year as of valuation date	9b	19,372,319
C	Amortization charges as of valuation date: Outstanding Balance		
	(1) All bases except funding waivers	c(1)	27,316,721
	(2) Funding waivers	c(2)	0
d	Interest as applicable on lines 9a, 9b, and 9c	9d	3,384,955
е	Additional interest charge due to late quarterly contributions, if applicable	9e	
f	Adjusted additional funding charge from Part II, line 12u, if applicable	9f	
g	Total charges. Add lines 9a through 9f	9g	50,073,995
	Credits to funding standard account:		
h	Prior year credit balance, if any	.9h	22,999,258
i	Employer contributions. Total from column (b) of line 3	91	27,995,961
	Outstanding Balance		
j	Amortization credits as of valuation date	je	21,250,606
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	3,208,115
I	Full funding limitation (FFL) and credits		
	(1) ERISA FFL (accrued liability FFL)		
	(2) "OBRA '87" FFL (160% current liability FFL)		
	(3) "RPA '94" override (90% current liability FFL)	2	
	(4) FFL credit before reflecting "OBRA '87" FFL	(4)	. 0
	(5) Additional credit due to "OBRA '87" FFL	.1(5)	0
m	(1) Waived funding deficiency	m(1)	0
	(2) Other credits	.m(2)	0
n	Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)	. <u>9n</u>	75,453,940
0	Credit balance: If line 9n is greater than line 9g, enter the difference	.90	25,379,945
р	Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0
	Reconciliation account:		
q	Current year's accumulated reconciliation account:		
	(1) Due to additional funding charges as of the beginning of the plan year q(1)	1	•
	(2) Due to additional interest charges as of the beginning of the plan year q(2)	<u> </u>	
	(3) Due to waived funding deficiencies:		
•	(a) Reconcillation outstanding balance as of valuation date	_00000001	
	(b) Reconcillation amount. Line 9c(2) balance minus line 9q(3)(a) q(3)(b))	
	(4) Total as of valuation date	q(4)	0
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p		,
	or the amount required under the alternative funding standard account if applicable		. 0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		. Yes X No



Bert Bell/Pete Rozelle NFL Player Retirement Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 6

Summary of Plan Provisions Including 2002 Extension Amendment (continued)

5. <u>Line-of-Duty Disability</u>

- (a) Age Requirement: None
- (b) Service Requirement: None
- (c) Duration of Payments: 90 months
- (d) Nature of Disability: The disability must have arisen out of football activities and must be expected to persist for at least 12 months and result in player's retirement from professional football. The disability must be substantial in the sense that it results in a major bodily impairment with the percentage loss of function depending upon the particular part of the body involved.
- (e) Monthly Amount: Normal pension earned, but not less than \$1,000 per month.
- 6. Early Payment Benefit (Not applicable to players who do not have a Credited Season prior to 1993)
 - (a) Age Requirement: None
 - (b) Service Requirement: Vested and left football on or after March 1, 1977.
 - (c) Amount: A lump sum equal to 25% of the actuarial present value of the player's benefit credits as of the date of payment. If the player makes application for this benefit after March 31, 1982, any and all future benefits payable (normal or early retirement, death or disability) will be reduced 25%. If application was made prior to April 1, 1982, only the normal or early retirement benefit will be reduced 25%.

Bert Bell/Pete Rozelle NFL Player Retirement Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 6

Summary of Plan Provisions Including 2002 Extension Amendment (continued)

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

- (a) Eligibility Requirement: Active player or vested inactive player and survived by widow or dependent children.
- (b) Monthly Amount: 50% of the normal pension accrued, but not less than \$3,000 per month for the 48 months immediately following death and no less than \$1,200 per month thereafter. (For vested players not active in a season after 1976, the \$3,000 minimum benefit is not applicable. For vested players active in a season after 1976, but not after 1981, the \$3,000 minimum benefit is \$2,000.)
- (c) Duration of Payment: Benefits are paid to the widow until her death or remarriage. If there are surviving dependent children at the point that the widow's benefit ceases, payments will continue to the children until they reach age 19, or age 23 if in college. If any dependent child is mentally or physically incapacitated, benefits will continue for the child's lifetime.
- (d) In the event of the death of a vested player or vested inactive player who (1) had an Hour of Service on or after August 23, 1984, or (2) had an Hour of Service on or after April 1, 1976, who was living on August 23, 1984 and had 10 years of service under the plan, and who was not at the time of his death a retired player, his surviving spouse, if any, shall be eligible to receive a spouse's preretirement death benefit. The spouse's preretirement death benefit is the benefit which would have become payable to such surviving spouse upon the death of such player as if he had retired and died on the day following his annuity starting date and elected benefits in the form of a Joint and Survivor annuity. The benefit begins to be paid as of the first day of the month following the date of the death of the vested player or vested inactive player or, if later, the first day of the month following the month in which such player would have reached his early retirement date had he lived to that date. The monthly benefit payments continue for the life

Bert Bell/Pete Rozelle NFL Player Retirement Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 6

Summary of Plan Provisions Including 2002 Extension Amendment (continued)

of the surviving spouse. If a spouse is eligible to receive the benefit described in this section and the benefit described in (a), (b), and (c) above, she must elect which one of the two benefits she is to receive.

8. Postretirement Death Benefit

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

Note:

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

Bert Bell/Pete Rozelle NFL Player Retirement Plan EIN/PN: 13-6043636/001 Schedule B Line 9c & 9j

APPENDIX 2

Funding Standard Account: Amortization Credits and Charges as of April 1, 2003

				=	As of 4/0	01/2003
Type*	Date	Years	Original Amount	Annual Payment	Years	Outstanding Balance
Charges						
IL	3/31/1977	40	\$27,413,000	\$1,780,787	13.00	\$15,738,465
PA	11/01/1977	40	1,692,600	112,808	13.42	1,016,307
PA	2/01/1979	40	651,600	43,341	14.83	414,121
PA	1/01/1983	30	14,128,300	1,026,833	8.75	6,956,578
PA	3/31/1989	3.0	1,303,288	93,144	15.00	895,653
PA ·	3/31/1992	30	124,393,450	8,968,644	18.00	95,035,381
PA-	4/01/1993	30	5,579,111	428,686	20.00	
EL	4/01/1994	15	12,801,095	1,331,250	6.00	6,753,297
PA.	4/01/1994	30	23,799,617	1,833,394	21.00	20,884,648
EL	4/01/1995	15	27,040,935	2,812,122	7.00	16,113,392
EL	4/01/1997	15	13,020,320	1,354,048	9.00	9,361,727
PA.	4/01/1998	30	50,168,724	3,864,728	25.00	47,234,541
EL	4/01/1999	15	8,158,287	848,421	11.00	6,739,118
EL .	4/01/2001	15	27,102,402	2,818,515	13.00	24,909,836
PA	4/01/2002	30	125,518,055	9,669,234	29.00	124,247,861
EL.	4/01/2002	15	29,562,857	3,074,390	14.00	28,408,881
EL .	4/01/2003	15	60,394,203	6,280,696	15.00	60,394,203
Total Amorti	zation Charges:			\$46,341,041		\$469,881,560
Credits						
CA	3/31/1978	30	\$270,600	\$18,634	4.00	\$67,318
CA	3/31/1979	30	747,800	51,505	5.00	224,991
CF .	3/31/1980	37	1,375,300	91,263	13.00	806,574
PA.	3/31/1983	30	484,900	33,994	9.00	235,034
EG	3/31/1990	15	7,170,124	688,385	1.00	688,384
3G	3/31/1991	15	10,413,459	1,004,347	2.00	1,940,794
3 G	3/31/1992	15	8,803,407	852,844	3.00	2,389,474
EG .	3/31/1993	15	10,389,892	1,010,903	4.00	3,651,767
CF	4/01/1993	30	55,410,763	4,257,640	20.00	47,449,743
CA	4/01/1994	30	83,007,633	6,394,461	21.00	72,840,87
EG .	4/01/1996	15	590,768	61,437	8.00	389,67
∃G	4/01/1998	15	36,549,784	3,800,995	10.00	28,304,13
EG .	4/01/2000	15	22,918,036	2,383,361	12.00	20,034,96
Total Amorti	zation Credits:			\$20,649,769		\$179,023,727

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

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.

File as an attachment to Form 5500.

OMB No. 1210-0110

Official Use Only

2003

This Form is Open to Public Inspection.

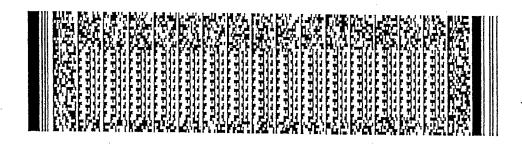
Schedule C (Form 5500) 2003

A All	04/01/2003	and ending	03/3	1/2004	
A Name of plan BERT BELL/PETE ROZELLE NFL PLAYER RE	CTIREMENT PLAN	В	Three-d	1	00:
C Plan sponsor's name as shown on line 2a of Form 5500 RETIREMENT BOARD OF BERT BELL/PETE	ROZELLE NFL PLAYE	D	plan nur Employ	ver Identificat	
Part Service Provider Information (see ins	structions)				13 0043036
1 Enter the total dollar amount of compensation paid by the	plan to all persons, other than	those			
listed below, who received compensation during the plan y	rear:		4		2281245
2 On the first item below list the contract administrator, if an	v. as defined in the instruction	s On the other items lie	t senice	providore in	
descending order of the compensation they received for the enter N/A in (c) and (d).	e services rendered during the	e plan year. List only the t	op 40. 10	03-12 IEs sho	uld
(a) Name	(b) Employer identification number (see instructions)			icial plan sition	
		CONTRACT A	DMINI	STRATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan		(g) Na service (see inst	
				12	
(a) Name	(b) Employer identification number (see instructions)			cial plan ition	
GROOM LAW GROUP	52-12190	29 ATTORNEY			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan		(g) Na service o (see instr	code(s)
NONE		3114	538		22
For Paperwork Reduction Act Notice and OMB Control Num	nbers, see the instructions f	or Form 5500. v6.		hedule C (Fo	rm 5500\ 2003





		· · · · · · · · · · · · · · · · · · ·	1 uge Z	Laconomic	
				Official Use Only	
(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position		
UBS		36-3718331	INVESTMENT MAN	AGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			489553	. 21	
(a) Name		(b) Employer identification number (see instructions)		fficial plan osition	
AON CONSULTING		22-3339704	ACTUARY/CONSULTANT		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			395323	11	
(a) Name		(b) Employer identification number (see instructions)		fficial plan sition	
NEUMEIER INVESTMENT CO.		77-0217352	INVESTMENT MAN	AGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances id by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	





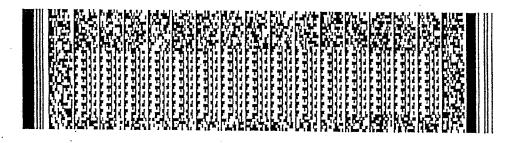
·				Official Use Only
(a) Name		(b) Employer identification number (see instructions)		fficial plan sition
CHARTWELL INVESTMENT PARTNERS		23-2891243	INVESTMENT MAN	AGER
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			338976	21
(a) Name		(b) Employer Identification number (see instructions)	(c) Official plan position	
LEGG MASON		52-1268629	INVESTMENT MANA	AGER
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	·		305818	21
(a) Name		(b) Employer identification number (see instructions)		ficial plan sition
CURNER INVESTMENT PARTNERS		23-2587824	INVESTMENT MANA	AGER
person known to be a		Gross salary allowances	(f) Fees and commissions	(g) Nature of service code(s)
	pa	ild by plan	paid by plan	(see instructions)





				Official Use Only
(a) Name		(b) Employer identification number (see instructions)		official plan osition
SMITH BARNEY/PEACHTREE		06-1274088	INVESTMENT MAN	AGER
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			226398	21
		I		
(a) Name		(b) Employer identification number (see instructions)		fficial plan osition
BRANDYWINE ASSET		51-0294065	INVESTMENT MAN	AGER
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			222976	21
(a) Name		(b) Employer Identification number (see instructions)		fficial plan osition
PACIFIC INVESTMENT MGMT CO.		33-0629048	INVESTMENT MAN	AGER
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			221431	21
			· · ·	







(e) Gross salary

or allowances

paid by plan

v6.1

(g) Nature of

service code(s)

(see instructions)

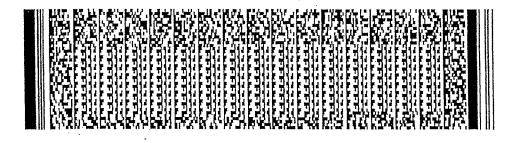
20

(f) Fees and

commissions

paid by plan

174809



(d) Relationship to employer,

employee organization, or

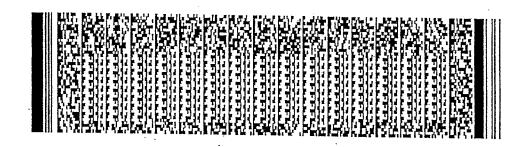
person known to be a

NONE

party-In-interest



					Official Use Only	
(a) Name		(b) Employer identification number (see instructions)			fficial plan osition	
SARAH E. GAUNT		13-604363	3.6	PLAN DIRECTOR		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	llowances comm		(g) Nature of service code(s) (see instructions)	
NONE		169868			13	
(a) Name		(b) Employer identification number (see instructions)			ficial plan esition	
AKIN, GUMP, STRAUSS, HAUER & FELD	75-1338644		4	ATTORNEY		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	(e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE				111132	22	
(a) Name		(b) Employer Identification number (see instructions)			fficial plan osition	
SAY LYNN HECTOR		13-6043636 (e) Gross salary or allowances paid by plan		ASST. PLAN DIRE	ECTOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest				allowances		(f) Fees and commissions paid by plan
NONE	·	61171			13	
				ve i	· · · · · · · · · · · · · · · · · · ·	





				Official Use Only		
(a) Name	(a) Name (b) Employer identification (c) Officia number (see position instructions)			Official plan osition		
FRANK NOBLEZA		13-6043636	COMPUTER PROGR	RAMMING		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	(e) Gross salary (f) Fees and commissions paid by plan paid by plan		(g) Nature of service code(s) (see instructions)		
NONE	60883		•	13		
(a) Name	(b) Employer identification number (see instructions)	(c) C	Official plan osition			
THE MT. ROYAL PRINTING COMPAN	ΙΥ	52-0787343	PRINTING			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances ald by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)		
NONE			52810	23		
(a) Name		(b) Employer identification number (see instructions)		Official plan position		
CYNTHIA TIMPSON		13-6043636	BENEFIT COORD	INATOR		
(d) Relationship to employer, employee organization, or person known to be a	or	Gross salary allowances ald by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)		
party-in-interest	Į.					

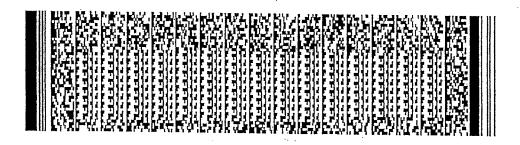






				Official Use Only
(a) Name		(b) Employer identification number (see instructions)		Official plan osition
CHARISSE CALDWELL		13-6043636	BENEFIT COORDI	NATOR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		36783		13
(a) Name		(b) Employer identification number (see instructions)		fficial plan osition
STATE STREET BANK & TRUST		04-1867445	INVESTMENT MAN	AGER
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			30371	21
(a) Name		(b) Employer identification number (see instructions)		fficial pian sition
ROSE MARY EVES	13-6043636		BENEFIT COORDI	NATOR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances id by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
IONE		29799		13







			Official Use Only					
(a) Name	-	(b) Employer identification number (see instructions)		(c) Official plan position				
SHELLEY WARNER		13-604363	6 RECEPTIONIST					
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)				
ONE 29201		29201		13				
(a) Name		(b) Employer identification number (see instructions)		fficial plan psition				
PAUL SCOTT		13-604363	6 BENEFIT COORDI	NATOR				
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)				
NONE		21218	·	13				
(a) Name	·	(b) Employer identification number (see instructions)		fficial plan psition				
ANNETTE MILLER	13-6043636		6 FILING COORDIN	ATOR				
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		tion, or (e) Gross salary or allowances		(g) Nature of service code(s) (see instructions)				
NONE		20436		13				





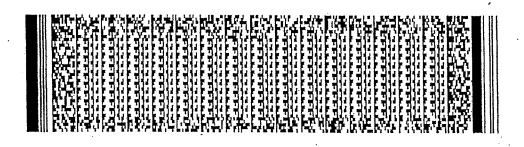
				Official Use Only			
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position			
ABRAMS, FOSTER, NOLE & WILLIAMS		52-185404	9 AUDITOR				
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	tion, or (e) Gross salary (f) Fees and be a or allowances commissions		commissions	(g) Nature of service code(s) (see instructions)			
NONE			16255	10			
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position			
DEANNA MORGAN		13-6043636 BENEFIT COORDINA		INATOR			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)			
NONE		10557	-	13			
(a) Name		(b) Employer identification number (see instructions)		Official plan osition			
JOYCE COMEGYS		13-6043636	BENEFIT COORDI	NATOR			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances iid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)			
IONE		8796		13			





Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)							
(a) Name							
(c) Position							
(d) Address							
(e) Telephone No.							
Explanation:							
(a) Name	(b) EIN						
(c) Position							
(d) Address							
(e) Telephone No.							
Explanation:							
(a) Name	(b) EIN						
(C) Position							
(d) Address							
(e) Telephone No.							
Frankantina							
							







BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

EIN: 13-6043636 PLAN NO: 001

FORM 5500 ANNUAL REPORT FOR PLAN YEAR ENDED MARCH 31, 2004

ATTACHMENT TO SCHEDULE C

Part I, Element (g)

Additional Service Codes for AON CONSULTING

- 17 Consulting (general)
- 19 Insurance agents and brokers
- 27 Pension insurance advisor

SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

DFE/Participating Plan Information

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

Official Use Only

OMB No. 1210-0110

2003

Department of Labor Employee Benefits Security Administration

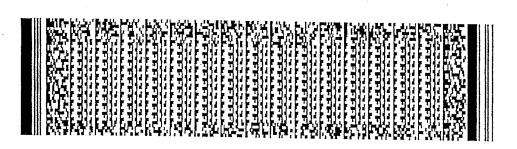
File as an attachment to Form 5500.

This Form is Open to Public Inspection.

For calendar plan year 2003 or fiscal plan year beginning 04/01/2003 and e	ending 03,	/31/2004	;
A Name of pian or DFE BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	B Thre		001
C Pian or DFE sponsor's name as shown on line 2a of Form 5500 RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAY	D Emp	oloyer identifi	cation Number 13-6043636
Part Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be	complete	ed by plans	and DFEs)
(a) Name of MTIA, CCT, PSA, or 103-12IE EB TEMPORARY INVESTMENT FUND			
(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.			
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, CC or 103-12IE at end of year (see ins	CT, PSA, structions)		18550105
(a) Name of MTIA, CCT, PSA, or 103-12IE BSDT-LATE MONEY DEPOSIT ACCOUNT			·
(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.	·		
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, CC or 103-12IE at end of year (see instance)	CT, PSA, tructions)		60699846
(a) Name of MTIA, CCT, PSA, or 103-12IE INDEX PLUS SECURITIES LENDING FUND			
(b) Name of sponsor of entity listed in (a) STATE STREET BANK & TRUST COMPANY			
(c) EIN-PN 04-0025081-014 (d) Entity code C (e) Or 103-12IE at end of year (see inst	CT, PSA, tructions)		56237428
(a) Name of MTIA, CCT, PSA, or 103-12IE	· · · · · · · · · · · · · · · · · · ·		
(b) Name of sponsor of entity listed in (a)			,
Dollar value of interest in MTIA, CC (e) e IN-PN (e) or 103-12IE at end of year (see inst	CT, PSA, tructions)		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	v6.1	Schedule F	(Form 5500) 2003







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

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



Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

Dollar value of interest in MTIA, CCT, PSA,

Б	information on Participating Plans (to be completed by DEE)		Official Use Only
	DEES)		
(a)	Plan name		
	Name of plan sponsor	(c)	EIN-PN
	Plan name		
	Name of plan sponsor	(c)	EIN-PN
	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
	Plan name		
	Name of plan sponsor	_ (c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor	(c)	
	Plan name		
(b)	Name of plan sponsor		
(a)	Plan name		
(b)	Name of plan sponsor	_ (c)	EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor	_ (c)	EIN-PN
		.	v6.1





SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

(6) Real estate (other than employer real property)

Value of interest in common/collective trusts

Value of interest in pooled separate accounts

(12) Value of interest in 103-12 investment entities

Value of interest in master trust investment accounts

Value of interest in registered investment companies (e.g., mutual funds)

Loans (other than to participants)

Participant loans

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.

04/01/2003

Official Use Only

OMB No. 1210-0110

2003

This Form is Open to Public Inspection.

For calendar year 2003 or fiscal plan year beginning 03/31/2004 and ending Name of plan BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN B Three-digit plan number 001 Plan sponsor's name as shown on line 2a of Form 5500 RETIREMENT BOARD OF **Employer Identification Number** BERT BELL/PETE ROZELLE NFL PLA 13-6043636 Asset and Liability Statement 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 complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 lEs also do not complete lines 1d and 1e. See instructions. MTIAs, CCTs, PSAs, and 103-12 IEs do not **Assets** a Total noninterest-bearing cash (b) End of Year b Receivables (less allowance for doubtful accounts): (1) Employer contributions b(1)(2) Participant contributions b(2) (3) Other 38742863 b(3)35955113 General investments: (1) Interest-bearing cash (incl. money market accounts and certificates of deposit) c(1)26620 61507198 (2) U.S. Government securities 40029720 c(2) (3) Corporate debt instruments (other than employer securities): 34370027 (A) Preferred c(3)(A (B) All other. 51361173 52587318 (4) Corporate stocks (other than employer securities): (A) Preferred 2316481 c(4)(A 827076 (B) Common 328178798 c(4)(B 344855459 (5) Partnership/joint venture interests

c(5)

c(6)

c(7)

c(8)

c(9)

c(10)

C(11)

<u>c(12)</u>

<u>c(13)</u>

(14) Value of funds held in insurance co. general account (unallocated contracts) c(14) c(15) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v6.1 Schedule H (Form 5500) 2003

135487379

154824061

106452590

66086184





e Buildings and other property used in plan operation

Liabilities

Net Assets

d Employer-related investments:

(1) Employer securities

Benefit claims payable

Acquisition indebtedness

Operating payables

Other liabilities

g

Employer real property

Official Use Only (a) Beginning of Year (b) End of Year d(1) d(2) e Total assets (add all amounts in lines 1a through 1e) f 633194429 820413631 q 1396997 h 1449319 i 37789474 34697691 39186471 36147010 k

594007958

784266621

Income and Expense Statement

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

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

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.

a Contributions: (1) Received or receivable in cash from: (A) Employers	
(1) Received or receivable in cash from: (A) Employers 2/4//A) 59436976	
(A) Employera a(1)(A)	
(B) Participants	
(C) Others (including rollovers)	
(2) Noncash contributions	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	9436976
b Earnings on investments:	
(1) Interest:	
(A) Interest-bearing cash (including money market	
accounts and certificates of deposit) b(1)(A)	
(B) U.S. Government securities	
(C) Corporate debt instruments: b(1)(C)	
(D) Loans (other than to participants) b(1)(D)	
(E) Participant loans	
(F) Other b(1)(F) 1570834	
	3695913
(2) Dividends: (A) Preferred stock b(2)(A)	
(B) Common stock b(2)(B) 9318487	
	9318487
(3) Rents b(3)	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds b(4)(A) 215407395	
(B) Aggregate carrying amount (see instructions) b(4)(B) 187621310	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result b(4)(C)	7.786085





Schedule H (Form 5500) 2003 Page 3 Official Use Only (a) Amount (b) Total (5) Unrealized appreciation (depreciation) of assets: b(5)(A) (B) Other 108429715 b(5)(B)(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) b(5)(C) 108429715 (6) Net investment gain (loss) from common/collective trusts 4456016 b(6)(7) Net investment gain (loss) from pooled separate accounts b(7)(8) Net investment gain (loss) from master trust investment accounts b(8) (9) Net investment gain (loss) from 103-12 investment entities b(9) (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) b(10)35648125 Other income d Total income. Add all income amounts in column (b) and enter total 248771317 Expenses e Benefit payment and payments to provide benefits: (1) Directly to participants or beneficiaries, including direct rollovers 49030378 e(1)(2) To insurance carriers for the provision of benefits e(2)(3) Other e(3)(4) Total benefit payments. Add lines 2e(1) through (3) 49030378 e(4) Corrective distributions (see instructions) Certain deemed distributions of participant loans (see instructions) q interest expense h Administrative expenses: (1) Professional fees 363939. i(1)(2) Contract administrator fees i(2)(3) Investment advisory and management fees 2835481 i(3)(4) Other 3007402 (5) Total administrative expenses. Add lines 2i(1) through (4) i(5)9482276 Total expenses. Add all expense amounts in column (b) and enter total 58512654 Net Income and Reconciliation k Net income (loss) (subtract line 2j from line 2d) 190258663 Transfers of assets (1) To this plan J(1)(2) From this plan Accountant's Opinion Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached. a The attached opinion of an independent qualified public accountant for this plan is (see instructions): (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)? c Enter the name and EIN of the accountant (or accounting firm) 52-1854049 ABRAMS, FOSTER, NOLE & WILLIAMS d The opinion of an independent qualified public accountant is not attached because: (1) The Form 5500 is filed for a CCT, PSA or MTIA. opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



Transactions During Plan Year s and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and 12 IEs also do not complete 4j. Ing the plan year: The employer fail to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (see instructions and Distributed in 29 CFR 2510.3-102? (see instructions due the plan and plan year or classified during the year as uncollectible? Disregal ficipant's account balance. (Attach Schedule G (Form 5500) any leases to which the plan was a party in default or classified ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is continued in the plan year and party-in-interest? Citions reported on line 4a. Attach Schedule G (Form 5500) Find on line 4d.) In plan covered by a fidelity bond? In plan have a loss, whether or not reimbursed by the plan's find year and plan years and party appraiser? In plan hold any assets whose current value was neither readility shed market nor set by an independent third party appraiser? In plan receive any noncash contributions whose value was neither readility shed market nor set by an independent third party appraiser?	utions within the time OL's Voluntary In in default as of the close Indicate a participant loans secured Part I if "Yes" is checked) Indicate a participant loans secured Part I if "Yes" is checked) I (Do not include Part III if "Yes" is I if "Yes" is	a	4h, 4k,	,	Amount
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plan receive any noncash contributions whose value was a					
stablished market per set by an in-		a		Х	
	ither readily determinable				
stablished market nor set by an independent third party appr	aiser?	h		X	
plan have assets held for investment? (Attach schedule(s) od, and see instructions for format requirements)	f assets if "Yes" is				
ny plan transactions or socioe of the courrements)		i	X		
ny plan transactions or series of transactions in excess of 5% sets? (Attach schedule of transactions is 18%, 18%, 18%, 18%, 18%, 18%, 18%, 18%,	of the current value of				**************************************
sets? (Attach schedule of transactions if "Yes" is checked an equirements)	d see instructions for				
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the plan assets either distributed to participants or beneficial prought under the control of the PBGC?	ries, transferred to another	r 💹			
esolution to terminate the plan book adapt of		k		X	
esolution to terminate the plan been adopted during the plan y to the employer this year	ear or any prior plan year?	If yes, enter	the am	ount of any	Dian assets that
to the employer this year	····· Yes	⊠ No	An	ount	pidir dobbis triat
this plan year, any assets or liabilities were transferred from seferred. (See instructions).	this plan to another plan(s	s), identify the	e plan(s) to which a	ssets or liabilities
Name of plan(s)				,	secto of liabilities
	5b(2) E	EIN(s)			5b(3) PN(s)
	,				OD(O) 1-14(S)
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SCHEDULE P (FORM 5500)

Department of the Treasury Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

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

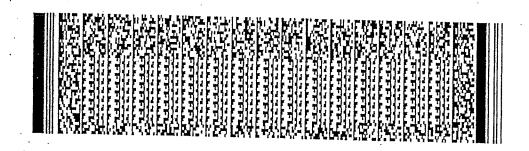
Official Use Only

OMB No. 1210-0110

2003

This Form is Open to Public Inspection.

For	trust calendar year 2003 or fiscal year beginning 04/01/2003 and ending 03/31/2004
1a	Name of trustee or custodian
	LLON BANK, N.A.
b	Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)
	MELLON BANK CENTER
С	City or town, state, and ZIP code
PİT	TSBURGH PA 15258-0001
	Name of trust T BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
b	Trust's employer identification number 13-6043636
	Name of plan if different from name of trust
BER	T BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
4	Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?
	Enter the plan sponsor's employer identification number as shown on Form 5500 pr 5500-EZ
Jnder SIG JER	Signature of
or th	e Paperwork Reduction Notice and OMB Control Numbers, v6.1 Schedule P (Form 5500) 2003 ne instructions for Form 5500 or 5500-EZ.





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.

Official Use Only

OMB No. 1210-0110

2003

This Form is Open to Public Inspection.

For	calendar year 2003 or fiscal plan year beginning 04/01/2003 , and ending		03	/31/2	004	ic inspec	cion.
Α	Name of plan	В	Three	-diait		T '	
	RT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN		plan n	-	>		001
C	Plan sponsor's name as shown on line 2a of Form 5500	D			ntific	ation Nun	nber
-	TIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAY	•	•	•		13-	6043636
P	art 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).						
	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				
	Funding Information(If the plan is not subject to the minimum funding requirements of se	ection	412 o	the Inte	ernal R	evenue	
	Code or ERISA section 302, skip this Part)						
4 -	Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?				Yes	× No	N/A
	If the plan is a defined benefit plan, go to line 7.						
5	If a waiver of the minimum funding standard for a prior year is being amortized in this						
	plan year, see instructions, and enter the date of the ruling letter granting the waiver	>	Month		Dav	Yea	ar
_	If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remaind	ier of	this s	chedul	- /- e.		
	Enter the minimum required contribution for this plan year		6a				
b	Enter the amount contributed by the employer to the plan for this plan year		6b				
·C	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left						
	of a negative amount)		6c	s		•	
	If you completed line 6c, do not complete the remainder of this schedule.					·····	
7	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing	autor	natic				
enane.	approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the cr	nange	?	🔲	Yes	No	X N/A
P	IIII Amendments						
8	If this is a defined benefit pension plan, were any amendments adopted during this plan year that						
<u>. </u>	increased the value of benefits? (see instructions)			🛛	Yes	⊠ No	
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	١	6.1	Sched	ıle R (Form 550	0) 2003
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SCHEDULE T (Form 5500)

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

Official Use Only OMB No. 1210-0110 2003

Department of the Treasury Internal Revenue Service

For calendar year 2003 or fiscal plan year beginning

File as an attachment to Form 5500 04/01/2003

This Form is Open to Public Inspection.

03/31/2004

and ending

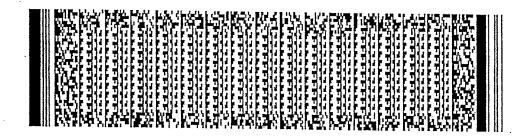
Δ	Name of plan	_03	/31/2004	
BEF	RELL/PETE POSELLE MEL DINUE DE DES	В	Three-digit	
	RT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN		plan number 🕨	00
RET	Plan sponsor's name as shown on line 2a of Form 5500 PIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER	D	Employer Identifi	ication Number
Note	: If the plan is maintained by:	<u></u>		13-604363
● M ea	ore than one employer and benefits employees who are not collectively-bargained employees, a separate Schedach each employer (see the instruction for line 1).			
ea	n employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate ach QSLOB (see the instruction for line 2).	Sch	edule T may be requ	uired for
1	If this schedule is being filed to provide coverage information regarding the noncollectively bargained employee in a plan maintained by more than one employer, enter the name and EIN of the participating employer:	s of	an employer particip	ating
1a	Name of participating employer	Emį	oloyer identificatio	n number
2	If the employer maintaining the plan operates QSLOBs, enter the following information:			
a ·	The number of QSLOBs that the employer operates is			
b ·	The number of such QSLOBs that have employees benefiting under this plan is			
C	Does the employer apply the minimum coverage requirements to the			_
d I	Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a Q f the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information	SLO giver	B basis? n on line 3 or 4 relate	∐Yes ∐No es.
	exceptions Check the box before each statement that describes the plan or the employer. Also see instruction			
1	f you check any box, do not complete the rest of this Schedule.	ns.		
а	The employer employs only highly compensated employees (HCEs).			
b	No HCEs benefited under the plan at anytime during the plan year.			
C	The plan benefits only collectively-bargained employees.			
d	The plan benefits all noneycludable population to the plan benefits all noneycludable populations.			•
	The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code including leased employees and self-employed individuals.	sec	tions 414(b), (c), and	d (m)),
е [
or Pa	The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).			
	perwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	v6.1	Schedule T (F	orm 5500) 2003
			•	,





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_					Official Use Only	
4	Enter the date the plan year began for which	coverage data is being submitted.	Month	Day	Year	
a	Did any leased employees perform services	for the employer at any time during the	ne plan year?		Yes	IND
b	In testing whether the plan satisfies the cove	rage and nondiscrimination tests of	Code sections 410(b) and 40	1(a)(4).		
	does the employer aggregate plans?					Пио
C	Complete the following:	· .			i i i i i i i i i i i i i i i i i i i	☐ 140
	(1) Total number of employees of the employees	er (as defined in Code section 414/	b), (c), and (m)), including	-		
	leased employees and self-employed ind	íviduals	-,, (-), and (my), molecula	c(1)	•	
	(2) Number of excludable employees as def	ned in IRS regulations (see instructi	nne)	c(2)	· · · · · · · · · · · · · · · · · · ·	
	(3) Number of nonexcludable employees. (S	ubtract line 4c(2) from line 4c(1)	200/	C(2)		
	(4) Number of nonexcludable employees (lin	e 4c(3)) who are HCFs	• • • • • • • • • • • • • • • • • • • •	0(4)		
	(5) Number of nonexcludable employees (lin	e 4c(3)) who benefit under the plan	*****************	C(4)		
	(6) Number of benefiting nonexcludable emp	slovees (line 4c(5)) who are HCEs	************	··· (C(3)		
d	Enter the plan's ratio percentage and, if applic	cable, identify the disaggregated part	of the plan to which the	c(6)		
	information on lines 4c and 4d pertains (see i	nstructions)	of the plan to which the			
e	Identify any disaggregated part of the plan an		tion to a total and	_ d		%
	and any analysis of the plan and	d enter the ratio percentage or excep	ition (see instructions).			
	Disaggregated part:	Ratio Percentage:	Exception:			
	(1)					
						
	(2)					
	(3)					
£ .	This plan satisfies the enverge requirement	and the transfer of the transf	ui m			
ــــــــــــــــــــــــــــــــــــــ	This plan satisfies the coverage requirements	on the basis of (check one):	(1) the ratio percentage	test (2)	average benefit	test





5558 ev. June 2001)

~-	Cortain	Employee	Plan	Returns
11)	Cellani	FILLDIOJO		

File With IRS Only

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	Name of filer, plan administrator, or plan sponsor (see instructions)	Filer's i	dentifying N (see instruc	tions).	Uncon ap	plicable box and	
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5500.	200 ST. PAUL PLACE SUITE 2420	▶.	13-604	3636			OR
EZ, or	City or town, state, and ZIP code	So	cial security	numbe	(see Specif	ic Instructions)	
uctions)	BALTIMORE, MD 21212	>					
) request :	an extension of time until 01/15/05 to file (check	appropria	te box(es))	•			
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The application	5500 or 5500-EZ (no more than 21/2 months). cation is automatically approved to the date shown on line 1 (above) if: (1) be controlled due date of Form 5500 or 5500-EZ for which this extension is requested the date.		•				l on or ths after
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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 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).

Complete all entries in accordance with the instructions to the Form 5500. Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2004

This Form is Open to Public Inspection.

Part Annual Report Identification I	die mandenons t	o trie Form 5500.	Public Inspection.
Part Annual Report Identification In For the calendar plan year 2004 or fiscal plan year be	ntormation	2004	
A This return/report is for: (1) X a multiemployer old	ginning 04/01/	$\frac{2004}{1}$ and ending $\frac{03}{1}$	31/2005
() H		(3) 🔲 a multiple-employe	r plan; or
(2) 🔲 a single-employer p	olan (other than a	(4) 📙 a DFE (specify) _	
multiple-employer p	olan);	_	
B This return/report is: (1) The first return/repo		~	
(-) [rt filed for the plan;	(3) the final return/repo	ort filed for the plan;
(2) \coprod an amended return	report;		eturn/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	• • • • • • • • • • • • • • • • • • • •		· 🗂
D If filing under an extension of time or the DFVC progra	ım, check box and atta	ch required information. (see instruction	s) × X
Dasic Flair Information enter a	Il requested information	on.	
1a Name of plan BERT BELL / PETE POZELLE NEL DIAMES		1b Three	e-digit
BERT BELL/PETE ROZELLE NFL PLAYER	RETIREMENT P		number (PN) 001
			tive date of plan (mo., day, yr.)
•		09/09/	1962
0- 5			-
2a Plan sponsor's name and address (employer, if for a	single-employer plan)	2b Empl	oyer Identification Number (EIN)
(Address should include room or suite no.)			13-6043636
	ΓE	2c Spon	sor's telephone number
ROZELLE NFL PLAYER RETIREMENT PLA	N		800-638-3186
		2d Busin	ess code (see instructions)
200 cm Datt DIACE			711210
200 ST. PAUL PLACE, SUITE 2420			711210
BALTIMORE	MD	21202-2040	
Caution: A penalty for the late or incomplete filing of this ru	eturn/report will be ass	essed unless reasonable cause is estab	lished
Under penalties of perjury and other penalties set forth in the instructions the electronic version of this return/report if it is being filed electronically,	ons, I declare that I have exa	mined this return/report, including accompanying so	nedules statements and attachments as well
······································	=	adge and belief, it is true, correct and complete.	as well
SIGN Pellery A. Van No	1, 1	Prollens Ville VIII	
HERE ! ! Drey H. Van 16	1-12-06	WILLIAM V. BIBWILL/JEH	FEREY A. VAN NOTE
Signature of plan administrator	Date	Type or print name of individual sign	
SIGN V (Type of print hathe of kilolyidual sign	ling as plan administrator
ERE V			
Signature of employer/plan sponsor/DFE	Date	Type or print name of individual signing as em	
or Paperwork Reduction Act Notice and OMB Control	Numbers, see the in	netructions for Form Fron	
•		instructions for Portin 5500.	7.2 Form 5500 (2004)
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Form 5500 (2004)		
	Page 2	
3a Plan administrator's name and address (If same as plan sponsor, enter "Same")		Official Use Only
SAME (Same)	3b Administ	rator's EIN
	3c Administ	rator'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 EIN and the plan number from the last return/report filed for this plan.		
EIN and the plan number from the last return/report below:	, enter the name,	b EIN
a Sponsor's name		1
		C PN
5 Preparer information (optional) a Name (including firm name if applicable) and the		
Treparer information (optional) a Name (including firm name, if applicable) and address		b EIN
		c Telephone number
·		C receptions number
6 Total number of participants at the basis in the		·
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		7b 2344
de la compania entitied to luture benefits		7c 4768
		7d 9214
benefits are receiving or are entitled to receive benefits		7e 346
		7f 9560
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Characteristics Codes printed in the instructions): [18] [16] [16] [17]		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare Characteristics Codes printed in the instructions): 4H 4T.	feature codes fro	
Characteristics Codes printed in the instructions): 4H 4L 4L	Totaldie codes in	m the list of Plan
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9a Plan funding arrangement (check all that apply) 9b Plan benefit arranger	ment (check all the	t a - 1)
(4)	non (Greck all tha	ı appıy)
(2) Code section 412(i) insurance contracts	440(1) :	
(3) 🗓 🗔	412(i) insurance o	contracts
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1 14) [] General asse	ts of the sponsor	
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Form	5500	(2004)

a Pension Benefit Schedules

prior year, enter the year

В

(Retirement Plan Information)

(Actuarial Information)

(ESOP Annual Information)

SSA (Separated Vested Participant Information)

If a Schedule T is not attached because the plan

is relying on coverage testing information for a

(Qualified Pension Plan Coverage Information)

(1)

(2)

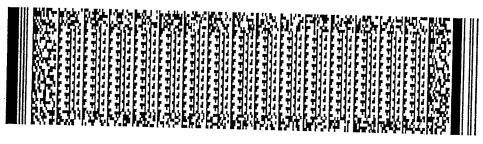
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(4)

(5)

Page 3

Official Use Only Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.) Financial Schedules (1) (Financial Information) (2) (Financial Information - Small Plan) (3) (Insurance Information) (4) (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules) 1 (7) (Trust Fiduciary Information)





SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

Attach to Form 5500 or 5500-EZ if applicable.

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to Public Inspection (except when

- Pension Benefit Guaranty Corporation	l ▶ Se	e separate instructions.	able.	Inspection (except when
For calendar plan year 2004 or fiscal p	plan year beginning 04/01	/2004	0.276	attached to Form 5500-EZ).
Round off amounts to nearest d	ollar.	·		31/2005
► Caution: A penalty of \$1,000 will b A Name of plan	e assessed for late filing of this re	port unloss sees - 11		
BERT BELL / PETE ROZEL	LE NFL PLAYER RETIR	EMENT P	B Three-digit	
C Plan sponsor's name as shown on	line 2 FT FT.		plan number	001
TOTAL BOARD OF TH	E BERT BELL / PETE	ROZELLE	D Employer Identific	
E Type of plan: (1) Multiemploy	er (2) Single-employer			13-6043636
Part Basic Information	(To be completed by all plans)	(3) Multiple-employer	F 100 or fewer par	ticipants in prior plan year
1a Enter the actuarial valuation date:	Month 04	Day 01 Y		
b Assets:	14101111	Day <u></u> Y	ear 2004	
(1) Current value of assets			1 .	
(2) Actuarial value of assets for	funding standard account	••••••	b(1)	784266621
C (1) Accrued liability for plans usi	ng immediate gain methodo		<u>b(2)</u>	678927024
(2) Information for plans using s	pread gain methods:		c(1)	931146510
(a) Unfunded liability for me	attended to the second			
(b) Accrued liability under e	mtm. alm		····· c(2)(a)	
(c) Normal cost under entry			····· c(2)(b)	
Statement by Enrolled Actuary (see	instruction to 6		c(2)(c)	
To the best of my knowledge, the information st	upplied in this schodule and a re		·	
To the best of my knowledge, the information somy opinion each assumption, used in combination plan, each assumption used (a) is reasonable (tak equivalent to that which would be determined if ea (taking into account the experience of the plan and	ch such assumption were reasonable; in the reasonable expectations).	anying schedules, statements, and atta d experience under the plan. Furtherm and reasonable expectations) or (b) wo se case of a multiemployer plan, the as	achments, if any, is complete a ore, in the case of a plan other ould, in the aggregate, result in sumptions used, in the aggreg	and accurate, and in than a multlemployer a total contribution ate, are reasonable
HERE // Wed	cl spuld		11/30/	2005
BRUCE GOULD	Signature of actuary			D-4
			G	Date 05-02767
Typ AON CONSULTING	pe or print name of actuary			
COMPONING			IVIOS	t recent enrollment number 410-547-2962
111 MARKET PLACE	Firm name		Tolophan	
BALTIMORE			r eleptione num	per (including area code)
	MD 21202-00	000		
E A	Address of the firm			
f the actuary has not fully reflected any reheck the box and see instructions	egulation or ruling promulgated un	der the statute in completing the	his schodula	
- STO ITIES SECURIS			nis scriedule,	—
or Paperwork Reduction Act Notice	ADOLIMIK Control No	v7.2		
ee the Instructions for Form 5500 or	5500-EZ	**.2	Sci	nedule B (Form 5500) 2004
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1d Information on current liabilities of the plan:

(2) "RPA '94" information: (a) Current liability

Official Use Only (1) Amount excluded from current liability attributable to pre-participation service (see instructions) d(1)1037719946 d(2)(a)d(2)(b) 28731779 d(2)(c)d(2)(d)44541237

784266621

397698282

525730342

114291322

%

(3) Total Benefits

(3) Expected plan disbursements for the plan year Operational information as of beginning of this plan year:

Current value of the assets (see instructions)

"RPA '94" current liability: (1) For retired participants and beneficiaries receiving payments.

(2) For terminated vested participants (3) For active participants

9317 c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage

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

(c) Current liability computed at highest allowable interest rate (see instructions)

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

1015660353 1037719946

<u>2</u>a

397698282

518293859

99668212

(2) Vested Benefits

(~)	de to the plan for the plan ye (b) Amount paid by	(c) Amount paid by	employees:	(%)	
Month-Day-Year	<u>employer</u>	Amount paid by employees	Month-Day-Year	(b) Amount paid by	(c) Amount paid by
03/31/2005	64769237			employer	employees
					
				· .	
		<u> </u>			

(1) No. of Persons

2713

4576

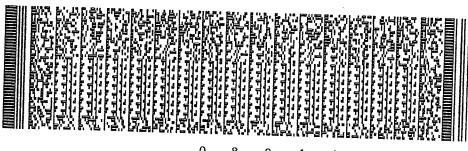
2028

4	Quarterly contr	ibutions and	liquidit	/ shortfall(s)
7	add tony conti.	ing Suomen	ndnigit	y shortfall(s

Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)

If line 4a is less than 100%, see instructions, and complete the following table as applicable:

-	Liquidity shortfall as of end of Quarter of this plan year	
ŀ	(1) 1st (2) 2nd (3) 3rd	(4) (4)
1		(4) 4th
L		
		l f





	Schedule B (Form 5500) 200	4	Page 3	
5	Actuarial			Official Use Only
a	Attained a set method used as the b	pasis for this plan year's funding standard	account computation:	
а	Attained age normal	b ∐ Entry age normal	c X Accrued benefit (unit credit)	
d	Aggregate			
		e Frozen initial liability	f Individual level premium	·
~	☐ Individual access			
g		h ☐ Other (specify) ▶		
1	Has a change been made in funding	method for this plan year?		
	let to me			····· Yes X No
j	if line i is "Yes," was the change ma	de pursuant to Revenue Procedure 2000	-40?	
k	" "No" en	ter the date of the ruling letter (individual)		
	ciass) approving the change in fund	ina method	1.4 a	
6	Checklist of certain actuarial assum	otions:	Month Day	Year
a	Interest rates for "RPA '94" current i	iability		
			····. 6a	6.40 % N/A
b	Weighted average retirement age	•		
			6b	47 N/A
C	Rates specified in insurance or annui	ty contracts N/A 6c	Pre-retirement Post	-retirement
d	Mortality table code for valuation purp	ty contracts N/A 6c	Yes X No Yes	X No N/A

			6	
е	(2) Females Valuation liability interest rate		6 .	
f		7 F 	7.25 %	7.25 % N/A
•	Expense loading	LJ N/A 6f	20.8 %	0.0 % N/A
q	Annual withdrawal rates:		Male F	emale
3	***	Rate Code	Rate Code	
	***	g(1) ^U	%U	9/
		g(2) ^U	%U	
h			% ^U	
i		X N/A 6h	%	
••	the valuation date	ial value of assets for the year ending on		
7			6i	4.1 %
•	New amortization bases established in (1) Type of Base	the current plan year:		
	1	(2) Initial Balance	(3) Amortiza	tion Charge/Credit
•		14620943	3	1520505
	· ·			
8	Miscellaneous information:			
u	date of the artism to the	nextension of an amortization period has	been approved for this plan year, enter the	
	date of the ruling letter granting the app	oroval	Month Day	
			Day	Year
		Elifer engress, a de energe de la com-		
				•
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Schedule	ь	(Form	55001	2004

Page 4

Official Use Only

9 a	ls t	ne or more alternative methods or rules (as listed in the instructions) were the in accordance with the instructions ne plan required to provide a Schedule of Active Participant Data? (see instructions) adding standard account statement for this plan year:				Yes X No
9	Fur		tructions) If "Ye	es," attach schedule		Yes X No
9	Fur		•			
		iding standard account statement for this plan and				
а	Ch					
а		arges to funding standard account:				
	Prio	or year funding deficiency, if any			9a	0
b		nlaunda namada akka d			9b	23910715
C		ortization charges as of valuation date:		tanding Balance	30	23710713
		All bases except funding waivers		468868151)	0(4)	47861546
		Funding waivers			c(1)	47001346
d		rest as applicable on lines 9a, 9b, and 9c			c(2)	5203489
е		Paternative and the same and th			9d	5203489
f		usted additional funding charge from Part II, line 12q, if applicable	• • • • • • • • • • • • • • • • • • • •		9e	· · · · · · · · · · · · · · · · · · ·
g	Tot					
9		al charges. Add lines 9a through 9f dits to funding standard account:	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	9g	76975750
h						
					9h	46793167
•		ployer contributions. Total from column (b) of line 3			9i	64769237
	٨٠٠٠	sufficient and the second of t		tanding Balance		
j I		ortization credits as of valuation date	▶ (\$	169856071)	9j	19961376
K	File	rest as applicable to end of plan year on lines 9h, 9i, and 9j	• • • • • • • • • • • • •		9k	4839704
•		funding limitation (FFL) and credits				
	(1)	ERISA FFL (accrued liability FFL)	<u> (1)</u>	346335312	_EXXXXXXXXI	
	(2)	"RPA '94" override (90% current liability FFL)	[1(2)]	297870895		•
	(3)	FFL credit			I(3)	0
m	(1)	Waived funding deficiency	<i></i>		m(1)	0
	.(2)	Other credits		,	m(2)	0
n	Tota	l credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)				136363484
0	Cred	tit balance: If line 9n is greater than line 9g, enter the difference		*************		59387734
р	Fun	F 10: 40		*******************	9p	0
		onciliation account:				<u>_</u>
q	Curr	ent year's accumulated reconciliation account:				
	(1)	Due to additional funding charges as of the beginning of the plan year	g(1)	C		
	(2)	Due to additional interest charges as of the beginning of the plan year	q(2)	0		
	(3)	Due to waived funding deficiencies:	4(2)			
	•	(a) Reconciliation outstanding balance as of valuation date	. g(3)(a)	n		
		(b) Reconciliation amount Line 9c(2) balance minus line 9q(3)(a)	. q(3)(b)			
	(4)	Total as of valuation date			- (4)	0
10	Con	tribution necessary to avoid an accumulated funding deficiency. Enter the	amount in line (· · · · · · · · · · · · · · · · · · ·	q(4)	
	or th	ne amount required under the alternative funding standard account if applic	anount mime ;	∍ p	40	•
		que a la atomative funding standard account il applic	able		10	0
11	Has	a change been made in the actuarial assumptions for the current plan year	r? If "Yes " see	instructions		Пу П.
		, and the plant you	. 11 100, 300	inisudctions		Yes X No
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Bert II/Pete Rozelle NFL Player Retire nt Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 5

Actuarial Assumptions and Actuarial Cost Method

Mortality Rates: Group Annuity Mortality Table for 1983 without margins.

<u>Disability Mortality Before Age 65</u>: 1965 Railroad Retirement Board select and ultimate timetable.

Nonfootball Disability Rates Before Retirement:

Age	Rate
22	.04%
27	.04%
32	.04%
37	.05%
42	 .09%
47	.18%
52	.41%

<u>Football Disability Rates</u>: .08% per year for active players and .06% per year for inactive players until age 45 after which it becomes zero. Active players are assumed to become inactive after one year of service or age 30, whichever comes later.

Withdrawal Rates:

For Players With Service of	Rate
1 year	29.1%
2 years	19.7%
3 years	17.0%

Election of Early Payment Benefit: 35% of all players out of football less than two years will elect the benefit two years after leaving football. Active players are assumed to leave football after one season or age 30, whichever is later. No assumption is made for players who have no Credited Seasons before 1993.

Bert .l/Pete Rozelle NFL Player Retire at Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 5

Actuarial Assumptions and Actuarial Cost Method (continued)

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

Percent Married: Social Security Awards in 1972.

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

Remarriage Rates: 1971 Railroad Retirement Board rates.

Net Investment Return: 7.25%.

Administrative Expenses: \$6,646,794. This amount was the actual administrative expenses during the preceding year.

Actuarial Value of Assets: The actuarial value of the assets is increased for new money (i.e., contributions plus dividends and interest income plus transfers for other plans, less benefit payments and expenses). This preliminary value is then adjusted by 20% of the difference between itself and the actual market value. An additional adjustment is made as necessary so that the final actuarial value is within 20% of market value.

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

Amortization for Determining Negotiated Contribution Only: 20 years beginning April 1, 1993; 19 years as of April 1, 1994; etc. In years when there is a zero or a negative unfunded actuarial accrued liability, the negotiated contribution is the amount which is expected to produce a zero unfunded actuarial accrued liability at the end of the plan year. The Negotiated Contribution also will not exceed the amount deductible under Code Section 404 for the Clubs for the plan year when made.

Bert I/Pete Rozelle NFL Player Retire. at Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 6

Summary of Plan Provisions Including 2002 Extension Amendment

1. Normal Retirement Pension

- (a) Age Requirement: 55
- (A player will, under certain circumstances, become vested even if he does not meet the preceding requirements if he has 10 years of service with Clubs in the NFL due to any employment, such as a coach.)

(c) Monthly Amount:

Credited Season	Benefit Credit
Before 1981	\$200
1982 to 1992	230
1993 and 1994	240
1995 and 1996	285
1997	330
1998 through the Plan Year that begins prior to the expiration of the Final League Year	425

Bert Al/Pete Rozelle NFL Player Retire at Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 6

Summary of Plan Provisions Including 2002 Extension Amendment (continued)

- 2. Early Retirement Pension (Not applicable to players who do not have a Credited Season prior to 1993)
 - (a) Age Requirement: 45 through 54
 - (b) Service Requirement: Same as 1(b) above.
 - (c) Monthly Amount: Normal pension actuarially reduced to reflect earlier benefit payments.

3. <u>Deferred Retirement Pension</u>

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

4. Total and Permanent Disability

- (a) Age Requirement: Under age 55 when disabled.
- (b) Service Requirement: None if active, otherwise service required for vested status.
- (c) Monthly Amount: Normal pension earned except that benefit will be no less than \$4,000 if disability is for active football, active nonfootball, or football degenerative and \$1,500 for inactive nonfootball. An additional \$100 per month will be paid for each dependent child.

Bert II/Pete Rozelle NFL Player Retire _nt Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 6

Summary of Plan Provisions Including 2002 Extension Amendment (continued)

5. <u>Line-of-Duty Disability</u>

- (a) Age Requirement: None
- (b) Service Requirement: None
- (c) Duration of Payments: 90 months
- (d) Nature of Disability: The disability must have arisen out of football activities and must be expected to persist for at least 12 months and result in player's retirement from professional football. The disability must be substantial in the sense that it results in a major bodily impairment with the percentage loss of function depending upon the particular part of the body involved.
- (e) Monthly Amount: Normal pension earned, but not less than \$1,000 per month.
- 6. Early Payment Benefit (Not applicable to players who do not have a Credited Season prior to 1993)
 - (a) Age Requirement: None
 - (b) Service Requirement: Vested and left football on or after March 1, 1977.
 - (c) Amount: A lump sum equal to 25% of the actuarial present value of the player's benefit credits as of the date of payment. If the player makes application for this benefit after March 31, 1982, any and all future benefits payable (normal or early retirement, death or disability) will be reduced 25%. If application was made prior to April 1, 1982, only the normal or early retirement benefit will be reduced 25%.

Bert II/Pete Rozelle NFL Player Retire ont Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 6

Summary of Plan Provisions Including 2002 Extension Amendment (continued)

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

- (a) Eligibility Requirement: Active player or vested inactive player and survived by widow or dependent children.
- (b) Monthly Amount: 50% of the normal pension accrued, but not less than \$3,000 per month for the 48 months immediately following death and no less than \$1,200 per month thereafter. (For vested players not active in a season after 1976, the \$3,000 minimum benefit is not applicable. For vested players active in a season after 1976, but not after 1981, the \$3,000 minimum benefit is \$2,000.)
- (c) Duration of Payment: Benefits are paid to the widow until her death or remarriage. If there are surviving dependent children at the point that the widow's benefit ceases, payments will continue to the children until they reach age 19, or age 23 if in college. If any dependent child is mentally or physically incapacitated, benefits will continue for the child's lifetime.
- (d) In the event of the death of a vested player or vested inactive player who (1) had an Hour of Service on or after August 23, 1984, or (2) had an Hour of Service on or after April 1, 1976, who was living on August 23, 1984 and had 10 years of service under the plan, and who was not at the time of his death a retired player, his surviving spouse, if any, shall be eligible to receive a spouse's preretirement death benefit. The spouse's preretirement death benefit is the benefit which would have become payable to such surviving spouse upon the death of such player as if he had retired and died on the day following his annuity starting date and elected benefits in the form of a Joint and Survivor annuity. The benefit begins to be paid as of the first day of the month following the date of the death of the vested player or vested inactive player or, if later, the first day of the month following the month in which such player would have reached his early retirement date had he lived to that date. The monthly benefit payments continue for the life

Berí II/Pete Rozelle NFL Player Retire. .nt Plan EIN/PN: 13-6043636/001 Schedule B Line 6

Appendix 6

Summary of Plan Provisions Including 2002 Extension Amendment (continued)

of the surviving spouse. If a spouse is eligible to receive the benefit described in this section and the benefit described in (a), (b), and (c) above, she must elect which one of the two benefits she is to receive.

8. Postretirement Death Benefit

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

Note:

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

Bert II/Pete Rozelle NFL Player Retire ant Plan EIN/PN: 13-6043636/001 Schedule B Line 6b & 6g

- 6b: Exception: Age 55 for Players with no Credited Seasons before 1993
- 6g: Withdrawal rates are by service rather than by age. See attached summary of the actuarial assumptions.

Bert Bell/Pete Rozelle NFL Player Retirement Plan EIN/PN: 13-6043636/001 Schedule B Line 9c & 9j

APPENDIX 2

Funding Standard Account: Amortization Credits and Charges as of April 1, 2004

					As of 4	/01/2004
Type* Date Yea		Years	Original Amount	Annual Payment	Years	Outstanding Balance
Charges						
IL	3/31/1977	40	605 445			
PA	11/01/1977	40	\$27,413,000	\$1,780,787	12.00	\$14,969,610
PA	2/01/1979	=	1,692,600	112,808	12.42	
PA	1/01/1983	40	651,600	43,341	13.83	969,003
PA	3/31/1989	30	14,128,300	1,026,833	7.75	397,662
PA	3/31/1992	30	1,303,288	93,144	14.00	6,359,652
PA	4/01/1993	30	124,393,450	8,968,644	17.00	860,691
EL		30	5,579,111	428,686	19.00	92,306,575
PA	4/01/1994	15	12,801,095	1,331,250	5.00	4,664,158
EL.	4/01/1994	30	23,799,617	1,833,394		5,815,145
EL	4/01/1995	15	27,040,935	2,812,122	20.00	20,432,470
PA	4/01/1997	15	13,020,320	1,354,048	6.00	14,265,612
EL	4/01/1998	30	50,168,724	3,864,728	8.00	8,588,236
EL EL	4/01/1999	15	8,158,287	848,421	24.00	46,514,124
PA	4/01/2001	15	27,102,402		10.00	6,317,773
	4/01/2002	30	125,518,055	2,818,515	12.00	23,692,942
EL	4/01/2002	15	29,562,857	9,669,234	28.00	122,885,577
EL	4/01/2003	15	60,394,203	3,074,390	13.00	27,171,242
EL	4/01/2004	15	14,620,943	6,280,696	14.00	58,036,736
			14,020,945	1,520,505	15.00	14,620,943
Total Amort	ization Charges:			\$47,861,546	•	
. v.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$468,868,151
Credits						
A	3/31/1978	30	\$270,600	£10.co.		
A	3/31/1979	30	747,800	\$18,634	3.00	\$52,214
F	3/31/1980	37	1,375,300	51,505	4.00	186,064
A	3/31/1983	30	484,900	91,263	12.00	767,171
G	3/31/1991	15	10,413,459	33,994	8.00-	215,615
3	3/31/1992	15		1,004,339	1.00	1,004,339
3	3/31/1993	15	8,803,407	852,844	2.00	1,648,036
7	4/01/1993	30	10,389,892	1,010,903	3.00	2,832,327
A	4/01/1994	30	55,410,763	4,257,640	19.00	46,323,530
}	4/01/1996	15	83,007,633	6,394,461	20.00	71,263,781
;	4/01/1998	15	590,768	61,437	7.00	752.021
)	4/01/2000		36,549,784	3,800,995	9.00	352,031
	11/2000	15	22,918,036	2,383,361	11.00	26,279,614
	tion Credits:				11.00	18,931,349

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

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.

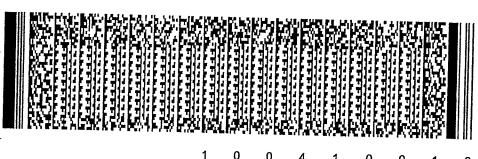
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2004

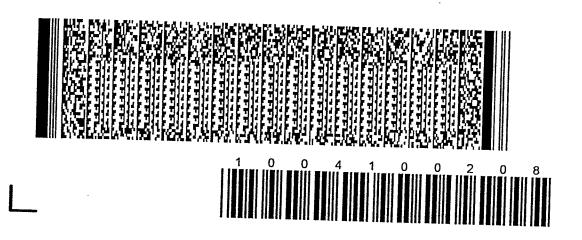
This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	>	File as	an attachment to F	orm 5500.			Th to	ils Fo Publi	rm is Open ic Inspection.
For calendar plan year 2004 or fiscal plan	year beginning	04/0	1/2004	, and end	lina	03/	31/20	005	c mapection.
A Name of plan BERT BELL/PETE ROZELLE N	FL PLAYER RET	'IREMI	ENT PLAN			Three-	digit		
C Plan sponsor's name as shown on line	2a of Form 5500				_	plan nu			00
RETTREMENT BOARD OF BER	r bell/pete r	OZELI	LE NFL PLAYE		טן	Emplo	yer Ide	ntific	ation Number
Service Provider Inform	nation (see inst	ructio	ne)		<u> </u>				13-604363
Little the lotal dollar amount of comp	ensation paid by the p	lan to al	persons, other than	those					
isted below, who received compensa	tion during the plan ve	ear:				1			137621
2 On the first item below list the contract descending order of the compensation	t administrator, if any,	as defii	ned in the instruction	s. On the other iter	ns li		Se provid	doro i	
descending order of the compensatio enter N/A in (c) and (d).	n they received for the	service	s rendered during th	e plan year. List on	y the	top 40.	. 103-12	lEs s	i should
(a) Name			(b) Employer identification number (see instructions)				fficial pla	an	
(d) Relationship to employe		<u>.</u>		CONTRAC	ΤА	DMIN	ISTRA		·
employee organization, o person known to be a party-in-interest	er,	or	Gross salary allowances aid by plan	(f) Fees a commissio paid by pl	ons		(servio	Nature of e code(s) astructions)
					******			12	?
			(b) Esselve						
(a) Name			(b) Employer identification number (see instructions)				ficial pla sition	ın	
GROOM LAW GROUP			52-121902	9 ATTORNE	 7				
(d) Relationship to employe employee organization, or person known to be a party-in-interest	r,	or	Gross salary allowances aid by plan	(f) Fees at commissio paid by pla	nd ns			service	lature of e code(s) structions)
NONE				. 21	22	750			00
For Paperwork Reduction Act Notice and	OMB Control Numb	ers se	e the instructions f	or Form Fron					22
		, 50	- are mendenous t	UI FORM 5500.	v7.:	2 S	chedul	e C (F	orm 5500) 2004





Schedule C (Form 5500) 2004				Page 2		
					Official Use Only	
(a) Name		(b) Employer identification number (see instructions)	1	(c) Official plan position		
NEUMEIER INVESTMENT CO.		77-02173	352	INVESTMENT MAN	IAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	0	e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE				702692	21	
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position		
LEGG MASON CAPITAL MANAGEMENT, INC.		52-126862	29	INVESTMENT MANAGER		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan		(f) Fees and commissions service code(s paid by plan (see instruction		
IONE				500921	21	
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position		
ON CONSULTING		22-333970)4 <i>I</i>	ACTUARY		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	ora) Gross salary r allowances commissions paid by plan (f) Fees and commissions paid by plan		(g) Nature of service code(s) (see instructions)		
ONE				492951	11	



employee organization, or person known to be a party-in-interest	or	Gross salary allowances id by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)		
HARTWELL INVESTMENT PARTNERS (d) Relationship to employer,		23-2891243	INVESTMENT MAN	IAGER		
(a) Name		(b) Employer identification number (see instructions)	(c) () Official plan position		
			393012	21		
employee organization, or person known to be a party-in-interest	OI	Gross salary r allowances raid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)		
JBS GLOBAL ASSET MANAGEMENT (d) Relationship to employer,	Ι	36-371833	1 INVESTMENT MA	NAGER		
(a) Name		(b) Employer identification number (see instructions)	(c)	Official plan position		
NONE			412499	21		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)		
TURNER INVESTMENT PARTNERS		23-258782	24 INVESTMENT M	ANAGER		
(a) Name		(b) Employer identification number (see instructions)	(c	(c) Official plan position		
			<u> </u>	Official Use Only		



Schedule C (Form 5500) 2004				Page 2	000
(a) Name id					Official Use Only Official plan position
PACIFIC INVESTMENT MGMT CO.		33-06290	48	INVESTMENT MAN	JAGER
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE				309844	21
(a) Name	,	(b) Employer identification number (see instructions)			fficial plan osition
SMITH BARNEY		06-127408	88	INVESTMENT MAN	ACED
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	O	Gross salary r allowances aid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE				301717	21
					21
(a) Name		(b) Employer identification number (see instructions)			ficial plan sition
MELLON BANK		25-065930	6 7	TRUSTEE	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances id by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ONE				281635	26



(e) Gross salary

or allowances

paid by plan

181553

(f) Fees and

commissions

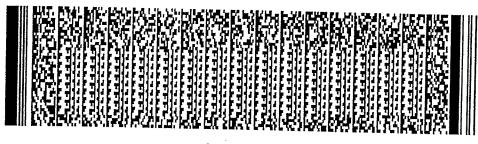
paid by plan

(g) Nature of

service code(s)

(see instructions)

13



employee organization, or

person known to be a

party-in-interest

NONE

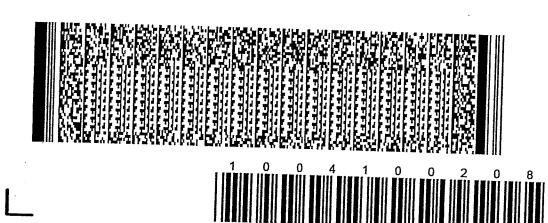


Schedule C (Form 5500) 2004				Page 2		
(a) Name	(b) Employer -identification number (see instructions)			Official Use Only Official plan Position		
ADVANCED COMPUTER SOLUTIONS		20-18594	40	CONSULTANT		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	j 0	e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE				128744	17	
(a) Name	(a) Name			(c) Official plan position		
WESTERN ASSET MANAGEMENT CO.	95-2705767 IN			INVESTMENT MANAGER		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	O	Gross salary allowances aid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		·		96078	21	
(a) Name	(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position	
FRANK NOBLEZA		13-604363	6	COMPUTER PROGRA	AMMING	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	, , , , , , , , , , , , , , , , , , ,	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		72619			13	

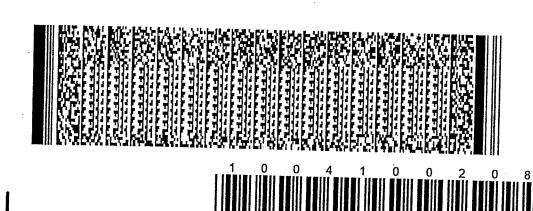


Schedule C (Form 5500) 2004			Page 2	
(a) Name	(b) Employer identification number (see instructions)	(c)	Official Use Only c) Official plan position	
GAY LYNN HECTOR		13-604363	36 ASST. PLAN DI	PECTOR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	0	e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		64777		10
				13
(a) Name	-	(b) Employer identification number (see instructions)		Official plan position
AKIN, GUMP, STRAUSS, HAUER & FELD	,	75-1338644	4 ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary r allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			49400	
	1		19400	22
(a) Name	(b) Employer identification number (see instructions)			Official plan osition
STATE STREET BANK & TRUST	04-186744		INVESTMENT MAN	ACED
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	ora	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			44050	21

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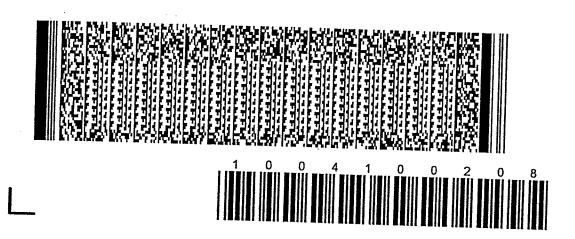
Schedule C (Form 5500) 2004				Page 2	OF THE STATE OF TH	
(a) Name	(b) Employer identification number (see instructions)		Official Use Only (c) Official plan position			
CYNTHIA TIMPSON		13-60436	36	BENEFIT COORDI	NATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan			(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		40595			13	
(a) Name		(b) Employer identification number (see instructions)			ifficial plan osition	
CHARISSE CALDWELL	CHARISSE CALDWELL		36	BENEFIT COORDINATOR		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan			(f) Fees and commissions service code(see instruction)		
NONE		36636			13	
					10	
(a) Name		(b) Employer identification number (see instructions)	dentification number (see		fficial plan osition	
PAUL SCOTT		13-604363	6	BENEFIT COORDII	VATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan			(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	



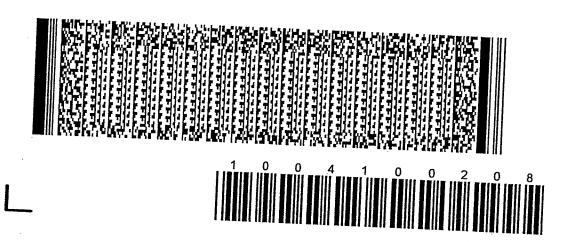
NONE

Schedule C (Form 5500) 2004				Page 2		
		T			Official Use Only	
(a) Name	(b) Employer identification number (see instructions)			Official plan position		
SHELLEY WARNER		13-60436	36	RECEPTIONIST		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	0) Gross salary r allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		29446			13	
(a) Name	(b) Employer identification number (see instructions)			(c) Official plan position		
ROSE MARY EVES	13-60436		36	BENEFIT COORDINATOR		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		28367			13	
					13	
(a) Name		(b) Employer identification number (see instructions)		(c) Of po	ficial plan sition	
ANNETTE MILLER		13-604363	6	FILING COORDINA	TOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	ora	Gross salary allowances id by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE	-	24889			13	

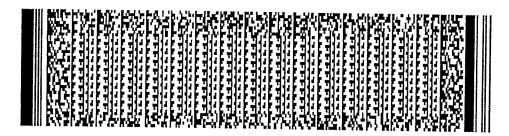
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			Page 2	CVE-1111
(a) Name	(a) Name			Official Use Only Official plan position
ABRAMS, FOSTER, NOLE & WILLIAMS		52-1854049	AUDITOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	0	e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ONE.			15942	
			13942	10
(a) Name		(b) Employer identification number (see instructions)	(c)	Official plan position
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions	(g) Nature of service code(s)
		- Paul	paid by plan	(see instructions)
(a) Name		(b) Employer identification number (see instructions)	(c) (Official plan osition
(d) Relationship to employer,				
employee organization, or person known to be a party-in-interest	or a	iross salary llowances d by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



1	• •	
Schedule C (Form 5500) 2004	Page 3	
Ban II Termination Information on Accounts	anto and Franklad A. A	Official Use Only
	ants and Enrolled Actuaries (see instruction	າຣ)
(a) Name	(b) EIN	
(c) Position		
(d) Address		
(e) Telephone No.		
Explanation:		
(a) Name	(b) EIN	
(c) Position		
(d) Address		
(e) Telephone No.		
Explanation:		
(a) Name	(b) EIN	
(c) Position		
(d) Address		
(e) Telephone No.		



Explanation:



BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

EIN: 13-6043636 PLAN NO: 001

FORM 5500 ANNUAL REPORT FOR PLAN YEAR ENDED MARCH 31, 2005

ATTACHMENT TO SCHEDULE C

Part I, Element (g)

Additional Service Codes for AON CONSULTING

- 17 Consulting (general)
- 19 Insurance agents and brokers
- 27 Pension insurance advisor

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).

OMB No. 1210-0110

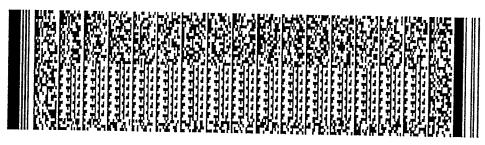
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File as an attachment to Form 5500.

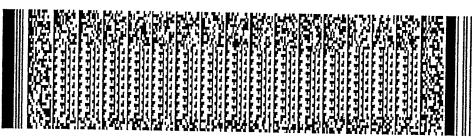
This Form is Open to Public Inspection.

OI I	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	v7.2	Schodulo D	(Form 5500) 2004
	EIN-PN 04-3399617-001 (d) Entity code E (e) Dollar value of interest in MTIA, CCT or 103-12IE at end of year (see instru	, PSA, uctions)	·	2629028
(b)	Name of sponsor of entity listed in (a) WESTERN ASSET MANAGEMENT			-
(a)	Name of MTIA, CCT, PSA, or 103-12IE WESTERN ASSET OPPORTUNISTIC			
(c)	EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT or 103-12IE at end of year (see instri	, PSA, uctions)	·	35613317
(b)	Name of sponsor of entity listed in (a) MELLON BANK, N.A.			
(a)	Name of MTIA, CCT, PSA, or 103-12IE EB DIVIDEND STOCK INDEX FUND			
(c)	EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT or 103-12IE at end of year (see instr	Γ, PSA, uctions)		12240068
(b)	Name of sponsor of entity listed in (a) MELLON BANK, N.A.			
(a)	Name of MTIA, CCT, PSA, or 103-12IE EB DAILY OPENING AGGREGATE			
(c)	EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, CC or 103-12IE at end of year (see instr	T, PSA, ructions)		92866204
(b)	Name of sponsor of entity listed in (a) MELLON BANK, N.A.			
(a)				
22	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be co	omplet	ed by plans	and DFEs)
KE	Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAY	D Em	ployer Identific	ation Number
BE	RT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN		ee-digit	001
	calendar plan year 2004 or fiscal plan year beginning 04/01/2004 and en Name of plan or DFE		3/31/2005	





(a)	Page 2	
(a)		Official Use Only
	Name of MTIA, CCT, PSA, or 103-121E WAMCO OPPORTUNITY US HIGH YIELD	
(b)	Name of sponsor of entity listed in (a) WESTERN ASSET MANAGEMENT	
(c)	EIN-PN 04-3500652-001 (d) Entity code E (e) or 103-12IE at end of year (see instructions)	1506807
(a) I	Name of MTIA, CCT, PSA, or 103-12IE WAMCO OPPORTUNISTIC INTL	
(b)	Name of sponsor of entity listed in (a) WESTERN ASSET MANAGEMENT	,
(c) i	EIN-PN 04-3399188-001 (d) Entity code E (e) or 103-12IE at end of year (see instructions)	5499723
(a) I	Name of MTIA, CCT, PSA, or 103-12IE	
	Name of sponsor of entity listed in (a)	
	EIN-PN(d) Entity code(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) 1	Name of MTIA, CCT, PSA, or 103-12IE	
	Name of sponsor of entity listed in (a)	
	Dollar value of interest in MTIA, CCT, PSA, or 103-12lE at end of year (see instructions)	
(a) N	Name of MTIA, CCT, PSA, or 103-12IE	
	Name of sponsor of entity listed in (a)	
	Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a) N	Name of MTIA, CCT, PSA, or 103-12IE	
	lame of sponsor of entity listed in (a)	
	Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	



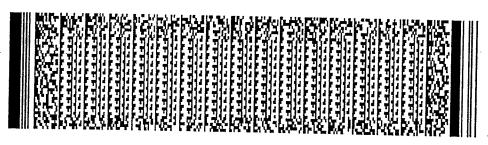


Schedule D	(Form	5500)	200/
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Page 3

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888	Information on Participating Plans (to be completed by DFEs)		
(a)			
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor		EIN-PN
(a)	Plan name		
	Name of plan sponsor		
(a)	Plan name		
(b)	Name of plan sponsor		·
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		,
	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor	(c)	EIN-PN





SCHEDULE H (Form 5500)

partment of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to Public Inspection.

Pension Benefit Guaranty Corporation File as an attachment to Form 5500. For calendar year 2004 or fiscal plan year beginning 04/01/2004 03/31/2005 and ending Name of plan B Three-digit BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN 001 plan number Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLA 13-6043636

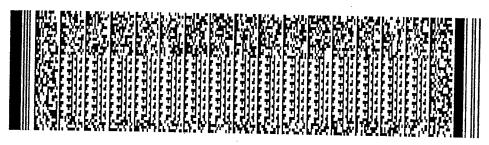
Asset and Liability Statement

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	o nor com		
а	Total noninterest-bearing cash		(a) Beginning of Year	(b) End of Year
	Receivables (less allowance for doubtful accounts):	a		
	(1) Employer contributions	b(1)		
	(2) Participant contributions	b(1)		
	(3) Other	b(3)	35955113	40328089
C	General investments:	D(3)	3333113	40328089
	(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)	61507198	1105363
	(2) U.S. Government securities	c(2)	34370027	77813650
	(3) Corporate debt instruments (other than employer securities):	C(Z)	34370027	77013030
	(A) Preferred	c(3)(A)		
	(B) All other	c(3)(B)		61031853
	(4) Corporate stocks (other than employer securities):	COND	32307310	01031033
	(A) Preferred	c(4)(A)	827076	992134
	/B\ Common	c(4)(B)	344855459	427660984
	5) Partnership/joint venture interests		344033433	427000984
	6) Real estate (other than employer real property)	c(6)		
1	7) Loans (other than to participants)			
	8) Participant loans			
(9) Value of interest in common/collective trusts		135487379	140770500
(1	0) Value of interest in pooled separate accounts		133407379	140719589
(1	1) Value of interest in master trust investment accounts	c(10)		
(1	2) Value of interest in 103-12 investment entities	c(11)		0.605.55
(1	3) Value of interest in registered investment companies (e.g., mutual funds)	c(12)	154824061	. 9635558
(1	4) Value of funds held in insurance co. general account (unaflocated contracts)	c(13)	134024001	156760389
(1		c(14)		
	5) Other	c(15)		

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

v7.2 Schedule H (Form 5500) 2004

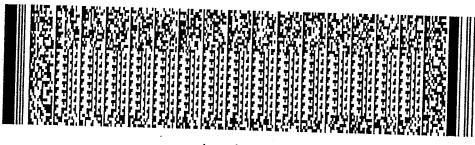




			1 2907	
1d	Employer-related investments:	1800000000		Official Use Only
	(1) Employer cognition		(a) Beginning of Year	(b) End of Year
	(1) Employer securities (2) Employer real property	d(1)		
е		d(2)		
f	Buildings and other property used in plan operation Total assets (add all amounts in lines 4 and 1)	<u>e</u>		
_	Total assets (add all amounts in lines 1a through 1e) Liabilities	f	820413631	916047609
q	Benefit claims payable			
_		g		
i	Operating payables Acquisition indebtedness	<u>h</u>	1449319	1674268
i	Other liabilities	Li.		
k		i	34697691	72612214
	Total liabilities (add all amounts in lines 1g through 1j) Net Assets	k	36147010	74286482
ſ	Net assets (subtract line 1k from line 1f)			
Pa	Income and Expense Statement		784266621	841761127
	moonie and Expense Statement			

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.

Contributions:		Income			
(B) Participants (C) Others (including rollovers) (2) Noncash contributions (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) (A) Interest bearing cash (including money market accounts and certificates of deposit) (B) U.S. Government securities (C) Corporate debt instruments: (D) Loans (other than to participants) (D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Total dividends. Add lines 2b(2)(A) and (B) (B) Aggregate carrying amount (see instructions) (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) anglester certification. (C) Others (a(1)(A) 64769237 (a(1)(B) (a(1)(C) (a(3) (a(3) (a(1)(B) (a(1)(C) (a(3) (a(3) (a(1)(B) (a(1)(C) (a(3) (a(3) (a(1)(B) (a(1)(C) (a(3) (a(3) (a(1)(B) (a(1)(C) (a(3) (a(1)(C) (a(3) (a(1)(B) (a(1)(C) (a(3) (a(1)(B) (a(1)(C) (a(3) (a(1)(B) (a(1)(C) (a(3) (a(1)(C) (a(3) (a(1)(C) (a(3) (a(1)(B) (a(1)(C) (a(3) (a(3) (a(1)(C) (a(3)	а	Contributions:		(a) Amount	(b) Total
(2) Noncash contributions (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) (1) Interest: (A) Interest-bearing cash (including money market accounts and certificates of deposit) (B) U.S. Government securities (C) Corporate debt instruments: (D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Total dividends. Add lines 2b(2)(A) and (B) (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.		(B) Participants (A) Employers	9/1\/D\	64769237	
Earnings on investments: Add lines 2a(1)(A), (B), (C), and line 2a(2) a(3) 64769237		(2) Noncash contributions	a(1)(C)		
(1) Interest: (A) Interest-bearing cash (including money market accounts and certificates of deposit) (B) U.S. Government securities (C) Corporate debt instruments: (D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter results (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter results (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter results (D) (A) 14964 (D) (A) 14964 (D) (A) 14964 (D) (A) 1514839 (D)	h	2a(1)(A), (B), (C), and line 2a(2)	_a(3)		64769237
(A) Interest-bearing cash (including money market accounts and certificates of deposit) (B) U.S. Government securities (C) Corporate debt instruments: (D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (B) Aggregate carrying amount (see instructions) (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter route (B) Common stock (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter route (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter route	D				01703237
accounts and certificates of deposit) (B) U.S. Government securities (C) Corporate debt instruments: (D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (D) Dividends: (A) Preferred stock (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Total dividends. Add lines 2b(2)(A) and (B) (D) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result. (E) Hand 14964 (b(1)(B) 1273238 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(E) 50(1)(E) (b(1)(G) 3262638 (c) 18067 (d) 18067 (d) 18067 (e) 18067 (f) 18067 (· · · · · · · · · · · · · · · · · · ·			
accounts and certificates of deposit) (B) U.S. Government securities (C) Corporate debt instruments: (D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (D) Dividends: (A) Preferred stock (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Total dividends. Add lines 2b(2)(A) and (B) (D) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result. (E) Hand 14964 (b(1)(B) 1273238 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(C) 1514839 (b(1)(E) 50(1)(E) (b(1)(G) 3262638 (c) 18067 (d) 18067 (d) 18067 (e) 18067 (f) 18067 ((A) Interest-bearing cash (including money market			
(B) U.S. Government securities (C) Corporate debt instruments: (D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A)through (F) (D) Dividends: (A) Preferred stock (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter routh (B) U.S. Government securities (b(1)(B) 1273238 (b(1)(C) 1514839 (b(1)		accounts and certificates of deposit)	b(1)(A)	14964	
(C) Corporate debt instruments: (D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter rocult (D) Loans (other than to participants) (b(1)(C) (1514839 (b(1)(E) (b(1)(E) (b(1)(F) (b(1)(F) (b(1)(F) (b(1)(F) (b(2)(A) (b(1)(F) (c) (c) (d) (d) (d) (e) (f) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(B) U.S. Government convilled			
(D) Loans (other than to participants) (E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter rocult (E) Participant to participants) (b(1)(D) (b(1)(E) (b(1)(F) (b(1)(F) (b(1)(F) (b(1)(F) (c) (d) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		(C) Comprete dobt instrument			
(E) Participant loans (F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (Dividends: (A) Preferred stock (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (B) Rents (B) Aggregate carrying amount (see instructions) (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (b(1)(F) 459597 (b(1)(F) 3262638 (b(2)(A) 18067 (b(2)(B) 5075258 (b(2)(C) 5093325 (b(3) 940194978 (b(4)(A) 940194978 (b(4)(B) 943147398		(D) Loans (other than to as #iii.		1514839	
(F) Other (G) Total interest. Add lines 2b(1)(A) through (F) (Dividends: (A) Preferred stock (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Total dividends. Add lines 2b(2)(A) and (B) (D) Experimental Exp		(F) Participant loans			
(G) Total interest. Add lines 2b(1)(A) through (F) (Dividends: (A) Preferred stock (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (B) Rents (C) Net gain (loss) on sale of assets: (A) Aggregate proceeds (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Total dividends. Add lines 2b(2)(A) and (B) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Total dividends: (A) Preferred stock (B) (1)(F) 459597 (C) (1)(G) (C) (1)(G) (C) (B) 5075258 (C)		(H) ()ther			
(B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (3) Rents (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (b) (2)(A) (b) (2)(A) 18067 (b(2)(B) 5075258 (b(2)(C) 5093325			b(1)(F)	459597	
(A) Treferred stock (B) Common stock (C) Total dividends. Add lines 2b(2)(A) and (B) (3) Rents (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (b(2)(A) 18067 (b(2)(B) 5075258 (b(2)(C) 5093325 (b(3) 940194978 (b(4)(A) 940194978 (c) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result		(2) Dividende: (A) Dest	b(1)(G)		3262638
(C) Total dividends. Add lines 2b(2)(A) and (B) (3) Rents (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Formula (B) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Formula (B) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Formula (B) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Formula (B) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Formula (B) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Formula (B) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Formula (B) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (C) Formula (B) Subtract line 2b(4)(B) from line 2b((P) Communication (A) Freierred Stock	b(2)(A)	18067	1102000
(c) Total dividends. Add lines 2b(2)(A) and (B) (3) Rents (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result			b(2)(B)	5075258	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds (B) Aggregate carrying amount (see instructions) (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result		(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		5002225
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds . (B) Aggregate carrying amount (see instructions)		Tions	h/2\		3093325
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result (A)(C)		(A) Aggregate proceeds	b(A)(A)	940194979	
(C) Subtract line 2b(4)(B)from line 2b(4)(A) and enter regult		(b) Aggregate carrying amount (see instructions)			
-2052420		(C) Subtract line 2h/4/(D) (c)		743141398	
-2932420			い(4)(し) 🛭		-2952420





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<u>Schedule</u>	н	/Form	5500)	2004
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Page 3

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2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b/EV/A	(a) Amount	(b) Total
(B) Other		2550050	
the armodized appreciation of assets. Add lines 26/5/// and (D)	D(5)(B)	35520686	
gan (1000) HOLL COLLEGE TO LETE	1	-	3552068
(7) Net investment gain (loss) from pooled senarate accounts	D(6)	_	333871:
(oss) from master trust investment accounts	20000	_	
(a) Net investment gain (loss) from 103-12 investment entities		_	
(10) Net investment gain (loss) from registered investment companies		_	449558
(e.g., mulual runds)	b(10)		705000
***************************************	1 700000	-	7059893
amounts in column (b) and enter total	d	-	75026 116616656
⊏xpenses			110010026
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	50581207	
(2) To insurance carriers for the provision of benefits			
(3) Other	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
(4) Total benefit payments. Add lines 2e(1) through (3) f Corrective distributions (see instructions)	e(4)		50581207
and along (see itstructions)	f		00001207
participant loans (see instructions)	g		
	h		
i Administrative expenses: (1) Professional fees (2) Contract administrator fees	i(1)	2681063	
(2) Contract administrator fees (3) Investment advisory and management fees (4) Other	i(2)		
(4) Other	i(3)	3844767	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(4)	2015113	
Total expenses. Add all expense amounts in column (b) and enter total	<u>i(5)</u>		8540943
Not income and Reconciliation			59122150
K Net income (loss) (subtract line 2j from line 2d)			
· ···andicts of assets	k		57494506
(1) To this plan	1/4)		
(2) From this plan	<u> (1)</u> (2)		
Part III Accountant's Opinion	(2)		
3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant Complete line 3d if an opinion is not attached.	is attached to	this Form 5500	
a The attached opinion of an independent of the stacked.		· o 0000.	
a The attached opinion of an independent qualified public accountant for this plan is (see in (1) X Unqualified (2) Qualified (3) Displained (4) Displained (4) Displained (5) Displained (6) Displained (6) Displained (7) Displained	structions):		
		•	
b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or c Enter the name and EIN of the accountant (or accounting firm)			∏Yes ☒ No
ABRAMS, FOSTER, NOLE & WILLIAMS 52-1	854049		∐Yes X No
d the opinion of an independent autis.			
[]] I his form is filed for a corr par			
it will be attached to the	e next Form 55	00 pursuant to 29 CFR 252	20.104-50
Hill Bur British Colonia Colon			
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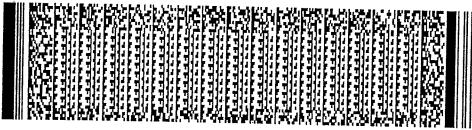


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Schedule	H (Form	5500)	2004

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**	Transactions During Plan Year				0.1	idal Use Only
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f	10.1	h 4k			
	103-12 IEs also do not complete 4j.	, 4 9, 4	ii, 4K, (JI 5.		
	During the plan year:		Yes			_
а	Did the employer fail to transmit to the plan any participant contributions within the time		iles	No		Amount
	period described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary					
	Fiduciary Correction Program)	-		Х		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close	a				
	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)	b		Х		
Ċ	Were any leases to which the plan was a party in default or classified during the year as	<u> </u>		**		
	uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)	-		Х		
d	were there any nonexempt transactions with any party-in-interest? (Do not include	C		-11		
	transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is					
	checked on line 4d.)	d		Х		
е	Was this plan covered by a fidelity bond?		Х	^^		000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was	e	^	*********		200000(
	caused by fraud or dishonesty?					
g	Did the plan hold any assets whose current value was neither readily determinable on an	f	******	X		
	established market nor set by an independent third party appraiser?			Х		
h	Did the plan receive any noncash contributions whose value was neither readily determinable	g	******	^		
	on an established market nor set by an independent third party appraiser?	E.		х		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is	h	******	^		
	checked, and see instructions for format requirements)	·	Х			
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)	·····	Х			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another		***			
	bigg of property of the courtor of the bRCC3	k		X		
Ба	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If y	20.00	<u> </u>	Λ [
		X I a s				
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) id-	entify t	ho ola	oum		
	(Coo monagacity).	citally t	ne pia	n(s) to	wnich assets	or liabilities
	5b(1) Name of plan(s) 5b(2) EIN(s)					FL(0)
						5b(3) PN(s)
					1	
						
						
				-		
		11				
		H				





SCHEDULE P (FORM 5500)

Department of the Treasury

Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

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

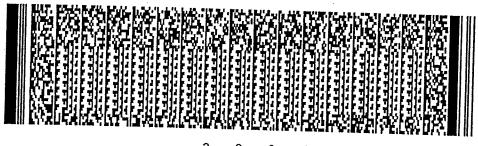
Official Use Only

OMB No. 1210-0110

2004

This Form is Open to Public Inspection.

For trust calendar year 2004 or fiscal year beginning 04/01/2004 and ending 03/31/2005 1a Name of trustee or custodian MELLON BANK, N.A. b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.) ONE MELLON BANK CENTER c City or town, state, and ZIP code PITTSBURGH PA 15258-0001 2a Name of trust BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
MELLON BANK, N.A. b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.) ONE MELLON BANK CENTER c City or town, state, and ZIP code PITTSBURGH PA 15258-0001 2a Name of trust
b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.) ONE MELLON BANK CENTER c City or town, state, and ZIP code PITTSBURGH PA 15258-0001 2a Name of trust
C City or town, state, and ZIP code PITTSBURGH PA 15258-0001
C City or town, state, and ZIP code PITTSBURGH PA 15258-0001
PITTSBURGH PA 15258-0001 2a Name of trust
2a Name of trust
2a Name of trust BERT BELL / DETER DOCULT TO THE DOCULT TO
DELLY FELL KUZELLE NFL PLAYER RETTREMENT DIAM
b Trust's employer identification number 13-6043636
3 Name of plan if different from name of trust
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN TRUST
4 Have you furnished the participation and its angle of the participation and its angl
4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)? Yes N
or 5500-EZ
Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete. Sign Signature of
HERE fiduciary -
Date \ 4/23/03
For the Paperwork Reduction Notice and OMB´Control Numbers, v7.2 Schedule P (Form 5500) 20
200 or 5500 or 5500-EZ,





SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Retirement Plan Information

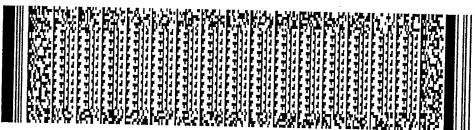
This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

Official Use Only

OMB No. 1210-0110

2004

	ension Benefit Guaranty Corporation	File as an Attachment to Form 5500.				s Form		
Fo	r calendar year 2004 or fiscal pla	n year beginning 04/01/2004 and ending		037	31/20	ublic II	1Spec	tion.
A	Name of plan	<u> </u>	Б	Three-d		55	'	
	ERT BELL/PETE ROZEL	LE NFL PLAYER RETIREMENT PLAN	5		_			001
C	Plan sponsor's name as shown	on line 2a of Form 5500	D	plan nur				
	ETIREMENT BOARD OF	BERT BELL/PETE ROZELLE NFL PLAY	0	Employ	er identi			ı ber 043636
88	ar Distributions		L			-	13-0	043030
	All references to distribution	s 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		1 1				
	in the instructions	************		. 1 8	•			
2	Enter the EIN(s) of payor(s) wh	o paid benefits on behalf of the plan to participants or beneficiarios	• • • •	•	P			
	during the year (if more than tw	o, enter EINs of the two payors who paid the greatest dollar amounts						
	or benefits).							
_	Profit-sharing plans, ESOPs,	and stock bonus plans, skip line 3.						
3	Number of participants (living o	r deceased) whose benefits were distributed in a single sum, during						
0000	the plan year	***************************************		. 3	····			
8 &	翻翻 Funding Inform	nation(If the plan is not subject to the minimum funding requirements of	ection	1 412 of t	he Intern	al Dove		
<u></u>	TO SECULIAR SECURIAR	on soc, skip inis Pari)				ai neve	anue	
4	is the plan administrator making	an election under Code section 412(c)(8) or ERISA section 302(c)(8)?			. Ye	s X	•	□ N/A
_	are bran to a detitled belieft	t plan, go to line /.			. [] 16	• 🗆	NO	LJ IWA
5	If a waiver of the minimum fund	ing standard for a prior year is being amortized in this						
	plan year, see instructions, and	enter the date of the ruling letter granting the waiver	>	Month	D	av	Yea	
٥.	ii you completed line 5, comp	lete lines 3, 9, and 10 of Schedule B and do not complete the serving	er of	f this scl	nedule.	<u>-</u>	100	··
oa h	Euro, are ununum redatted cot	urioution for this plan year		6a \$				
D	Cubic at the amount contributed by	the employer to the plan for this plan year		6b \$				
C	of a maretine amount in line 6b to	om the amount in line 6a. Enter the result (enter a minus sign to the left						
	or a negative amount)			6c \$				
 7	If a change in actuarial cost	ot complete the remainder of this schedule.						
	approval for the change or a de-	hod was made for this plan year pursuant to a revenue procedure providing	auto	omatic				
P.	art III Amendments	ss ruling letter, does the plan sponsor or plan administrator agree with the c	hanç	ge?	· Yes		No	N/A
		n plan wore providental to						
	increased the value of benefits?	n plan, were any amendments adopted during this plan year that						
or	Paperwork Reduction Act Not	(see instructions)		<u></u>	. Yes		No	
	A Providence of the	ice and OMB Control Numbers, see the instructions for Form 5500.	٧	7.2 Sc	chedule	R (For	n 5500	2004
								•
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SCHEDULE T (Form 5500)

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the

Official Use Only OMB No. 1210-0110

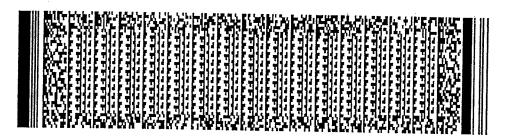
2004

Department of the Treasury Internal Revenue Service

Internal Revenue Code (the Code).

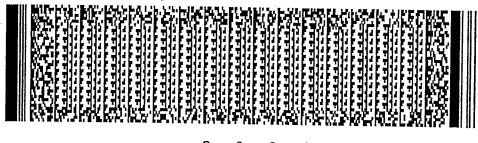
This Form is Open to

	File as an attachment to Form 5500.		Public	c Inspection.
	calendar year 2004 or fiscal plan year beginning 04/01/2004 , and ending	03	/31/2005	
A BE	Name of plan RT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	В	Three-digit	001
C RE	Plan sponsor's name as shown on line 2a of Form 5500 TIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER	D	Employer Identif	
Not	te: If the plan is maintained by:	_!		10 0013030
	More than one employer and benefits employees who are not collectively-bargained employees, a separate Seach employer (see the instruction for line 1).			
• /	An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separa- each QSLOB (see the instruction for line 2).			
1	If this schedule is being filed to provide coverage information regarding the noncollectively bargained employing a plan points in a plan point in a p	100c r	of an omnloves need	
	in a plan maintained by more than one employer, enter the name and EIN of the participating employer.	rees (n an employer part	cipating
1a	· ·	Em	ployer identificati	on number
2	If the employer maintaining the plan operates QSLOBs, enter the following information:			
а	The number of QSLOBs that the employer operates is			
b	The number of such QSLOBs that have employees benefiting under this plan is			
C	Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than	a OSI	OR basis?	Yes No
d	If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage informati	on giv	en on line 3 or 4 re	lates.
3	Exceptions Check the box before each statement that describes the plan or the employer. Also see instruct	tione		· · · · · · · · · · · · · · · · · · ·
	If you check any box, do not complete the rest of this Schedule.	AUOI IS.		
а	The employer employs only highly compensated employees (HCEs).			
b	No HCEs benefited under the plan at anytime during the plan year.			
C	The plan benefits only collectively-bargained employees.			
d	The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in C	nda a	notione 414/b) (-)	- 17.33
	including leased employees and self-employed individuals.	ode S	5000118 4 14(D), (C),	and (m)),
е	The plan is treated as satisfying the minimum coverage requirements under Code section 410/b/(6)(C)			
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	v7 2	Schedule T	Form FE00) 2004





Enter the date the plan year began for which coverage data is being submitted. A Did any leased employees perform services for the employer at any time during the plan year? B In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? C Complete the following: (1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals (2) Number of excludable employees as defined in IRS regulations (see instructions) (3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) (4) Number of nonexcludable employees (line 4c(3)) who are HCEs (5) Number of benefiting nonexcludable, identify the disaggregated part of the plan to which the information on lines 4c and 4d depertains (see instructions)		Schedule T (Form 5500) 2004 Page 1	<u>je 2</u>	-	
Did any leased employees perform services for the employer at any time during the plan year? In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? C Complete the following: (1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals (2) Number of excludable employees as defined in IRS regulations (see instructions) (3) Number of nonexcludable employees (Subtract line 4c(2) from line 4c(1)) (4) Number of nonexcludable employees (line 4c(3)) who are HCEs (5) Number of nonexcludable employees (line 4c(3)) who are HCEs (6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) Disaggregated part: Ratio Percentage: Exception: 1)	_		<u> </u>	Official Use	Only
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Complete the following: (1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employeed individuals (2) Number of excludable employees as defined in IRS regulations (see instructions) (3) Number of nonexcludable employees (Subtract line 4c(2) from line 4c(1)) (4) Number of nonexcludable employees (line 4c(3)) who are HCEs (5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan (6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions). Disaggregated part: Ratio Percentage: Exception: (1) (2) (3) This plan satisfies the coverage requirements on the basic of (start very) and (1) □ the coverage requirements on the basic of (start very).		does the employer aggregate plans?	o.(u)(-i),	П	va= Пм=
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(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan		(4) Number of nonexcludable employees (line 4c(3)) who are HCEs			
(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs. C Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions). Disaggregated part: Ratio Percentage: Exception: (1)		(5) Number of nonexcludable employees (line 4c/3)) who bonefit under the alex			
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information on lines 4c and 4d pertains (see instructions) ldentify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions). Disaggregated part: Ratio Percentage: Exception: (1) (2) (3) This plan satisfies the coverage requirements on the basis of (about each).	d	Enter the plan's ratio percentage and if applicable identify the dispersent of a state of the st	····· c(6)		
Disaggregated part: Ratio Percentage: Exception: (1) (2) (3) This plan satisfies the coverage requirements on the basis of (about a red).		information on lines 4c and 4d pertains (see instructions)	1 1		
Disaggregated part: (1)	_	Identify any diagrammeted and of the all and at the	[d]		%
(1)	_	to the plan and enter the ratio percentage or exception (see instructions).			
(2)		Disaggregated part: Ratio Percentage: Exception:			
f This plan satisfies the coverage requirements on the basis of /about and (1) \(\text{(1)} \)		(1)			
f This plan satisfies the coverage requirements on the basis of (about any).					
f This plan satisfies the coverage requirements on the basis of (check one): (1) the ratio percentage test (2) average harefit to the coverage requirements on the basis of (check one):					
This plan satisfies the coverage requirements on the basis of (check one); (1) the ratio percentage test.					
	f	This plan satisfies the coverage requirements on the basis of (check one):	stage feet ((2) []	





Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-021:	OMB	No.	1545-0212
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(Rev. August 2004)

partment of the Tressury ► For Paperwork Reduction Act Notice, see Instructions. File With IRS Only Internal Revenue Name of filer, plan administrator, or plan sponsor (see instructions) Filer's Identifying Number—Check applicable box and enter number (see instructions). File before the BERT BELL/PETE ROZELLE NFL RETIREMENT BOARD onnal due Employer identification number (EIN). Filers checking box te of the Number, street, and room or suite no. (If a P.O. box, see instructions) orm 5500, 1a must enter an EIN. All other filers, see Specific 200 ST. PAUL PLACE SUITE 2420 Instructions 5500-EZ, or **►13-6043636** 5330 (see City or town, state, and ZIP code Social security number (see Specific Instructions) instructions) BALTIMORE, MD 21212 I request an extension of time until . to file (check appropriate box(es)). a Form 5500 or 5500-EZ (no more than 21/2 months). The application is automatically approved to the date shown on line 1 (above) if: (1) box 1a is checked, (2) the Form 5558 is signed and filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (3) the date on line 1 is no more than 21/2 months after the normal due date. You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed below. b Grown 5330 (no more than 6 months). Enter Code section(s) imposing the tax _ attached is \$ _ (see instructions). Complete the following for the plan(s) covered by this application (see instructions): Type of plan (check) Plan year ending Plan name/filer Plan Pension Welfare Fringe number Month Day | Year BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT X 001 03 PLAN 3a State in detail why you need the extension (if line 1b is checked) NEED ADDITIONAL TIME TO ALLE PARTIES TO FINALIZE INFORMATION TO BE SUBMITTED WITH FORM 5500 AS NEED ADDITIONAL TIME TO ALLOW THIRD ATTACHMENTS. b For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date. Under penalties of penjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am Signature > Date ► 07/14/05 Notice to To Be Completed by the IRS if line 1b is checked > ☐ This application for extension to file Form 5330 IS approved to the date shown on line 1, if line 1b is checked. (You **Applicant** must attach an approved copy of this form to each Form 5330 that was granted an extension.) ☐ The date entered on line 1 is more than the 6-month maximum time allowed for Form 5330. This application is approved To Be (You must attach an approved copy of this form to each Form 5330 that was granted an extension.) Completed by the IRS The application for an extension for Form 5330 is not approved, because it was filed after the normal due date of the if Line 1b return. (A 10-day grace period is not granted.) Is This application for an extension for Form 5330 is not approved, because Checked ☐ The application was not signed. \square No reason was given on this application or the reason was not acceptable. ☐ No payment was attached for the tax due on Form 5330. ☐ Other ► A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later. (You must attach a copy of this form to each return you file that is granted a grace period.) (Date) (Director) Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above. ABRAMS, FOSTER, NOLE & WILLIAMS, P.A. Please **Print** Number, street, and room or suite no. (If a P.O. box, see instructions.) or 2 HAMILL ROAD, NORTH QUADRANGLE SUITE 272 City or town, state, and ZIP code BALTIMORE, MD 21210

Form 5558 (Rev. 8-2004)

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 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).

Complete all entries in accordance with the instructions to the Form 5500. Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2005

This Form is Open to Public Inspection.

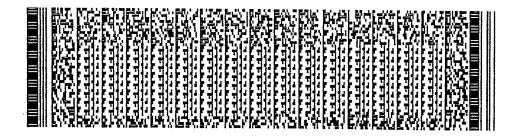
Annual Report Identification Information	i dono inspection.
For the calendar plan year 2005 or fiscal plan year beginning	4/01/2005, and ending 03/31/2006
A This return/report is for: (1) X a multiemployer plan;	2000 June Ording 0373172000
(2) a single-employer plan (other than	The market of the plant, of
multiple-employer plan);	n a (4) a DFE (specify)
B This return/report is: (1) the first return/report filed for the p	plan; (3) the final return/report filed for the stand
(2) an amended return/report	() H are the remark the port filed for the plan:
If the plan is a collectively-bargained plan, check here	t i a short plan year return report (less than 12 months).
If filling under an extension of time or the DFVC program, check box	and attach required information (
	Iformation
Name of plan	
BERT BELL/PETE ROZELLE NFL PLAYER RETIREM	ENT PLAN
	Plat Harribet (FIV) 001
	1c Effective date of plan (mo., day, yr.)
	09/09/1962
2a Plan sponsor's name and address (employer, if for a single-employ	ver plan)
(Address should include room or suite no)	23 Employer Identification Number (EIN)
RETIREMENT BOARD OF BERT BELL/PETE	13-6043636
ROZELLE NFL EMENT PLAN	2c Sponsor's telephone number
Sidia	800-638-3186
n e k e	2d Business code (see instructions)
200 ST. PAUL FINGE, JULEE 2420	711210
70000000000000000000000000000000000000	
DATEMINOR	
BALTIMORE	MD 21202-2040
Caution: A penalty for the later incomplete filing of this return/report wi Under penalties of perilury and other penalties set forth in the instructions. I declare	
attachments, as well as the electronic version of this return/recest it is in the instructions. I declare to	ill be assessed unless reasonable cause is established. that I have examined this return/report, including accompanying schedules, statements and octronically, and to the best of my knowledge and belief, it is true.
	ctronically, and to the best of my knowledge and belief, it is true, correct and complete.
Sign Jere	
100 AMERICAN	Sarah E. Gaunt
Signature of plan administrator Date 1/0/07	Type or print
SIGN SIGNAL SIGNAL VIOLOTA	
	Clark Hunt / Jeffrey Van Note
Signature of employer/plan sponsor/DFE Date	
or Paperwork Reduction Act Notice and OMB Control Numbers, see	Type or print name of individual signing as employer, plan sponsor or DFE the instructions for Form 5500
(三)(() (3)(元] (1,1)(元] (((((() () ((() (() ((() (() (() (() (wile instructions for Form 5500. v8.2 Form 5500 (2005)
	付款标题[[6]] [B. [6] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1
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	16 Hit Hit Hit Hit Hit
	那些好得解你没事!!!
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	((()) ala li aria l (l a ic aria i) ali (a a)
	- ·· *** ***

•	Form 5500 (2005) Page	je 2		
3a Pi	an administrator's name and address (If same as plan sponsor, enter "Same")	Bb Administrate	Official Use (Only
SAME		ACH III II SU AU	DI S EIIN	
		3c Administrate	or's telephone nui	mber
4 If 1	the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan,	enter the name	b ein	
E	N and the plan number from the last return/report below:			
a sp	ponsor's name		C PN	
5 Pr	eparer information (optional) a Name (including firm name, if applicable) and address			
	Traine (including first name, it applicable) and address		p en	
			C Telephor	ne number
				marrison
6 To	stal number of participants at the hogistics of the state of			
7 Nu	otal number of participants at the beginning of the plan year		6	9560
a Ad	ctive participants	d 7d)	7-	2006
b Re	etired or separated participants receiving benefits	·····	7a 7b	2096 2459
CO	ther retired or separated participants entitled to future benefits	<u> </u>	7c	4954
a St	ubtotal. Add lines 7a, 7b, and 7c	<u> </u> -	7d	9509
e De	eceased participants whose beneficiaries are receiving or are entitled to receive benefits		7e	365
g Ni	otal. Add lines 7d and 7e	· · · · · · · · · · · · · · · · · · ·	7f	9874
CO	omplete this item)		_	
h No	umber of participants that terminated employment during the plan year with accrued benefits that we	re loce then	7g	
10	10% vested	•	7h .	
i if	any participant(s) separated from service with a deferred vested benefit, enter the number of separate	ted		
<u>ра</u> 8 Ве	articipants required to be reported on a Schedule SSA (Form 5500)		7i	267
a 🛭	enefits provided under the plan (complete 8a and 8b, as applicable)			
	Pension benefits (check this box if the plan provides pension benefits and enter the applicable pens Characteristics Codes printed in the instructions): The plan provides pension benefits and enter the applicable pension benefits and enter the applicable pension benefits.	ion feature code	s from the List of	Plan
	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare	e feature sodes	from the List of C	l
	Characteristics Codes printed in the instructions): 4H 4L 4L	le lealdre codes		ian
<u> </u>				
9a Pla (1)	an funding arrangement (check all that apply) 9b Plan benefit arrangement (1)	nt (check all tha	t apply)	·····
(2)	(i) Hisdiance			
(3)	1 V T Code Section 4	12(i) insurance o	contracts	
(4)	ן (טן בַן וומגנ	of the one		
	(i) Outral assets	or the sponsor		
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Form	5500	(2005)
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Page 3

		•		Official Use Only
10	Schedules attac	ched (Check all applicable boxes and, where indicated,	enter the number attache	ed, See instructions.)
а	Pension Benefi		b Financial Schedul	
	(1) 🛛	R (Retirement Plan Information)	(1) X H	(Financial Information)
	(2) 🛚	B (Actuarial Information)	(2)	(Financial Information Small Plan)
	(3)	E (ESOP Annual Information)	(3) L A	(Insurance Information)
	(4) 🗵	SSA (Separated Vested Participant Information)	(4) ⊠ C	(Service Provider Information)
			(5) 🖺 D	(DFE/Participating Plan Information)
			(6) 📙 G	(Financial Transaction Schedules)
			(7) 🛛 <u>1</u> P	(Trust Fiduciary Information)





## SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

► Attach to Form 5500 or 5500-EZ if applicable.

► See separate instructions.

Official Use Only

OMB No. 1210-0110

2005

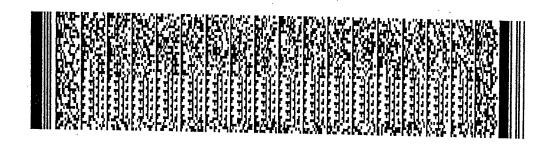
This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2005 or fiscal plan year beginning 04/01	/2005 and ending 03/31/2006
► Round off amounts to nearest dollar.	, and chang 03/31/2000,
► Caution: A penalty of \$1,000 will be assessed for late filing of this re	Dort uplana raspanable several several several
A Name of plan	
BERT BELL / PETE ROZELLE NFL PLAYER RETIR	B Three-digit
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-Ez	Picti ridingel V
RETIREMENT BOARD OF THE BERT BELL / PETE	D Employer Identification Number
C T	13-0043636
Part Basic Information (To be completed by all plans)	(3) Multiple-employer F 100 or fewer participants in prior plan year
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b Assets: Month 04	Day01
7,0000.	
(1) Current value of assets	<b>b(1)</b>   841761127
(2) Actuarial value of assets for funding standard account	b(2) 726839572
(7) The first using infinediate gain methods	
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	····· c(2)(a)
(b) Accrued liability under entry age normal method	
(c) Normal cost under entry age normal method	c(2)(c)
Statement by Enrolled Actuary (see instructions before signing):	19(2)(0)
to the best of my knowledge, the information supplied in this schedule and on the in my opinion each assumption, used in combination, represents my best extraction.	accompanying schedules, statements, and attachments if any is complete and accompanying
multiemployer plan, each assumption used (a) is reasonable (taking into account the ex-	anticipated experience under the plan. Furthermore, in the case of a plan other than a special property of the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the appearance of the plan and reasonable expectations or (b) would be the appearance of the plan and reasonable expectations or (b) would be the appearance of the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (b) would be the plan and reasonable expectations or (c) would be the plan and reasonable expectations or (c) would be the plan and reasonable expectations or (c) would be the plan and reasonable expectations or (c) would be the plan and (c) wou
reasonable (taking into account the experience of the plan and reasonable expectation	accompanying schedules, statements, and attachments, if any, is complete and accurate, and anticipated experience under the plan. Furthermore, in the case of a plan other than a sperience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total series of a multiemployer plan, the assumptions used, in the aggregate, are
Sign // ///	
Will Follow	12/04/2001
Signature of actuary	12/04/2006
BRUCE GOULD	/ V Date
. Type or print name of actuary	<b>G</b> 05-02767
AON CONSULTING	Most recent enrollment number
<del></del>	410-547-2962
Firm name 500 EAST PRATT STREET	Telephone number (including area code)
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Address of the firm	
If the actuary has not fully reflected any regulation or ruling promulgated	d under the statute in completing this schedule
Check the box and see instructions.	Π
For Paperwork Reduction Act Notice and OMB Control Numbers,	V8.2 Schodulo B (Farm Front coor
see the instructions for Form 5500 or 5500-EZ.	V8.2 Schedule B (Form 5500) 2005
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Page 2

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1d	Into	rmatio	n on current liabiliti	es of the plan	n:						<del></del>			
	(1) Amount excluded from current liability attributable to pre-particip								ee instruc	tions)	d(1)	1		0
	(a) Current liability.													0
													<del></del>	1140006627
	(b) Expected increase in current liability due to benefits according during the plan area.													1148986637
	(c) Current liability computed at highest allowable interest rate (see instructions)											-		32080005
		(u) i	-xpecieu release m	om "KPA '94"	current	liability for the nic	0.000	-	•					
	(3)	Expe	cted plan disburser	nents for the	plan ve	ar	. , , , ,	*	• • • • • • •	• • • • • •	d(2)(d)			
2	.Ope	eration	al information as of	beginning of	f this pla	an vear	••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	•••••	d(3)	s		46614638
а	Cur	rent va	alue of the assets (s	ee instruction	ns)						2a			
b	"RP	A '94"	current liability:		.,		• • • •	(1) 11				<u> </u>		841761127
	(1)	For re	etired participants a	nd beneficia	ries rece	etnemysa paivis			2864				(3)	Total Benefits
	(2)	For te	erminated vested p	articipants		g paymona.	• • • •		4706		42304			423041908
	(3)	For a	ctive participants				• • • •	<del></del>	2092		58129	1		589526035
	(4)	Total				· · · · · · · · · · · · · · · · · · ·	• • • •		9662		11835			136418694
C	If th	e perc	entage resulting fro	m dividina li	ne 2a b	v line 2h(4) colum	n (2)	is loss than	700/		L12269	J375		1148986637
	suc	h perc	entage	•••••		, 25(4), COIGH	iii (3),	is less than	70%, ent	er				
3	Cor	ntributi	ons made to the pl	an for the pla	n vear l	ov employer(s) and	demo	······		• • • • • • • •		2c		%
	3 Contributions made to the plan for the plan year by employer(s) and employees:  (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d													
		Day-Y	ear emplo			nount paid by employees	Mor	(a) nth-Day-Ye	_ A	(b) mount pa	aid by	]	Amou	(c) nt paid by
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				·		3	To	tals ▶ (I	7)	67	938458			
4	Qua	arterly	contributions and li	quidity shortf	ali(s):			wis > 1 (1	7)	- 07	930438	(c)	Signal Assistation	0
а	Plai	ns othe	er than multiemploy	er plans, ent	er funde	ed current liability i	ercer	ntage for pr	ecodina					
	yea	r (see i	instructions)						-					
_ <u>b</u>	lf lir	ne 4a is	s less than 100%, s	ee instruction	s, and	complete the follow	wina t	ahle as ann	icable:		• • • • • • •	4a		%
					Liquid	lity shortfall as of e	end of	Quarter of	this plans					<u>.</u>
<u></u>		(1)	1st		(2)	2nd	1	(3)					(4)	
							$\dashv$		310				(4)	4th





	Schedule B (Form 5500) 2005			Pa	je 3		
					le o	Official Use On	lu.
5	Actuarial cost method used as the basis for this plan year's	funding	standard accor	Int computation:		Official diseon	iy
а	Attained age normal b Entry age normal	al	C	Accrued benef	it (unit and dis)		
	П		_	- Yourded Device	it (drift Greatt)		
a	Aggregate e Frozen initial liab	oility	f	Individual level			
		•	•		premium		
g	☐ Individual aggregate	<b>&gt;</b>					
ı	Has a change been made in funding method for this plan ye	ear?					
						····· [] Yes	⊠ No
j	If line i is "Yes," was the change made pursuant to Revenue If line i is "Yes," and line i is "No" enter the date of the pull-	Proce	dure 2000~40?			Π	П
k	The mind to the date of the filling	IATTOR I	indiciouslas		• • • • • • • • • • • • •	····· ∐ Yes	∐No
	class) approving the change in funding method	• • • • • •		Month	D		
6	oncomist of certain actualial assumptions:				Day	Year	
а	Interest rate for "RPA '94" current liability	<i>.</i>	• • • • • • • • • • • • • • •	6a		6.01 %	Π
٠.	•					6.01 %	∏ N/A
b	Weighted average retirement age	<i></i> .		6b		47	П
_				etirement	Post	retirement	∐ N/A
C	Rates specified in insurance or annuity contracts N/A	6c	Yes	X No	Yes		П
đ	Mortality table code for valuation purposes:		200 CONT.			X No	∐ N/A
	(1) Males	d(1)	6		6		
_	(2) Females	d(2)	6		6		
f	Valuation liability interest rate	6e		7.25 %		7.25 %	∏ N/A
•	Expense loading N/A	6f		19.5 %		0.0 %	HN/A
a	Annual withdrawal rates:	Christina and		ale	Fe	emale /8	Пим
9	······································		Rate Code		Rate Code		
	(1) Age 25	g(1)	U	%		%	
	(2) Age 40	g(2)	U	%	U	%	
h	(3) Age 55	g(3)	Ŭ	%	ប	%	
i	Estimated investment return on actuard value of	6h	L	%		%	⊠ N/A
i	Estimated investment return on actuarial value of assets for yestimated investment return on current value of assets for yestimated investment return on current value of assets for yestimated investment return on current value of assets for yestimated investment return on current value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of assets for yestimated investment return on actuarial value of actuarial v	ear end	ding on the valua	ation date 6i		4.2 %	
7	New amortization bases established in the current plan year:	ar endi	ng on the valuat	ion date 6j		6.1 %	
	(1) Type of Base (2) Initial E		_				
	1		∍ 333722		(3) Amortizat	ion Charge/Credit	
			333122	•		1802621	<u> </u>
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					*		
8_	Miscellaneous information:			<del></del>	<del></del>		
а	If a waiver of a funding deficiency or an extension of an amo	rtizatio	n period has be	en approved for th	is plan year on	tor the	
	date of the ruling letter granting the approval		<u></u>	· · · · · Month	Day		
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8b	16		Page 4	<u> </u>	
OD	If one or more alternative methods or rules (as listed in the instructions) were code in accordance with the instructions	e used for	this plan		Official Use Only
	code in accordance with the instructions	0 0000 101	uns plan year, enter the ap	propria	ate
C	Is the plan required to provide a Schedule of Active Participant Data? (see in	nstructions	) If "Voo "		_
9	From P	100000110	in ies, attach schedule	• • • • •	···   Yes   X No
3	Funding standard account statement for this plan year:			CHICAGO CO	
_	Charges to funding standard account:		, e e e e		
a	Prior year funding deficiency, if any Employer's normal cost for plan year as of valuation data.				
b		••••••	•••••••	9a	0
С	Amortization charges as of valuation date:		erbotomatina Po	9b	24132906
	(1) All bases except funding waivers		utstanding Balance		· <del></del>
	The state of the s			c(1)	49664167
ď				c(2)	0
e				9d	5350288
1				9e	
g		• • • • • • • •	····. ⊠ N/A		
	Credits to funding standard account:	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	9g	79147361
h	Prior year credit balance, if any.  Employer contributions. Total from column (h) of line 2				
ı	Employer contributions. Total from column (b) of line 3.	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	9h	59387734
		• • • • • • • • • • • • • • • • • • • •		9i	67938458
1	Amortization credits as of valuation date	U	utstanding Balance		
K	Interest as applicable to end of plan year on lines 9h, 9i, and 9j  Full funding limitation (FFL) and credits	(2	160/62062)	9j	18957037
ı	Full funding limitation (FFL) and credits	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	9k	5679996
	(1) ERISA FFL (accrued liability FFL). (2) "RPA '94" override (90% current liability FFL)	1/4)	1 202.50		
		1 1/01			
m				I(3)	0
	(2) Other credits			m(1)	0

q(1) q(2)

q(3)(a)

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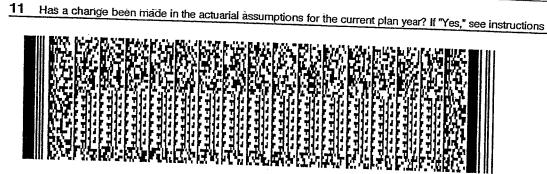
9о

0

0

0

q(4)



Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p

or the amount required under the alternative funding standard account if applicable  $\dots$ 

Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2) Credit balance: If line 9n is greater than line 9g, enter the difference.....

Funding deficiency: If line 9g is greater than line 9n, enter the difference.....

Reconciliation account:

Current year's accumulated reconciliation account:

(3) Due to waived funding deficiencies:

(1) Due to additional funding charges as of the beginning of the plan year (2) Due to additional interest charges as of the beginning of the plan year

Total as of valuation date.....

(a) Reconciliation outstanding balance as of valuation date.....

(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)....



#### Appendix 5

# Actuarial Assumptions and Actuarial Cost Method

Mortality Rates: Group Annuity Mortality Table for 1983 without margins.

Disability Mortality Before Age 65: 1965 Railroad Retirement Board select and ultimate timetable.

## Nonfootball Disability Rates Before Retirement:

<u>Age</u>	Rate
22	.04%
27	.04%
32	.04%
37	.05%
42	.09%
47	.18%
52	.41%

Football Disability Rates: .08% per year for active players and .06% per year for inactive players until age 45 after which it becomes zero. Active players are assumed to become inactive after one year of service or age 30, whichever comes later.

#### Withdrawal Rates:

For Players	
With Service of	Rate
1 year	29.1%
2 years	19.7%
3 years	17.0%

Election of Early Payment Benefit: 35% of all players out of football less than two years will elect the benefit two years after leaving football. Active players are assumed to leave football after one season or age 30, whichever is later. No assumption is made for players who have no Credited Seasons before 1993.

#### Appendix 5

# Actuarial Assumptions and Actuarial Cost Method (continued)

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

Percent Married: Social Security Awards in 1972.

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

Remarriage Rates: 1971 Railroad Retirement Board rates.

Net Investment Return: 7.25%.

Administrative Expenses: \$4,696,176. This amount was the actual administrative expenses during the preceding year.

Actuarial Value of Assets: The actuarial value of the assets is increased for new money (i.e., contributions plus dividends and interest income plus transfers for other plans, less benefit payments and expenses). This preliminary value is then adjusted by 20% of the difference between itself and the actual market value. An additional adjustment is made as necessary so that the final actuarial value is within 20% of market value.

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

Amortization for Determining Negotiated Contribution Only: 20 years beginning April 1, 1993; 19 years as of April 1, 1994; etc. In years when there is a zero or a negative unfunded actuarial accrued liability, the negotiated contribution is the amount which is expected to produce a zero unfunded actuarial accrued liability at the end of the plan year. The Negotiated Contribution also will not exceed the amount deductible under Code Section 404 for the Clubs for the plan year when made.

## Appendix 6

## Summary of Plan Provisions Including 2002 Extension Amendment

## 1. Normal Retirement Pension

- (a) Age Requirement: 55
- (A player will, under certain circumstances, become vested even if he does not meet the preceding requirements if he has 10 years of service with Clubs in the NFL due to any employment, such as a coach.)

## (c) Monthly Amount:

Credited Season	Benefit Credit
Before 1981	<b>#200</b>
1982 to 1992	\$200
1993 and 1994	230
1995 and 1996	240
1997	285
•	330
1998 through the Plan Year that begins prior to the expiration of the Final League Year	425

#### Appendix 6

## Summary of Plan Provisions Including 2002 Extension Amendment (continued)

- 2. Early Retirement Pension (Not applicable to players who do not have a Credited Season prior to 1993)
  - (a) Age Requirement: 45 through 54
  - (b) Service Requirement: Same as 1(b) above.
  - (c) Monthly Amount: Normal pension actuarially reduced to reflect earlier benefit payments.
- 3. Deferred Retirement Pension
  - (a) Age Requirement: Over age 55 to age 65
  - (b) Service Requirement: Same as 1(b) above.
  - (c) Monthly Amount: Normal pension actuarially increased to reflect delayed benefit payments.
- 4. Total and Permanent Disability
  - (a) Age Requirement: N/A
  - (b) Service Requirement: None if active, otherwise service required for vested status.
  - (c) Monthly Amount: Normal pension earned except that benefit will be no less than \$4,000 if disability is for active football, active nonfootball, or football degenerative and \$1,500 for inactive nonfootball. An additional \$100 per month will be paid for each dependent child.

## Appendix 6

## Summary of Plan Provisions Including 2002 Extension Amendment (continued)

## 5. <u>Line-of-Duty Disability</u>

- (a) Age Requirement: None
- (b) Service Requirement: None
- (c) Duration of Payments: 90 months
- (d) Nature of Disability: The disability must have arisen out of football activities and must be expected to persist for at least 12 months and result in player's retirement from professional football. The disability must be substantial in the sense that it results in a major bodily impairment with the percentage loss of function depending upon the particular part of the body involved.
- (e) Monthly Amount: Normal pension earned, but not less than \$1,000 per month.
- 6. Early Payment Benefit (Not applicable to players who do not have a Credited Season prior to 1993)
  - (a) Age Requirement: None
  - (b) Service Requirement: Vested and left football on or after March 1, 1977.
  - (c) Amount: A lump sum equal to 25% of the actuarial present value of the player's benefit credits as of the date of payment. If the player makes application for this benefit after March 31, 1982, any and all future benefits payable (normal or early retirement, death or disability) will be reduced 25%. If application was made prior to April 1, 1982, only the normal or early retirement benefit will be reduced 25%.

## Appendix 6

## Summary of Plan Provisions Including 2002 Extension Amendment (continued)

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

- (a) Eligibility Requirement: Active player or vested inactive player and survived by widow or dependent children.
- (b) Monthly Amount: 50% of the normal pension accrued, but not less than \$3,000 per month for the 48 months immediately following death and no less than \$1,200 per month thereafter. (For vested players not active in a season after 1976, the \$3,000 minimum benefit is not applicable. For vested players active in a season after 1976, but not after 1981, the \$3,000 minimum benefit is \$2,000.)
- (c) Duration of Payment: Benefits are paid to the widow until her death or remarriage. If there are surviving dependent children at the point that the widow's benefit ceases, payments will continue to the children until they reach age 19, or age 23 if in college. If any dependent child is mentally or physically incapacitated, benefits will continue for the child's lifetime.
- (d) In the event of the death of a vested player or vested inactive player who (1) had an Hour of Service on or after August 23, 1984, or (2) had an Hour of Service on or after April 1, 1976, who was living on August 23, 1984 and had 10 years of service under the plan, and who was not at the time of his death a retired player, his surviving spouse, if any, shall be eligible to receive a spouse's preretirement death benefit. The spouse's preretirement death benefit is the benefit which would have become payable to such surviving spouse upon the death of such player as if he had retired and died on the day following his annuity starting date and elected benefits in the form of a Joint and Survivor annuity. The benefit begins to be paid as of the first day of the month following the date of the death of the vested player or vested inactive player or, if later, the first day of the month following the month in which such player would have reached his early retirement date had he lived to that date. The monthly benefit payments continue for the life

#### Appendix 6

## Summary of Plan Provisions Including 2002 Extension Amendment (continued)

of the surviving spouse. If a spouse is eligible to receive the benefit described in this section and the benefit described in (a), (b), and (c) above, she must elect which one of the two benefits she is to receive.

## 8. Postretirement Death Benefit

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

#### Note:

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

6b: Exception: Age 55 for Players with no Credited Seasons before 1993

6g: Withdrawal rates are by service rather than by age. See attached summary of the actuarial assumptions.

APPENDIX 2

Funding Standard Account: Amortization Credits and Charges as of April 1, 2005

				=	As of 4/0	01/2005
Туре*	Date	Years	Original Amount	Annual Payment	Years	Outstanding Balance
Charges						
IL.	3/31/1977	40	\$27.412.000			
PA	11/01/1977	40	\$27,413,000	\$1,780,787	11.00	\$14,145,013
PA	2/01/1979	40	1,692,600	112,808	11.42	918,269
PA	1/01/1983	30	651,600	43,341	12.83	380,009
PA	3/31/1989	30	14,128,300	1,026,833	6.75	5,719,448
PA	3/31/1992	30	1,303,288	93,144	13.00	823,194
PA	4/01/1993	30	124,393,450	8,968,644	16.00	89,379,931
EL	4/01/1994	15	5,579,111	428,686	18.00	4,542,544
PA	4/01/1994		12,801,095	1,331,250	4.00	4,808,978
EL	4/01/1995	30	23,799,617	1,833,394	19.00	
EL	4/01/1997	15	27,040,935	2,812,122	5.00	19,947,509
PA	4/01/1998	15	13,020,320	1,354,048	7.00	12,283,868
EL	4/01/1999	30	50,168,724	3,864,728	23.00	7,758,667
EL		15	8,158,287	848,421	9.00	45,741,477
PA	4/01/2001	15	27,102,402	2,818,515	11.00	5,865,880
EL	4/01/2002	30	125,518,055	9,669,234	27.00	22,387,823
EL	4/01/2002	15	29,562,857	3,074,390	12.00	121,424,528
EL	4/01/2003	15	60,394,203	6,280,696		25,843,874
EL	4/01/2004	15	14,620,943	1,520,505	13.00	55,508,353
	4/01/2005	15	17,333,722	1,802,621	14.00	14,050,220
Total Amortic	ma4' (71		-	-,002,021	15.00 _	17,333,722
TOTAL AHIOI (12	zation Charges:			\$49,664,167		\$468,863,307
Credits						
CA	3/31/1978	30	#050 co.			
CA	3/31/1979	30	\$270,600	\$18,634	2.00	\$36,015
CF	3/31/1980	37	747,800	51,505	3.00	144,315
'A	3/31/1983	30	1,375,300	91,263	11.00	724,911
G ·	3/31/1992		484,900	33,994	7.00	•
G	3/31/1993	15	8,803,407	852,844	1.00	194,789
F		15	10,389,892	1,010,903	2.00	852,844
A	4/01/1993	30	55,410,763	4,257,640	18.00	1,953,477
G	4/01/1994	30	83,007,633	6,394,461	19.00	45,115,667
G	4/01/1996	15	590,768	61,437		69,572,346
G	4/01/1998	15	36,549,784	3,800,995	6.00	311,662
J	4/01/2000	15	22,918,036	2,383,361	8.00	24,108,319
otal Amortica	ition Credits:			2,303,301	10.00	17,747,717
				\$18,957,037	\$	160,762,062

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

#### 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.

File as an attachment to Form 5500.

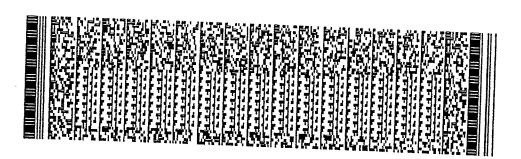
Official Use Only

OMB No. 1210-0110

2005

This Form is Open to

For calendar plan year 2005 or fiscal plan year beginning	File as	an attachment to F	orm 5500.			P	s rom ublic In	spection.
Name of plan		01/2005	. and end	lina	03	/31/2	2006	spection.
BERT BELL/PETE ROZELLE NFL PLAYER  C Plan sponsor's pages as above.	D==				hree-c		1000	
	RETIRE	MENT PLAN			lan nu		<b>•</b>	0.01
TELEVISIONI BUARD OF REDT DELT ADDRESS		-						00:
RETIREMENT BOARD OF BERT BELL/PET	E ROZE	LLE NFL PLAY	E		p.oy	ei idei	nuncan 1 :	on Number 3-6043636
1 Enter the total dollar amount of componential with	struction	ns)						,-6043636
1 Enter the total dollar amount of compensation paid by listed below, who received compensation during the all	the plan to	all persons, other th	an those	T				
2 On the first item below list the contract administration in	an year: .	<u></u>	<u></u>	.	1			218057]
descending order of the compensation they received for enter N/A in (c) and (d).	any, as de	fined in the instruction	ons. On the other ite	ems li	st serv	ice pro	vidom i	21003/
enter N/A in (c) and (d).	or the servi	ces rendered during	the plan year. List	only ti	ne ton	40 103	videis ii	] 
				, -	.о юр	10. 103	- 12 IES	snould
(a) Name		(b) Employer identification						
		number (see				cial pla	n	
		instructions)			pos	ition		
·								
(d) Relationship to employer,	T		Contr	cact	ad	lmin	istr	ator
employee organization, or person known to be a	(e)	Gross salary	(f) Fees an					
party-in-interest	Or D:	allowances aid by plan	commissio	าร		s	(g) Nati ervice c	:0 91k
		ad by plair	paid by pla	เก		(se	e instr	uctions)
			Control of the Contro				12	2
·		(b) Employer						
(a) Name		identification			v) Oee-			
		number (see instructions)		v	Dillo (v Posi	ial plar	1	
GROOM LAW GROUP		od dodoris)						
		52-1219029	ATTORNEY					
(d) Relationship to employer, employee organization, or	(e) (	Gross salary						
Person known to be a	ora	allowances	(f) Fees and commission	i		(	g) Natu	re of
party-in-interest	ра	id by plan	paid by plar			se	rvice co	de(s)
NONE			7-2 o) pia			(se	e instru	ctions)
		· [	215	448.	.			
or Paperwork Reduction Act Notice and OMB Control Nur	nbers, see	the instructions for	r Form 5500 .					22
				/8.2	Sch	edule	C (Forn	n 5500) 2005





Schedule	O 100		
Scriedule	C (horm	・ちちのか	2005
	_ (. •		

(a) Name

Page 2

(c) Official plan position

(a) Name

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

574617

INVESTMENT MANAGER

543146

INVESTMENT MANAGER

ACTUARY

(g) Nature of service code(s) (see instructions)

11

21

Official Use Only

NONE

AON CONSULTING

4) 5

(b) Employer

identification

number (see

instructions)

22-3339704

(b) Employer identification number (see instructions)

77-0217352

(c) Official plan position

NEUMEIER INVESTMENT CO.

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

(g) Nature of service code(s) (see instructions)

NONE

NONE

(a) Name (b) Emplo

(b) Employer identification number (see instructions)

36-3718331

(c) Official plan position

UBS GLOBAL ASSET MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

(g) Nature of service code(s) (see instructions)

542456

21





				Page 2		
			<del></del>		Official Use Only	
(a) Name		(b) Employer identification number (see instructions)	n e	(c)	Official plan osition	
LEGG MASON CAPITAL MANAGEMENT, INC.		52-12686	529 7	NVIE GEN CENTE		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Gross salary or allowances paid by plan		(1) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		She distribution of the same o		500921	2.5	
					<u> </u>	
(a) Name		(b) Employer identification number (see instructions)	identification number (see (c) Off		fficial plan osition	
J. P. MORGAN INVESTMENT MANAGEMENT		13 33000				
(d) Relationship to employer		13-320024	14   11	INVESTMENT MANAGER		
employee organization, or person known to be a party-in-interest	employee organization, or (e) person known to be a			(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		PASS Manustra		446311		
					L 21	
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position		
URNER INVESTMENT PARTNERS		22 22-				
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		23-2587824	4 IN	INVESTMENT MANAGER		
		Gross salary allowances id by plan	owances (1) rees and		(g) Nature of service code(s) (see instructions)	
ONE				370325	0.7	
					21	





Schedule C (Form 5500) 2005				Page 2	
(a) Name		(b) Employer identification number (see instructions)	1 ?	(c)	Official Use Only Official plan position
MELLON BANK		25-06593	^-		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	01	Gross salary r allowances paid by plan	06	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE				281635	26
(a) Name		(b) Employer identification number (see			L 26
CHARTWELL INVESTMENT PARTNERS		instructions)	13	INVESTMENT MA	oosition
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	(e) Gross salary or allowances paid by plan		(f) Fees and commissions service code(spaid by plan (see instruction)	
NONE			1		
				264553	21
(a) Name		(b) Employer identification number (see instructions)			fficial plan osition
BRANDYWINE ASSET MANAGEMENT, INC.		51-029406	5	TMVESTMENT	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or a	Gross salary allowances id by plan	(f) Fees and commissions paid by plan		(g) Nature of service code(s) (see instructions)
NONE				· · · · · · · · · · · · · · · · · · ·	

253812

21





or allowances

paid by plan

(f) Fees and

commissions

paid by plan

180199

(g) Nature of

service code(s)

(see instructions)

20



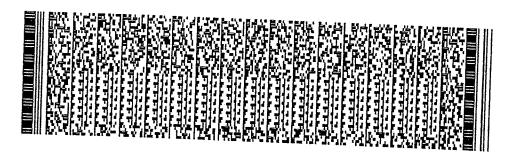
person known to be a

party-in-interest



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13





					•	
Schedule C (Form 5500) 2005				Page 2		
					Official Use Only	
(a) Name		(b) Employer identification number (see instructions)			Official plan position	
GAY LYNN HECTOR		12, 604262				
(d) Relationship to employer,	T	13-604363	ASS	ST. PLAN DI	RECTOR	
employee organization, or person known to be a party-in-interest	10	Gross salary allowances aid by plan	COI	Fees and mmissions id by plan	(g) Nature of service code(s) (see instructions)	
NONE		64271				
		01271			13	
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position		
AKIN, GUMP, STRAUSS, HAUER & FELD		75-133864	4 ATT	ORNEY		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f)	Fees and nmissions d by plan	(g) Nature of service code(s) (see instructions)	
NONE					(**************************************	
				62094	22	
0.00		(b) Employer				
(a) Name		identification number (see instructions)		(c) Official plan position		
LIVEWIRE, LLC		13_1050374	1			
(d) Relationship to employer, employee organization, or	(6) (	43-1858174	CONS	ULTANT		

(e) Gross salary

or allowances

paid by plan

(f) Fees and

commissions

paid by plan

44708

(g) Nature of

service code(s)

(see instructions)

17

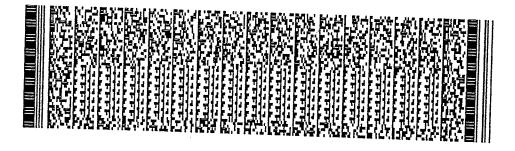


employee organization, or

person known to be a party-in-interest



		<del></del>	Page 2	•	
		T		Official Use Only	
(a) Name		(b) Employer identification number (see instructions)	(c)	Official plan position	
THE MT. ROYAL PRINTING COMPANY  (d) Relationship to employer, employee organization, or person known to be a party-in-interest		52-078734	2 DDTMT116		
		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			44542		
			44643	23	
(a) Name		(b) Employer identification number (see instructions)		Official plan position	
CYNTHIA TIMPSON		13-604363	6 DENTE		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances id by plan  BENEFIT COOR  (f) Fees and commissions paid by plan		(g) Nature of service code(s) (see instructions)	
NONE		40323			
				<u> </u>	
(a) Name		(b) Employer identification number (see instructions)		official plan osition	
PAUL SCOTT		13-6043636	DENDE		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary dilowances d by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
IONE		33633			





Schedule C (Form 5500) 2005				Page <b>2</b>		
		T			Official Use Only	
(a) Name		(b) Employer identification number (see instructions)			fficial plan osition	
SHELLEY WARNER		13-604363	36	RECEPTIONIST		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	lo o	Gross salary allowances aid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		32891				
					13	
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position		
ROSE MARY EVES		13-604363	6	BENEFIT COORDI	NATOR	
<ul><li>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</li></ul>	or	Gross salary allowances aid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		28695				
			4.7		13	
(a) Name		(b) Employer identification number (see instructions)			cial plan ition	
ANNETTE MILLER		13-6043636	_			
(d) Relationship to employer,		13-0043636		FILING COORDINA	ATOR	

(e) Gross salary

or allowances

paid by plan

27891

(f) Fees and commissions

paid by plan

(g) Nature of

service code(s)

(see instructions)

13



(d) Relationship to employer, employee organization, or

person known to be a

party-in-interest



(e) Gross salary

or allowances

paid by plan

(f) Fees and

commissions

paid by plan

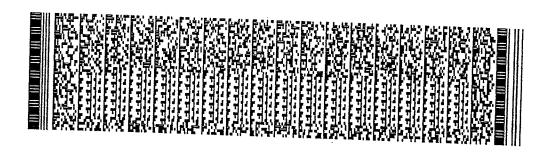
12616

(g) Nature of

service code(s)

(see instructions)

21



employee organization, or

person known to be a

NONE

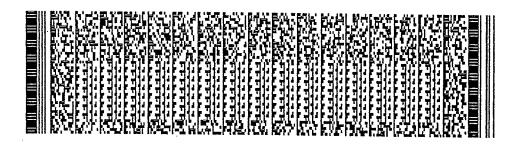
party-in-interest



Schedule	C	Form	5500	2005
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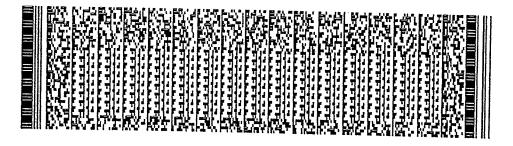
Page 2

Ochedale & (Foliti 3000) 2000	Page Z				
				Official Use Only	
(a) Name	(b) Employer identification number (see instructions)		fficial plan osition		
CHARISSE CALDWELL		13-604363	6 BENEFIT COORD	INATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		12447		13	
(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position		
SMITH BARNEY		06-127408	8 INVESTMENT MA	NAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	10	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			7112	21	
(a) Name		(b) Employer identification number (see instructions)		Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest  (e) Gross salary or allowances paid by plan		(f) Fees and commissions	(g) Nature of service code(s)		
person known to be a			paid by plan	(see instructions)	





	Schedule C (Form 5500) 2005 Page 3		
Parell	Termination Information on Accountants and Enrolled Actuaries (see instr	···otiona\	Official Use Only
(a) Name_		(b) EIN	
(C) Position	1		
	s		
	one No.		
Explanation			
(a) Name			
(a) nanc_		_(b) EIN _	
(C) Position			
(d) Address			
	one No.		
Explanation:			
(a) N====			
		( <b>b)</b> EIN_	
(C) Position			
( <b>d)</b> Address			
	ne No.		
Explanation:			





## BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

EIN: 13-6043636 PLAN NO: 001

## FORM 5500 ANNUAL REPORT FOR PLAN YEAR ENDED MARCH 31, 2006

#### ATTACHMENT TO SCHEDULE C

Part I, Element (g)

Additional Service Codes for AON CONSULTING

17 Consulting (general)

#### SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

# DFE/Participating Plan Information

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

Official Use Only

OMB No. 1210-0110

2005

Department of Labor Employee Benefits Security Administration

► File as an attachment to Form 5500.

This Form is Open to Public Inspection.

For calendar plan year 2005 or fiscal plan year beginning 04/01/2005					blic Insp	ection,
A Name of plan or DFE	d endi			31/2	006 ,	
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT DIAM	В	Thre	ee-digit	t		
Plan or DE sponsor's name as shown on line 2a of Form 5500			numb			001
RELIKEMENT BOARD OF BERT BELL/PETE POTELLE NET DIE					ication N	
Part Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be					13-	6043636
100 DE (10 DE	cou	nple	ted by	/ plan	s and	DFEs)
(a) Name of MTIA, CCT, PSA, or 103-12IE EB TEMPORARY INVESTMENT FUND	<del></del>					
(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.						
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA,	CCT, I	PSA,				
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, or 103-12IE at end of year (see	instruc	ctions	;)		8	6428470
(a) Name of MTIA, CCT, PSA, or 103-12IE EB DAILY OPENING AGGREGATE						
(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.	·					·
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, or 103-12IE at end of year (see	CCT, F	PSA, ctions	)		5:	9628797
(a) Name of MTIA, CCT, PSA, or 103-12IE EB DIVIDEND STOCK INDEX FUND						
(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.			-		· · · · · · · · · · · · · · · · · · ·	
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, (c) or 103-12IE at end of year (see in the code in the c	CCT, F	PSA, ctions)	)		83	3836848
(a) Name of MTIA, CCT, PSA, or 103-12IE JP MORGAN STRATEGIC PROPERTY FUND						
(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.			· · · · · · · · · · · · · · · · · · ·			
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, C or 103-12/E at end of year (see in	nstruc	PSA, ctions)			4 8	3345527
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500	). v	v8.2	Sch	nedule	D (Form	5500) 2005





1	Schedule D (Form 5500) 2005 Page <b>2</b>	·
		Official Use Only
(a)	Name of MTIA, CCT, PSA, or 103-12IE WA YANKEE OFFSHORE FEEDER	
(b)	Name of sponsor of entity listed in (a) MELLON BANK, N.A.	
(c)	EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	818257
(a)	Name of MTIA, CCT, PSA, or 103-12IE WESTERN ASSET MANAGEMENT	
(b)	Name of sponsor of entity listed in (a) MELLON BANK, N.A.	
(c)	Dollar value of interest in MTIA, CCT, PSA, et al. (e) or 103-12IE at end of year (see instructions)	9635558
(a)	Name of MTIA, CCT, PSA, or 103-12IE	
	Name of sponsor of entity listed in (a)	
	Dollar value of interest in MTIA, CCT, PSA,  EIN-PN(d) Entity code(e) or 103-12IE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE	
(b)	Name of sponsor of entity listed in (a)	
	EIN-PN(d) Entity code(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE	
	Name of sponsor of entity listed in (a)	

Dollar value of interest in MTIA, CCT, PSA,

(d) Entity code ____(e) or 103-12IE at end of year (see instructions)_____

Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)



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

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

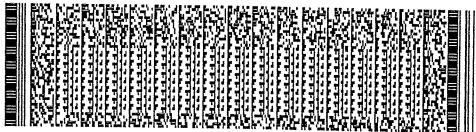


Schedule	D	(Form	5500)	2005

Page 3

Official Use Only

Pa	Information on Participating Plans (to be completed by DFEs)		
(a)	Plan name		
(b)	Name of plan sponsor	_ (c)	EIN-PN
(a)	Plan name	<del></del>	
	Name of plan sponsor	_ (c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor	_ (c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor	_ (c)	EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor		
(a)	Plan name		
	Name of plan sponsor	_ (c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor	_ (c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor	(c)	EIN-PN_
<del></del>			





#### 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.

Official Use Only

OMB No. 1210-0110

2005

This Form is Open to Public Inspection.

	calendar year 2005 or fiscal plan year beginning 04/01/2005	and endi	ng 03/31	/2006
	Name of plan		B Three-digit	
<u> </u>	RT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN		plan number	001
U DE	Plan sponsor's name as shown on line 2a of Form 5500		D Employer Ident	tification Number
KL	TIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLA			13-6043636
	Asset and Liability Statement			
1	Current value of plan assets and liabilities at the beginning and end of the plan year trust. Report the value of the plan's interest in a commingled fund containing the ass value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portiyear, to pay a specific dollar benefit at a future date. Round off amounts to the near complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103–12 IEs also	on of an insurar	n one plan on a line-t nce contract which gua	by-line basis unless the arantees, during this plan
	Assets	SALAND AND ADDRESS	Beginning of Year	(b) End of Year
<b>a</b>	Total noninterest-bearing cash	a		(a) cita di Tota
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	b(1)		The state of the s
	(2) Participant contributions	b(2)		
	(3) Other	b(3)	40328089	63571825
С	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	c(1)	1105363	1945180
	(2) U.S. Government securities	c(2)	77813650	94390011
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	c(3)(A)		The second secon
	(B) All other	c(3)(B)	61031853	54354704
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	c(4)(A)	992134	151032
	(B) Common.	c(4)(B)	427660984	402202683
	(5) Partnership/joint venture interests	c(5)	·	44735003
	(6) Real estate (other than employer real property)	c(6)		
	(7) Loans (other than to participants)	c(7)		
	(8) Participant loans	c(8)		
	(9) Value of interest in common/collective trusts	c(9)	140719589	279057900
	(10) Value of interest in pooled separate accounts	c(10)		
	(11) Value of interest in master trust investment accounts	c(11)		
	(12) Value of interest in 103–12 investment entities	c(12)	9635558	7392961
	(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	156760389	176896833
	(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)		
	(15) Other	c(15)		
Ē	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction		00. v8.2 Sche	dule H (Form 5500) 2005



			1 age Z	
11	Employer-related investments:	konce ottes		Official Use Only
			(a) Beginning of Year	(b) End of Year
	(1) Employer securities	d(1)		
	(2) Employer real property	d(2)		· ·
е	Buildings and other property used in plan operation.	е		
f	Total assets (add all amounts in lines 1a through 1e)	f	916047609	1124698132
~				
9	Benefit claims payable	g		A STATE OF THE PROPERTY OF THE
n	Operating payables.	h	1674268	2977656
Ī	Acquisition indebtedness			2311636
j	Other liabilities	H	72612214	159825279
k	Total liabilities (add all amounts in lines 1g through 1j)	k	74286482	
	Net Assets		74200482	162802935
i	Net assets (subtract line 1k from line 1f)			
D	Income and Expense Statement		841761127	961895197
	Income and Expense Statement			

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
а				(b) Total
	(1) Received or receivable in cash from: (A) Employers	a(1)(A)	67938458	
	(B) Participants	a(1)(B)		
	(C) Others (including rollovers)	a(1)(C)		
	(2) Noncash contributions	a(2)		
_	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		67938458
b	Earnings on investments:			07938438
	(1) Interest:			
	<ul><li>(A) Interest-bearing cash (including money market</li></ul>			
	accounts and certificates of deposit)	b(1)(A)	21785	
	(B) U.S. Government securities	b(1)(B)	2899897	
	(C) Corporate debt instruments	b(1)(C)	2458462	
•	(D) Loans (other than to participants)	b(1)(D)	2100102	
	(E) Participant loans	b(1)(E)		
	(F) Other	b(1)(F)	1634368	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	1001300	7014510
	(2) Dividends: (A) Preferred stock	b(2)(A)	60139	7014512
	(B) Common stock	b(2)(B)	11527841	
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		11507000
	(3) Rents	b(3)		11587980
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	1062310121	
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	1055394462	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.	b(4)(C)	1000074402	
	Try - To office foodite.	1~(~)(~)		6915659





			desirent from the contract	OI	
2b	(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate		(a) Amount	(b) Total
		(B) Other	b(5)(A)		
		(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(B)		
	(6)	Net investment gain (loss) from common/collective trusts.			55293606
	(7)	Net investment gain (loss) from pooled separate accounts.	b(6)		19428255
	(8)	Net investment gain (loss) from master trust investment accounts			
	(9)	Net investment gain (loss) from 103-12 investment entities			
	(10)	Net investment gain (loss) from registered investment companies	b(9)		-97597
		(e.g., mutual funds)			
C	Oth	er income	b(10)		15756270
d	Tota	al income. Add all income amounts in column (b) and enter total	C		140891
		Expenses	d		183978034
е	Ber	nefit payment and payments to provide benefits:			
	(1)	Directly to participants or beneficiaries, including direct rollovers			
	(2)	To insurance carriers for the provision of benefits.	e(1)	53332266	
	(3)	Other	e(2)		
	(4)	Total benefit payments. Add lines 2e(1) through (3)	e(3)		
f	Cor	rective distributions (see instructions)	e(4)		53332266
g	Cer	tain deemed distributions of participant learn (and in the state of th	f		
_	Inte	tain deemed distributions of participant loans (see instructions)	g		
i	Adn	rest expense	h		
	(2)	Contract administrator foce	i(1)	3809696	
	(3)	Contract administrator fees.	i(2)		
	(4)	Investment advisory and management fees	i(3)	3868616	
	(5)	Other	i(4)	2833386	
i	Tota	Total administrative expenses. Add lines 2i(1) through (4)	i(5)		10511698
•		al expenses. Add all expense amounts in column (b) and enter total	j		63843964
k	Net	Net Income and Reconciliation			65015504
ì	Tran	income (loss) (subtract line 2j from line 2d)	k		120134070
					120134070
	(1) (2)	To this plan	l(1)		
Pa	(2) (1)	From this plan.	<b>I</b> (2)		
•	Com	uplete lines 3a through 3c if the opinion of an independent qualified public accomplete line 3d if an opinion is not attached	untant is at	tached to this Form 5500	
u	(1)	attached opinion of an independent qualified public accountant for this plan is (  X Unqualified (2) Qualified (3) Disclaimer (4)	see instruc	tions):	
	· · ·	reported the first that the first th			
C	Ento	the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 arrithment and EIN of the accountant (or accounting firm)	nd/or 103-	12(d)?	Yes X No
			1854049	9	[] ies [2] 140
ď	The	AMS, FOSTER, NOLE & WILLIAMS, P.A			<del></del>
<b>-</b>	(1)	opinion of an independent qualified public accountant is <b>not attached</b> because:			
	<u> </u>	this form is filed for a CCT, PSA or MTIA. (2) it will be attached to the control of the control	he next Fo	m 5500 pursuant to 29 CFF	3 2520 104_50
	3(II) <b>B</b> .º	- 사기 (사리) 및 양미탈 시간 (소. 아. 1917년 - 11 1일 등 대표 이 1 등			12020.104-30.
				<b>!!</b>	
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				t	
		1 8 0 5 5 4 0	2 -		
		1 8 0 5 5 4 0		IN DE LEDE	
					_

	Transactions During Plan Year				Official Us	e Only
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e					
	The second secon	, 4f, 4g,	4h, 4	k, or 5.		
	During the plan year:	<del></del> -1		T T		
а	Did the employer fail to transmit to the plan any participant contributions within the time		Yes	No	Amou	nt
	period described in 29 CFR 2510.3-102? (See instructions and DOI 's Voluntary Educine					
	Correction Program.)					
b	where any loans by the plan or fixed income obligations due the plan in default as after at	a		X		
	or plant year or classified during the year as uncollectible? Disregard participant leave as a second					
	by participants account balance. (Attach Schedule G (Form 5500) Port 1 # "Vee" in the land					
C	were any leases to which the plan was a party in default or classified during the area.	b		X	- Mary Control	
	unconectible: (Attach Schedule G (Form 5500) Part II if "Yes" is checked)					
d	Trains are any nonexempt transactions with any party-in-interest? (Do not include	C		X		
	Tarisactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Voo" in					
	checked on line 4d.)					
е	this plan covered by a fidelity bond?	d	Х	X	····	
t	and the plan have a loss, whether or not reimbursed by the plan's fidelity band, the plan is	е			2	00000
	oudsed by Iradd or dishonesty?	f				
g	Did the plan hold any assets whose current value was neither readily determinable as an			X		Section Control
	established market not set by an independent third party appraisor?	g		X		
U	and the plan receive any noncash contributions whose value was peither readily determined.	9	400			C**70*20****
	on an established market not set by an independent third party appraisor?	h	1	X		
1	bid the plan have assets held for investment? (Attach schedule/s) of assets if "Ve-":					a true a serie
	checked, and see instructions for format requirements)	6-18-231-42-31-12	X			
,	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					
k	format requirements)	j	Х			
	Were all the plan assets either distributed to participants or beneficiaries, transferred to another					The second
a	plan, or brought under the control of the PBGC?  Has a resolution to terminate the plan been added to the plan bee	k		X		
	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  reverted to the employer this year	If yes,	enter	the amo	unt of any plan a	ssets that
b	f, during this plan year, any assets or liabilities were transferred (	ĭ No	A	mount		
	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) were transferred. (See instructions).	, identify	the	plan(s) to	o which assets or	liabilities
	5b(1) Name of plan(e)					
	5b(2) EIN(s	)			5b(3	) PN(s)



BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

EIN: 13-6043636 PLAN NO: 001

## FORM 5500 ANNUAL REPORT FOR PLAN YEAR ENDED MARCH 31, 2006

# ATTACHMENT TO SCHEDULE H (FORM 5500)

Part IV, Question 4d:

In a letter dated July 13, 2006 (see attached copy), the Department of Labor ("DOL") indicated its position that certain transactions identified in the letter were nonexempt. It was determined not to contest the DOL's position. To resolve the matter, funds involved in the identified transactions (plus interest) have been restored to the Plan and excise tax returns have been filed with the IRS. The excise taxes have been paid from funds that are not plan assets. The Plan does not acknowledge that there were any nonexempt transactions with a party in interest during the plan year.

# fox. myplod DE/AA/LL/BW 2/24/06

U.S. Department of Labor

Employee Benefits Security Administration Washington District Office 1336 East-West Highway, Suite 200 Silver Spring, MD 20910-3225

(301) 713-2000

FAX: (301) 713-2018



JUL 1 3 2006

CERTIFIED MAIL NO. 7002 3150 0004 1258 7436 RETURN RECEIPT REQUESTED

RECEIVED

HUL 17 2006

NFL PLAYER BENEFITS

William Bidwill
Eddie Jones
Jack Donlan
Tom Condon
Leonard Teeuws
Jeff Van Note
Retirement Board
Bert Bell/Pete Rozelle NFL Player Retirement Plan
200 St. Paul Place, Suite 2420
Baltimore, MD 21202-2040

Re:

Bert Bell/Pete Rozelle NFL Player Retirement Plan

#### Gentlemen:

As I previously pointed out in my June 1, 2005 letter, the Department of Labor (the Department) has responsibility for the enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). Title I establishes standards governing the operation of employee benefit plans such as the Bert Bell/Pete Rozelle NFL Player Retirement Plan (the "Plan").

This office has concluded its investigation of the Bert Bell/Pete Rozelle NFL Player Retirement Plan (the Plan), and of the Plan Retirement Board (the Board) as Plan Fiduciaries. Based on the facts gathered during that investigation it appeared that the Board violated provisions of Title I of ERISA. These violations were detailed in my previous letter. A copy of that letter is attached enclosed for your convenience.

It is my understanding that the Board has taken corrective action with respect to the specific violations detailed in my letter of June 1, 2005. Specifically, the Board remitted \$8,084, representing lost earnings to the Plan on September 26, 2005. In addition, the Board has agreed to implement a formal travel policy to monitor the travel expenses of its members.

It is the Department's opinion that the travel policy which was implemented as a result of our investigation falls short of the requirements of ERISA. Accordingly, the fiduciaries should be careful when implementing the travel policy to ensure compliance with ERISA.

The Department will take no further action with respect to these matters at this time. You are cautioned, however, that by agreeing to take no further action with regard to these issues, the Department commits only itself and cannot in any way restrain any other individual or governmental agency from taking any further action it may deem appropriate with respect to these other matters.

Further, as you may be aware, Congress, in enacting ERISA, added Section 4975 to the Internal Revenue Code of 1954, which imposes an excise tax on disqualified persons (generally, the same as parties in interest under Title I of ERISA) who engage in prohibited transactions with employee retirement benefit plans. In general, this excise tax, which is administered and enforced by the Internal Revenue Service, is applicable in two steps – a first level tax equal to fifteen percent (effective for prohibited transactions occurring after August 5, 1997) of the amount involved in the transaction for each taxable year during which the transaction is outstanding and a second level tax, equal to 100 percent of the amount involved if the transaction is not corrected. The excise tax is paid concurrently with the filing of a Form 5330. (Form and Instructions enclosed).

Please also be advised that pursuant to section 3003(c) of ERISA, 29 U.S.C. section 1203(c), the Secretary of Labor is required to transmit to the Secretary of the Treasury information indicating that a prohibited transaction has occurred. Accordingly, this matter will be referred to the Internal Revenue Service. Please contact Investigator David S. Johnston at 301-713-3366 x. 111 with any future questions regarding this case.

Sincerely,

Regional Director

Philadelphia Region

Enclosures:

Form 5330 and Instructions

June 1, 2005 letter

#### SCHEDULE P (FORM 5500)

# Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

Official Use Only

OMB No. 1210-0110

2005

This Form is Open to Public Inspection.

File as an attachment to Form 5500 or 5500-EZ.  For trust calendar year 2005 or fiscal year beginning 04/01/2005, and ending 03/31/2006  1a Name of trustee or custodian  MELLON BANK, N.A.  b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)  ONE MELLON BANK CENTER  c City or town, state, and ZIP code
1a Name of trustee or custodian  MELLON BANK, N.A.  b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)  ONE MELLON BANK CENTER
<b>b</b> Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)  ONE MELLON BANK CENTER
ONE MELLON BANK CENTER
ONE MELLON BANK CENTER
PITTSBURGH PA 15258-0001
2a Name of trust
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
b Trust's employer identification number 13-6043636
3 Name of plan if different from name of trust
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN TRUST
4 Have you furnished the participating employee benefit plan(a) with the transfer visit of
4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?
5 Enter the plan sponsor's employer identification number as shown on Form 5500
or 5500-EZ.  Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete the correct of the correct of the best of my knowledge and belief it is true, correct of the correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true, correct of the best of my knowledge and belief it is true.
SIGN Signature of fiduciary   Date   Ol////  Date   Ol///  Date   Ol////  Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///   Date   Ol///
For Panerwork Reduction Act Notice and OMR Control No.
see the instructions for Form 5500 or 5500-EZ.
The state of the s
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#### SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration

# **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).

OMB No. 1210-0110 2005

Pension Benefit Guaranty Corporation

► File as an Attachment to Form 5500.

Official Use Only

=	or calendar was an Attachment to Form 5500.			This Form	n is Open to
A	or calendar year 2005 or fiscal plan year beginning 04/01/2005			Public I	nspection.
_	rearise of plan and ending			/31/2006	
7	Plan sponsor's name as the PLAYER RETIREMENT PLAN	В	Three-dig	git	
	SPECIAL SPECIAL STREET AS SHOWN ON line 2a of Form 5500	_	plan num	ber 🕨	001
r Ø	BURN OF BERT BELL/PETE POZELLE NOT BELL	D	Employe	Identificatio	n Number
8		L_			3-6043636
	All references to distributions relate only to payments of benefits during the plan year.  Total value of distributions paid in property ethants.				
7	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions				
_	in the instructions or the instructions of property specified				
2	Enter the EIN(s) of payor(s) who paid benefits as below		1   \$	•	
	during the year (if more than two, enter FINs of the two powers of				
	during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits).				
	Profit-sharing plans, ESOPs and stock beauty				
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				
_	the plan year				
	the plan year		3		
	Funding Information (If the plan is not subject to the minimum funding requirements of Code or ERISA section 302, skip this Part)	500	tion 410 -4	46 . 1	
4	Is the plan administrator making and this Part)	300	401141201	the Internal Re	evenue
	Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?.  If the plan is a defined benefit plan, go to line 7.				
5	If the plan is a defined benefit plan, go to line 7.	• • • •	• • • • • • •	∐ Yes X	No UN/A
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the data of the				
	plan year, see instructions, and enter the date of the ruling letter granting the waiver				
6a	If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remain Enter the minimum required contribution for this plan year	•	Month	Day	_Year
h	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan.	der	of this sch	edule.	
0	Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 6b from the amount in line 6a. Enter the smouth	• •	6a \$		
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)	• •	6b \$		
	of a negative amount)				
	If you completed line 6c. skip lines 7 and 9 and	• •	6c \$		
1	a strange in actuallal COSI method was made for at the				
S - S - S	approval for the change or a class ruling letter, does the plan spages or allowed to a revenue procedure provide	ing :	automatic		
	Amendments	e ch	ange?	Yes N	o X N/A
3	If this is a defined benefit pension plan were any arrest.				S PATIONA
	increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.).				
20.00	"No" box. (See instructions.)				
Pé	"No" box. (See instructions.)	. П	Increase	Decreas	se X No
<del>)</del>	Check the box for the test this plan used to actiful			Decreas	e IV NO
or	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	ge t	est	average b	
	only of Numbers, see the instructions for Form 5500.	v8.		average b	enent test
	III BN CCERNISE LKS WIND STRAIN BAN BROKEN AND AND AND AND AND AND AND AND AND AN			edule R (Forn	n 5500) 2005
					•
•					

# **Actuarial Assumptions and Actuarial Cost Method**

Mortality Rates: Group Annuity Mortality Table for 1983 without margins.

<u>Disability Mortality Before Age 65</u>: 1965 Railroad Retirement Board select and ultimate timetable.

#### Nonfootball Disability Rates Before Retirement:

Age	Rate
22	.04%
27	.04%
32	.04%
37	.05%
42	.09%
47	.18%
52	.41%

<u>Football Disability Rates</u>: .08% per year for active players and .06% per year for inactive players until age 45 after which it becomes zero. Active players are assumed to become inactive after one year of service or age 30, whichever comes later.

## Withdrawal Rates:

For Players	
With Service of	Rate
1 year	29.1%
2 years	19.7%
3 years	17.0%

<u>Election of Early Payment Benefit</u>: 35% of all players out of football less than two years will elect the benefit two years after leaving football. Active players are assumed to leave football after one season or age 30, whichever is later. No assumption is made for players who have no Credited Seasons before 1993.

# Actuarial Assumptions and Actuarial Cost Method (continued)

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

Percent Married: Social Security Awards in 1972.

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

Remarriage Rates: 1971 Railroad Retirement Board rates.

Net Investment Return: 7.25%.

Administrative Expenses: \$3,006,828. This amount was the actual administrative expenses during the preceding year.

Actuarial Value of Assets: The actuarial value of the assets is increased for new money (i.e., contributions plus dividends and interest income plus transfers for other plans, less benefit payments and expenses). This preliminary value is then adjusted by 20% of the difference between itself and the actual market value. An additional adjustment is made as necessary so that the final actuarial value is within 20% of market value.

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

Amortization for Determining Negotiated Contribution Only: 20 years beginning April 1, 1993; 19 years as of April 1, 1994; etc. In years when there is a zero or a negative unfunded actuarial accrued liability, the negotiated contribution is the amount which is expected to produce a zero unfunded actuarial accrued liability at the end of the plan year.

# **Summary of Plan Provisions Including 1998 Amendments**

## 1. Normal Retirement Pension

(a) Age Requirement: 55

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

#### (c) Monthly Amount:

Credited Season	Benefit Credit
Before 1968	\$100
1968 and 1969	130
1970	170
1971	175
1972 to 1976	185
1977 to 1981	200
1982 to 1992	230
1993 and 1994	240
1995 and 1996	285
1997	330
1998 through the Plan Year that begins prior to the expiration of the Final League Year	425

# Summary of Plan Provisions Including 1998 Amendments (continued)

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

- (a) Age Requirement: 45 through 54
- (b) Service Requirement: Same as 1(b) above.
- (c) Monthly Amount: Normal pension actuarially reduced to reflect earlier benefit payments.

#### 3. Deferred Retirement Pension

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

## 4. Total and Permanent Disability

- (a) Age Requirement: Under age 55 when disabled.
- (b) Service Requirement: None if active, otherwise service required for vested status.
- (c) Monthly Amount: Normal pension earned except that benefit will be no less than \$4,000 if disability is for active football, active nonfootball, or football degenerative and \$1,500 for inactive nonfootball. An additional \$100 per month will be paid for each dependent child.

# Summary of Plan Provisions Including 1998 Amendments (continued)

#### 5. Line-of-Duty Disability

(a) Age Requirement: None

(b) Service Requirement: None

(c) Duration of Payments: 90 months

- (d) Nature of Disability: The disability must have arisen out of football activities and must be expected to persist for at least 12 months and result in player's retirement from professional football. The disability must be substantial in the sense that it results in a major bodily impairment with the percentage loss of function depending upon the particular part of the body involved.
- (e) Monthly Amount: Normal pension earned, but not less than \$1,000 per month.
- 6. Early Payment Benefit (Not applicable to players who do not have a Credited Season prior to 1993)
  - (a) Age Requirement: None
  - (b) Service Requirement: Vested and left football on or after March 1, 1977.
  - (c) Amount: A lump sum equal to 25% of the actuarial present value of the player's benefit credits as of the date of payment. If the player makes application for this benefit after March 31, 1982, any and all future benefits payable (normal or early retirement, death or disability) will be reduced 25%. If application was made prior to April 1, 1982, only the normal or early retirement benefit will be reduced 25%.

# Summary of Plan Provisions Including 1998 Amendments (continued)

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

- (a) Eligibility Requirement: Active player or vested inactive player and survived by widow or dependent children.
- (b) Monthly Amount: 50% of the normal pension accrued, but not less than \$3,000 per month for the 48 months immediately following death and no less than \$1,200 per month thereafter. (For vested players not active in a season after 1976, the \$3,000 minimum benefit is not applicable. For vested players active in a season after 1976, but not after 1981, the \$3,000 minimum benefit is \$2,000.)
- (c) Duration of Payment: Benefits are paid to the widow until her death or remarriage. If there are surviving dependent children at the point that the widow's benefit ceases, payments will continue to the children until they reach age 19, or age 23 if in college. If any dependent child is mentally or physically incapacitated, benefits will continue for the child's lifetime.
- (d) In the event of the death of a vested player or vested inactive player who (1) had an Hour of Service on or after August 23, 1984, or (2) had an Hour of Service on or after April 1, 1976, who was living on August 23, 1984 and had 10 years of service under the plan, and who was not at the time of his death a retired player, his surviving spouse, if any, shall be eligible to receive a spouse's preretirement death benefit. The spouse's preretirement death benefit is the benefit which would have become payable to such surviving spouse upon the death of such player as if he had retired and died on the day following his annuity starting date and elected benefits in the form of a Joint and Survivor annuity. The benefit begins to be paid as of the first day of the month following the date of the death of the vested player or vested inactive player or, if later, the first day of the month following the month in which such player would have reached his early retirement date had he lived to that date. The monthly benefit payments continue for the life

# Summary of Plan Provisions Including 1998 Amendments (continued)

of the surviving spouse. If a spouse is eligible to receive the benefit described in this section and the benefit described in (a), (b), and (c) above, she must elect which one of the two benefits she is to receive.

#### 8. Postretirement Death Benefit

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

#### Note:

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

#### Notes to Schedule B (Form 5500)

- 6(b): Exception: Age 55 for Players with no Credited Seasons before 1993
- 6(g): Withdrawal rates are by service rather than by age. See attached summary of the actuarial assumptions.

APPENDIX 2
.
Funding Standard Account: Amortization Credits and Charges as of April 1, 2001

•					As of 4/0:	1/2001
Туре*	Date	Years	Original Amount	Annual Payment	Years	Outstanding Balance
Charges						
IL.	3/31/1977	40	\$27,413,000	\$1,780,787	15.00	\$17,123,767
PA	11/01/1977	40	1,692,600	112,808	15.42	1,101,539
PA.	2/01/1979	40	651,600	43,341	16.83	443,777
PA	1/01/1983	30	14,128,300	1,026,833	10.75	8,032,104
PA	3/31/1989	30	1,303,288	93,144	17.00	958,647
PA	3/31/1992	30	124,393,450	8,968,644	20.00	99,952,068
PA	4/01/1993	30	5,579,111	428,686	22.00	4,981,860
EL	4/01/1994	15	12,801,095	1,331,250	8.00	8,443,632
PA	4/01/1994	30	23,799,617	1,833,394	23.00	21,699,370
EL	4/01/1995	15	27,040,935	2,812,122	9.00	19,442,671
EL	4/01/1997	15	13,020,320	1,354,048	11.00	10,755,382
PA	4/01/1998	30	50,168,724	3,864,728	27.00	48,532,568
EL	4/01/1999	15	8,158,287	848,421	13.00	7,498,287
EL	4/01/2001	15	27,102,402 _	2,818,515	15.00	27,102,402
Total Amo	ortization Charges:	:		\$27,316,721		\$276,068,074
Credits				•		
CA	3/31/1978	30	\$270,600	\$18,634	6.00	\$94,532
CA	3/31/1979	30	747,800	51,505	7.00	295,129
CF	3/31/1980	37	1,375,300	91,263	15.00	877,569
PA	3/31/1983	30	484,900	33,994	11.00	270,022
EG	3/31/1988	15	2,444,012	232,427	1.00	232,427
EG	3/31/1989	15	3,855,330	368,410	2.00	711,917
EG	3/31/1990	15	7,170,124	688,385	3.00	1,928,69
EG	3/31/1991	15	10,413,459	1,004,347	4.00	3,628,07
EG	3/31/1992	15	8,803,407	852,844	5.00	3,725,37
EG	3/31/1993	15	10,389,892	1,010,903	6.00	5,128,21
CF	4/01/1993	30	55,410,763	4,257,640	22.00	49,478,92
CA	4/01/1994	30	83,007,633	6,394,461	23.00	75,682,44
EG	4/01/1996	15	590,768	61,437	10.00	457,490
			36,549,784	3,800,995	12.00	31,951,85
EG	4/01/1998	15			14.00	
EG	4/01/2000	15	22,918,036	2,383,361	14.00	22,023,43

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

#### SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits 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.

File as an attachment to Form 5500.

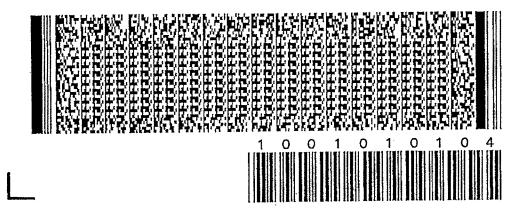
Official Use Only

OMB No. 1210-0110

2001

This Form is Open to Public Inspection

or calendar year 2001 or fiscal plan year beginning 04	4/01/20	01 ,	and ending	03/	31/2002	
Name of plan BERT BELL/PETE ROZELLE NFL PLAYER RE	TIREME	NT PLAN	E	3 Three plan n	-digit umber ►	001
Plan sponsor's name as shown on line 2a of Form 5500 RETIREMENT BOARD OF BERT BELL/PETE	ROZELL	E NFL PLAYER	1 "	) Empl	oyer Identific 13-604	
Part   Service Provider Information (see ins	truction	is)				
1 Enter the total dollar amount of compensation paid by the planty listed below, who received compensation during the planty		ersons, other than the		. 1		121382
2 On the first item below list the contract administrator, if any	v. as define				ce providers in	
descending order of the compensation they received for the enter N/A in (c) and (d).	ne services	rendered during the p	olan year. List only th	ne top 40.	103-12 IEs sh	nould
(a) Name		(b) Employer identification number (see Instructions)			Official plan position	
			Contra	Contract Administrator		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees ar commission paid by pla	าร	servi	Nature of ice code(s)
						12
(a) Name		(b) Employer identification number (see instructions)		(c)	Official plan position	
GROOM LAW GROUP		52-1219029	ATTORNEY			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees ar commissio paid by pla	ns	serv	Nature of ice code(s) instructions)
NONE			2,088,5	28		22
For Paperwork Reduction Act Notice and OMB Control No	umbers, s	ee the instructions f	or Form 5500.	v4.1	Schedule C	(Form 5500) 200



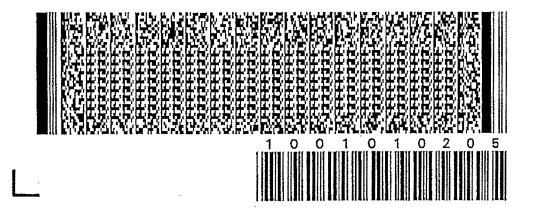
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(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position		
NEUMEIER INVESTMENT CO.		77-0217352	INVEST. MANAGER	` <u>.</u>	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			1,120,489	21	
(a) Name		(b) Employer identification (c) Official plan number (see position instructions)			
BRINSON PARTNERS		36-3718331	INVEST. MANAGER		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	ar	Gross salary allowances aid by plan	(f) Fees and commissions pald by plan	(g) Nature of service code(s) (see instructions)	
NONE			512336	21	
(a) Name		(b) Employer identification number (see Instructions)	(c) Official plan position		
CHASE MANHATTAN BANK		13-2633612	TRUSTEE		
person known to be a		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see Instructions)	
NONE			501595	26	



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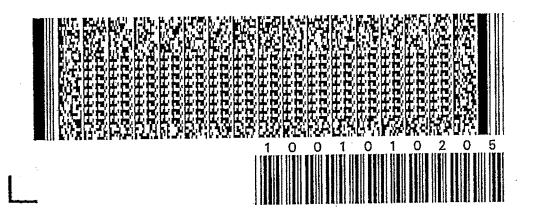
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NONE

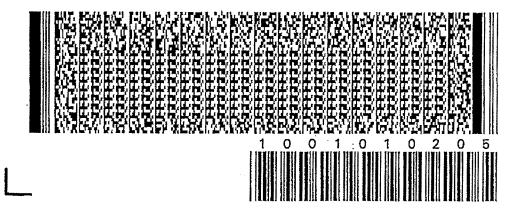
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NONE

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(a) Name		(b) Employer identification number (see instructions)		fficial plan psition
PEACHTREE ASSET		06-1274088	INVEST. MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances ald by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			224162	21
(a) Name		(b) Employer identification number (see instructions)	(c) O	fficial plan osition
AKIN, GUMP, STRAUSS, HAUER & FELD		75-1338644	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			169905	. 22
(a) Name		(b) Employer identification number (see instructions)	on (c) Official plan ee position	
ADVANCED COMPUTER SOLUTIONS		21-3483157	CONSULTANT	
nerson known to be a		Gross salary allowances ald by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			132747	17



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INVEST. ADVISOR

Schedule C	/Carm	ECON'	2004
Scredule C	(FUIII	2200	1 2001

SARAH E. GAUNT

**EVALUATION ASSOCIATES** 

NONE

(a) Name

(a) Name

(d) Relationship to employer,

employee organization, or

person known to be a

party-in-Interest

(d) Relationship to employer,

Official Use Only (c) Official plan position PLAN DIRECTOR (f) Fees and (g) Nature of commissions service code(s) paid by plan (see instructions) 13 (c) Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary (f) Fees and commissions paid by plan pald by plan		(g) Nature of service code(s) (see instructions)		
NONE		77471		20	
(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position		
LINDQUIST & VENNUM		41-0658379	ATTORNEY		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	c) Gross salary (f) Fees and commissions paid by plan paid by plan		(g) Nature of service code(s) (see instructions)	
NONE		•	68216	22	

(b) Employer identification

number (see

Instructions)

13-6043636

(e) Gross salary

or allowances

paid by plan

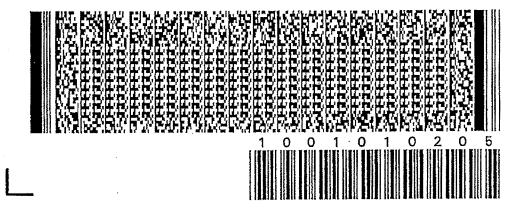
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(b) Employer

identification

number (see instructions)

36-2875489

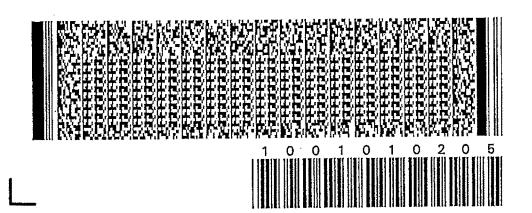


Page	2
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Schedule C	(Form	5500)	2001

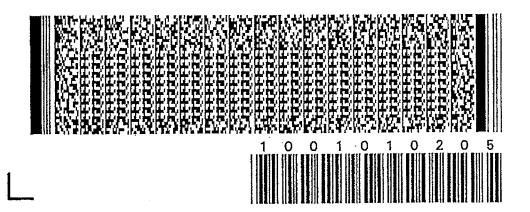
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(a) Name	(b) Employer Identification number (see Instructions)			ricial plan sitton
FRANK NOBLEZA		13-6043636	COMPUTER PROGRA	: MMING
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	(e) Gross salary (f) Fees and commissions paid by plan paid by plan		(g) Nature of service code(s) (see instructions)
NONE		54731		13
(a) Name		(b) Employer identification number (see Instructions)		ficial plan Isliton
GAY LYNN HECTOR	13-6043636 ASST. PLAN DIRECTOR		CTOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary (f) Fees and commissions paid by plan pald by plan		(g) Nature of service code(s) (see Instructions)	
NONE		49681		13
(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
ROSE MARY EVES		13-6043636	ADMIN. ASSISTAN	17
(d) Relationship to employer, employee organization, or person known to be a . party-in-interest	(e) Gross salan or allowances pald by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	40806			13



Official Use Only

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(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position		
CYNTHIA TIMPSON		13-6043636	BENEFIT COORDIN	ATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		35889		13	
(a) Name		(b) Employer Identification number (see instructions)		fficial plan osition	
CHARISSE CALDWELL	13-6043636		BENEFIT COORDINATOR		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and · commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		33471		13	
(a) Name		(b) Employer Identification number (see instructions)	n (c) Official plan e position		
MILTON ART PRESS		52-0787343 PRINTING			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary r allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see Instructions)	
NONE			16661	23	



or allowances

paid by plan

commissions

paid by plan

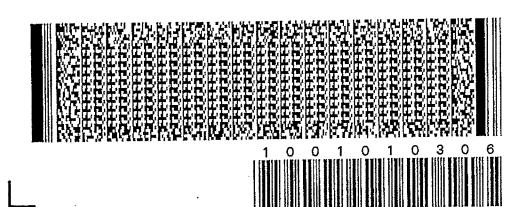
service code(s)

(see instructions)



person known to be a

. party-in-Interest



Explanation:_

#### SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

# **DFE/Participating Plan Information**

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

2001

OMB No. 1210-0110

Official Use Only

Department of Labor Pension and Welfare Benefits Administratio File as an attachment to Form 5500.

This Form is Open to **Public Inspection** 

For calendar plan year 2001 or fiscal plan year beginning 04/01/2001 , and e	ending 03/31/2002,
Name of plan or DFE	B Three-digit plan number ▶ 001
SERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN  Plan or DFE sponsor's name as shown on line 2a of Form 5500  RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIR	D Employer Identification Number 13-6043636
Part Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be	completed by plans and DFEs)
(a) Name of MTIA, CCT, PSA, or 103-12IE LIQUIDITY FUND	
(b) Name of sponsor of entity listed in (a) THE CHASE MANHATTAN BANK OF N.A.	
(c) EIN-PN 13-6353795-001 (d) Entity code C (e) or 103-12IE at end of year (see ins	CT, PSA, structions) 81,511,297
(a) Name of MTIA, CCT, PSA, or 103-12IE	
(b) Name of sponsor of entity listed in (a)	
Dollar value of interest in MTIA, C  (c) EIN-PN(d) Entity code(e) or 103-12IE at end of year (see in:	CCT, PSA,
(a) Name of MTIA, CCT, PSA, or 103-12IE	
(b) Name of sponsor of entity listed in (a)	
Dollar value of interest in MTIA, C  (c) EIN-PN(d) Entity code(e) or 103-12IE at end of year (see in	
(a) Name of MTIA, CCT, PSA, or 103-12IE	
(b) Name of sponsor of entity listed in (a)	
Dollar value of interest in MTIA, C  (c) EIN-PN(d) Entity code(e) or 103-12IE at end of year (see in	CCT, PSA,
For Demonstration And Notice and OMD Control Numbers, see the instructions for Form 5500	1 V4.1 Schedule D (Form 5500) 2001



Schedule D (Form 5500) 2001		Page 2	
	Samuel D ( Samuel Samue		Official Use Only
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
(b)	Name of sponsor of entity listed in (a)		
(c)		Dollar value of interest in MTIA, CCT, PSA, or 103-12iE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
(b)	Name of sponsor of entity listed in (a)		
(c)		Dollar value of interest in MTIA, CCT, PSA,	
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
(b)	Name of sponsor of entity listed in (a)		
	EIN-PN(d) Entity code(e)	Dollar value of interest in MTIA, CCT, PSA,	
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
(b)	Name of sponsor of entity listed in (a)		
	EIN-PN(d) Entity code(e)	Dollar value of Interest in MTIA, CCT, PSA,	
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
(b)	Name of sponsor of entity listed in (a)		
	EIN-PN(d) Entity code(e)	Dollar value of interest in MTIA, CCT, PSA,	
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
(b)	Name of sponsor of entity listed in (a)		





Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

	Winner		Official Use Only
Pa	Information on Participating Plans (to be completed by DFEs)		
(a)	Plan name	·····	
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor		
(a)	Plan name		
	Name of plan sponsor		
(a)	Plan name		
	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name	**********	
	Name of plan sponsor	(c)	EIN-PN_
(a)	Ріал пате		
	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor		EIN-PN
(a)	Plan name		
	Name of plan sponsor	(c)	EIN-PN



#### SCHEDULE H (Form 5500)

lepartment of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

#### **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).

Official Use Only

OMB No. 1210-0110

2001

This Form is Open to

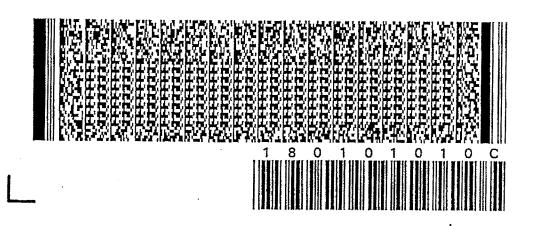
Pension Benefit Guaranty Corporation	oration File as an attachment to Form 5500.				
For calendar year 2001 or fiscal plan year	beginning 04/01/2001	and endin	g 03/31/2002	· · · · · · · · · · · · · · · · · · ·	
A Name of plan BERT BELL/PETE ROZELLE N	FL PLAYER RETIREMENT PLAN		B Three-digit	001	
C Plan sponsor's name as shown on line RETIREMENT BOARD OF BER	2a of Form 5500 T BELL/PETE ROZELLE NFL PLAY	ER RETIR	D Employer Identifi	<u> </u>	
Part   Asset and Liability	Statement				

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. DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

	Assets		(a) Beginning of Year	(b) End of Year
	Total noninterest-bearing cash	а		
þ	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	b(1)		
	(2) Participant contributions	b(2)		
	(3) Other	b(3)	79,168,357	53,566,651
C	General investments:			
	(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)	28,674,498	2,261,928
	(2) U.S. Government securities	c(2)	125,770,885	57,175,480
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	c(3)(A)		
	(B) All other	c(3)(B)	36,195,135	28,516,021
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	c(4)(A)	942334	23,901,584
	(B) Common	c(4)(B)	425,491,118	472,755,928
	(5) Partnership/joint venture interests	c(5)		
	(6) Real estate (other than employer real property)	c(6)		
	(7) Loans (other than to participants)	c(7)		
	(8) Participant loans	c(8)		
	(9) Value of interest in common/collective trusts	c(9)	56,660,848	81,511,297
(	10) Value of interest in pooled separate accounts	c(10)		
(	11) Value of Interest in master trust investment accounts	c(11)		
(	12) Value of interest in 103-12 Investment entities	c(12)		
(	13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	66,288,750	26,507,231
(	14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)		
_	15) Other	c(15)	95883	93643

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

v4.1 Schedule H (Form 5500) 2001

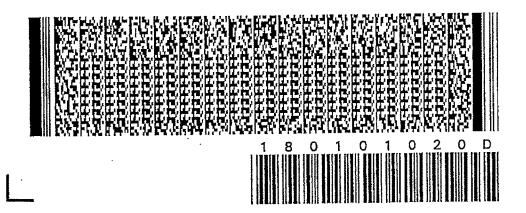


	•			Official Use Only
d E	mployer-related investments:		(a) Beginning of Year	(b) End of Year
	i) Employer securities	d(1)		
(2	2) Employer real property	d(2)		
	utildings and other property used in plan operation	e f	819,287,808	746,289,763
	Liabilities			
g B	enefit claims payable	g	1 504 500	1 700 073
h C	Operating payables	h	1,284,693	1,799,873
	Acquisition Indebtedness	l i	143,557,127	53,379,240
	otal liabilities (add all amounts in lines 1g through 1j)	k	144,841,820	55,179,113
	Net Assets			
1.	let assets (subtract line 1k from line 1f)	1	674,445,988	691,110,650

Part II Income and Expense Statement

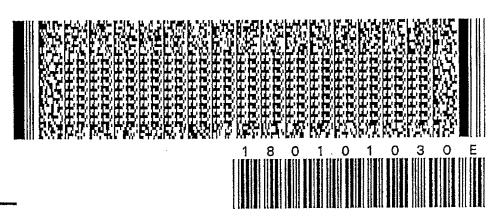
Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	a(1)(A)	27,995,961	
(B) Participants	a(1)(B)		
(C) Others (including rollovers)	a(1)(C)		
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		27,995,961
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market			
accounts and certificates of deposit)	b(1)(A)	194390	
(B) U.S. Government securities	b(1)(B)	4,211,778	
(C) Corporate debt instruments:	(1)(C)		
(D) Loans (other than to participants)	1. (4) (1)		
(E) Participant loans	b(1)(E)		
(F) Other	b(1)(F)	2,073,490	
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		6,479,658
(2) Dividends: (A) Preferred stock	(2)(2)		
(B) Common stock	4 4 7 4 4 7 7 1		
(C) Total dividends. Add lines 2b(2)(A) and (B)	1 (0)(0)	**************************************	9,464,689
(3) Rents	4/21		
		1,519,273,045	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds (B) Aggregate carrying amount (see instructions)			
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result			-31,400,253



Page 3	3
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	Schedule H (Form 5500) 2001		rage U	Official Use Only
			(a) Amount	(b) Total
	/6) Unrealized appreciation (depreciation) of greate: /// Real potets	b(5)(A)	Tay Fillouia	(07.100)
		b(5)(B)		
	· ·			n
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)			3,499,800
	(6) Net investment gain (loss) from common/collective trusts			3/433/000
	(7) Net investment gain (loss) from pooled separate accounts	b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	b(9)		
1	10) Net Investment gain (loss) from registered investment companies			
	(e.g., mutual funds)	b(10)		
C	Other income	C		46,479,118
đ	Total income. Add all income amounts in column (b) and enter total	d		62,518,973
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiarles, including direct rollovers	e(1)	38,369,522	
	(2) To insurance carriers for the provision of benefits	e(2)		
	(3) Other	e(3)		
	(4) Total benefit payments, Add lines 2e(1) through (3)	e(4)		38,369,522
f	Corrective distributions (see instructions)			
g	Certain deemed distributions of participant loans (see instructions)	1		
-	Interest expense			
i	Administrative expenses: (1) Professional fees		2,728,734	
•	(2) Contract administrator fees			
	(3) Investment advisory and management fees		4,104,452	2
	(4) Other		651603	3
	(5) Total administrative expenses. Add lines 2i(1) through (4)			7,484,789
i	Total expenses. Add all expense amounts in column (b) and enter total			45,854,311
,	Net Income and Reconciliation			
Ŀ	Net income (loss) (subtract line 2j from line 2d)	k		16,664,662.
î	Transfers of assets			
1	(1) To this plan	. I(1)	1	
	•	I(2)		
() (N)	(2) From this plan  Accountant's Opinion	1141		22
<u>शस्त्रः</u> 3	The opinion of an independent qualified public accountant for this plan is (see instruct)	ione).		
_	Attached to this Form 5500 and the opinion is: (1) X Unqualified (2)		(3) Disclaimer (4)	Adverse
		uannea	(4) [ Disordinici (4) [	J 1/410100
IJ	Not attached because: (1) the Form 5500 is filed for a CCT, PSA or MTIA.	rought to 9	0.050.0500.104.50	
_	(2) the opinion will be attached to the next Form 5500 pu			, П
	Also check this box if the accountant performed a limited scope audit pursuant to 29 C			/ ········
α	If an accountant's opinion is attached, enter the name and EIN of the accountant (or an ARRAMS FORMER NOI F. WILLTAMS	Journing II	1111)	52-1854049
	ABRAMS, FOSTER, NOLE & WILLIAMS			
		······································		
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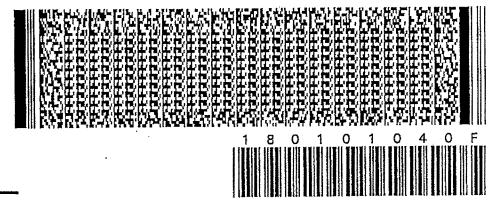


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Schedule	н	(Form	วอบบา	2001

Official Use Only

	I ransactions burning Plan Year	4b 4	٧ ۵	- 5			
	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g	, 40, 4	κ, υ	ı J.			
	103-12 IEs also do not complete 4j.	1,,					<del></del>
	During the plan year:	Y	es	No		Amount	77.00
	Did the employer fail to transmit to the plan any participant contributions within the maximum		****	Х			*****
	mile period dedended in 25 of it Editio (e.g. 125 millionerie)	a	8888	A	***********		
	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		<b>***</b>				
	by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)	<b>b</b>	000000	X	*****************		<i>000000</i>
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)	c .		X			<i>200</i> 20000000
d	Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach						
		d		X			
е		e	X			2,000,	000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was						
•		f		Х			
α	Did the plan hold any assets whose current value was neither readily determinable on an						
3	established market nor set by an independent third party appraiser?	g		Х			
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?	h		Х			
i	Did the plan have assets held for Investment? (Attach schedule(s) of assets if "Yes" is						
•	checked, and see instructions for format requirements)	i	X				
i	Were any plan transactions or series of transactions in excess of 5% of the current value of						
J	plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for						
	format requirements)	i	X				
1	Were all the plan assets either distributed to participants or beneficiaries, transferred to another						
Α.	plan or brought under the control of the PBGC?	k		X	1		
<u> </u>	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes.	enter	the	amoun	t of any pla	n assets that	
Ja	reverted to the employer this year Yes	No		Amou			
Eh.	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden					sets or liabilities	
JD	were transferred. (See instructions).		٠.٠	(-,			
	Mt (A) week					<b>5b(3)</b> PN	(s)
	5b(1) Name of plan(s) 5b(2) EIN(s)					0.5(0)	(0)
						-	
				<del></del>		-	
						-	
					<del></del>	-	



#### SCHEDULE P (Form 5500)

## **Annual Return of Fiduciary** of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Official Use Only

OMB No. 1210-0110

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

This Form is Open to Public Inspection.

Department of the Treasury Internal Revenue Service

▶ File as an attachment to Form 5500 or 5500-EZ.

For the	ne trust	calend	iar y	ear	2001
or fis	cal trus	t vear	beai	nnin	Œ

0 1 2001

and ending

0 3

3 1

2002

FOR

Please type or print

1a Name of trustee or custodian

A S TRUSTEE CHASE BANK MORGAN b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

FLOOR METROTECH 5 T H

c City or town

ZIP code

BROOKLYN

1 1 2 4 5 NY

2a Name of trust

ROZELLE NFL PLAYER PETE BELL BERT

PIAN RETIREMENT

b Trust's employer identification number

1 3 6043696

Name of plan if different from name of trust

Have you (urnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)? .....

Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ ... >

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete. Signature of fiduciary

Antonula Casano, VP

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1 9

2002

For Paperwork Reduction Act Notice and OMB Control Nos., see the Inst. for Form 5500 or 5500-EZ. Cat. No. 13504X Schedule P (Form 5500) 2001



V4.1

#### SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits 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.

Official Use Only

OMB No. 1210-0110

2001

This Form is Open to Public Inspection.

Parison delicit delicity Corporation	Public inspection.
For calendar year 2001 or fiscal plan year beginning 04/01/2001 , and ending	03/31/2002
A Name of plan	B Three-digit
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	plan number ► 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer identification Number
RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIR	13-6043636
Part 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  s
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).	
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
Funding Information (If the plan is not subject to the minimum funding requirements of s	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(c)(8) or ERISA section 302(c)(8)? .	Yes X No N/A
If the plan is a defined benefit plan, go to line 7.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this	
plan year, see instructions, and enter the date of the ruling letter granting the waiver	. MonthDayYear
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remain	nder of this schedule.
6a Enter the minimum required contribution for this plan year	<u>6a</u> \$
<b>b</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  s
If you completed line 6c, do not complete the remainder of this schedule.	
7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing	
approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the c	
Do not complete line 8, if the plan is a multiemployer plan or a plan with 100 or fewer participants	during the prior plan year (see inst.).
8 Is the employer electing to compute minimum funding for this plan year using the transitional rule	
provided in Code section 412(I)(11) and ERISA section 302(d)(11)?	Yes X No N/A
Part III Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that	a
increased the value of benefits? (see instructions)	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	v4.1 Schedule R (Form 5500) 2001
	•
	•
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· 1	

#### SCHEDULE T (Form 5500)

# **Qualified Pension Plan Coverage Information**

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2001

Official Use Only

This Form is Open to Public Inspection.

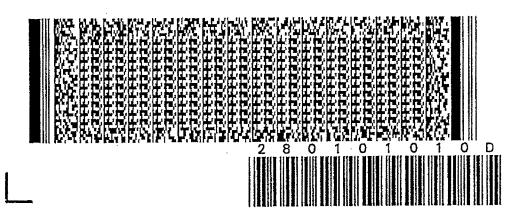
Department of the Treasury Internal Revenue Service	► File as an attachment to Fo			Public	Inspection.
For calendar year 2001 or fisc	cal plan year beginning 04/01/2001	and ending	03/31/200	12	
A Name of plan.			B Thre	ee-digit	-
BERT BELL/PETE RO	OZELLE NFL PLAYER RETIREMENT PLAN		plan	number 🕨	001
C Plan sponsor's name as s	shown on line 2a of Form 5500		D Em	ployer Identifi	ication Number
RETIREMENT BOARD	OF BERT BELL/PETE ROZELLE NFL PLA	AYER RETIR	}	13-604	3636

Note: If the plan is maintained by:

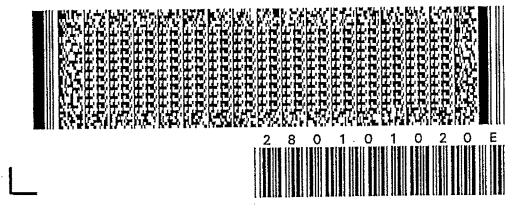
. .:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

1	If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:								
1a	Name of participating employer	1b	Employ	yer identification number					
2	If the employer maintaining the plan operates QSLOBs, enter the following information:	<del></del>							
а	The number of QSLOBs that the employer operates is								
b	The number of such QSLOBs that have employees benefiting under this plan is			<b></b> -	<u>-</u> -				
C	Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather the	an a Q	SLOB t	basis? Yes	∐ No				
d	If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage inform	nation	given o	n line 3 or 4.relates.					
3	Exceptions Check the box before each statement that describes the plan or the employer. Also see ins If you check any box, do not complete the rest of this Schedule.	tructio	ins.						
а	The employer employs only highly compensated employees (HCEs).								
b									
С	<del></del>								
đ		n Cod	e sectio	ons 414(b), (c), and (m)),					
	including leased employees and self-employed individuals.								
е	The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(	(C):	······································		~				
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		v4.1	Schedule T (Form 5500	) 2001				



	Schedule T (Form 5500) 2001		Page 2		
	CO. (C. C. C				Official Use Only
4	Enter the date the plan year began for which	coverage data is being submitted.	Month	Day	Year
а	Did any leased employees perform services i	for the employer at any time during the	plan year?	• • • • • • • • • • • • • • • • • • • •	Yes No
. <b>b</b>	In testing whether the plan satisfies the cove	rage and nondiscrimination tests of Co	de sections 410(b) and 401(a)	(4),	
	does the employer aggregate plans?				Yes No
C	Complete the following:				•
•	(1) Total number of employees of the emplo	ver (as defined in Code section 414(b),	(c), and (m)), including		
	leased employees and self-employed inc	· · · · · · · · · · · · · · · · · · ·		c(1)	
	(2) Number of excludable employees as def	ined in IRS regulations (see instruction	s)	c(2)	
	(3) Number of nonexcludable employees. (5)	Subtract line 4c(2) from line 4c(1))		c(3)	
	(4) Number of nonexcludable employees (lin	ne 4c(3)) who are HCEs		c(4)	
	(5) Number of nonexcludable employees (lin				
	(6) Number of benefiting nonexcludable em	1 ' 1			
d	Enter the plan's ratio percentage and, if appl	icable, identify the disaggregated part of	of the plan to which the		
_	information on lines 4c and 4d pertains (see			d	_%
е	Identify any disaggregated part of the plan a		ion (see instructions).		
	Disaggregated part:	Ratio Percentage:	Exception:		
	(1)				
			***		
	(2)				
	(3)				
£	This plan satisfies the coverage requiremen	nts on the basis of (check one):	(1) the ratio percentage to	est (2)	average benefit test
	this plan seasiles the coverage requiremen	. (4)	.3.,2.1	······································	



# Form 5558"

(Rev. June 2001) Department of the Treasury Internal Revenue Service

# A dication for Extension of Tim To Fire Certain Employee Plan Returns

_	For	Pan	arwark	Paduction	Act Notice	222	Instructions.
_	1 4.		CI TO UIL	I (SUBCHOIL	701 110 IICe.	. see	msu acuons.

OMB No. 1545-0212

File With IRS Only

	Name of filer, plan administrator, or plan sponsor (see instructions)	Filer's	Identifyin	a Numb	ar — Chack	naclicable	bau and a		
File before the normal due	BERT BELL/PETE ROZELLE NFL RETIREMENT BOARD	Filer's Identifying Number — Check applicable box and enter number (see instructions).							
late of the	Number, street, and room or suite no. (If a P.O. box, see instructions.)	X En	nolover ide	entificatio	n number (Fl	N) Filers	checking	hay 1a	
Form 5500,	· ·	Employer identification number (EIN). Filers checking box 1a must enter an EIN. All other filers, see Specific Instructions.  13-6043636							
5500-EZ, or 5330 (see	200 ST. PAUL PLACE, SUITE 2420								
nstructions)	City or town, state, and ZIP code	🔲 Sc	cial secur	ity numb	er (see Speci	ific Instru	ctions)		
	BALTIMORE MD 21202	<b>&gt;</b>							
1 I request	an extension of time until 01/15/03 to file (check	appropria	ate box(e	s)),					
•	month day year	- (- ( ( ( ( ( ( ( ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( - ( ) ) ) )		- 12-					
a X Form	5500 or 5500-EZ (no more than 21/2 months).								
	cation is automatically approved to the date shown on line 1 (above) if: (1) bo	w to to a	hadiad (	'41 H- "	5550 !-				
before the	e normal due date of Form 5500 or 5500-EZ for which this extension is requeste	x iaisc	necked, ( I) the dat	,2) the r	si occe mo	signed at	nd filed o	n or	
the norma	al due date.	a, and te	y u io dat	C OF INC	1 13 110 1110	e ulail 27	2 monus	aner	
	t attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed af			fam blan.	_! 1!_4		•		
		rei me n	ue uate		-				
2 Complete	5330 (no more than 6 months). Payment amount attached is \$the following for the plan(s) covered by this application (see How To File):		·····	(see	instructions)	)			
2 Ochrpiece	the following for the plants) covered by this application (see How To Fite).	Tuna	f plan (s	(a)		1 51		<del></del>	
	Plan name/filer		of plan (c		Pian number	<u> </u>	year end		
		Pension	Welfare	Fringe	HOMBE	Month	Day	Year	
					0.04				
BERT/BEL	L/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	X		•	001	03	/31/	02	
			1						
		<u> </u>				1			
3 State in d	etail why you need the extension (if line 1b is checked) NEED ADDITO	NAL '				THIRI	)		
PARTIES	TO FINALIZE INFORMATION TO BE SUBMIT	red y	HTIV	FORM	1 5500	AS			
ATTACHM	ENTS.					<del></del>	<del></del>		
					· · · · · · · · · · · · · · · · · · ·				
Under penalti	es of perjury, I declare that to the best of my knowledge and belief the statements made	on this fo	m are tru	е, согтес	t, and comple	te, and tha	ıt i am aut	horized	
to prepare this ap	pplication.								
	n 1/1/m CPA			10	0/30	1/0	า		
Signature >	Level Cleron VII.	p	ate ►	, .	// / /		<u></u>		
Notice to	To Be Completed by the IRS if line 1b is checked ▼							· · ·	
Applicant	This application for extension to file Form 5330 IS approved to the date	a chown	on line 1	if line	1h is shask	-d /V			
прричани	approved copy of this form to each Form 5330 that was granted an			, 11 11110	to is check	±0. ( ₹0 <b>u</b>	must an	tacn ar	
1	The date entered on line 1 is more than the 6-month maximum time allow		•	This o	anlination to				
To Be	The sale ended on the first that the e-Hallat Hazaman time and	rea loi i i	X111 0000						
Completed	of this form to each Form 5330 that was granted an extension.)			(	You must a	ttacn an	approve	ed copy	
by the IRS	The application for an extension for Form 5330 is not approved, because	on it woo	filed ofter	r ibo no			-5 /A	40.1	
if Line 1b	grace period is not granted.)	e ir mas	meu anei	ule no	mai due dat	e or the re	aturn. (A	10-day	
ls	This application for an extension for Form 5330 Is not approved, becaus	_							
Checked		e							
Oncored	The application was not signed.					•			
	No reason was given on this application or the reason was not accep	table.							
	No payment was attached for the tax due on Form 5330.						•		
	☐ Other▶								
	A 10-day grace period is granted from the date shown below or the due of	late of the	return v	whichev	er is later /V	'ou muct	attach a		
	of this form to each return you file that is granted a grace period.)				o. 10 10101. [ 1	ou mast	· ·	СОРУ	
	•				B	ν.			
	(Date) (Director)					,			
Applicants for	extension of Form 5330: Complete if you want this Form 5558 returned t	o an add	ress oth	er than	the addres	s shown	above		
	Name	T							
Dt.	ABRAMS, FOSTER, NOLE & WILLIAMS, P.A.	1		•	· -				
Please	Number, street, and room or suite no. (If a P.O. box, see instructions.)	1			•		•		
Print or	· · · · · · · · · · · · · · · · · · ·								
Type	2 HAMILL ROAD, N. QUADRANGLE SUITE 272	4 .			•				
.,,,,,	City or town, state, and ZIP code								
	BALTIMORE, MD 21210-1816	<u> </u>							

Form **5500** 

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500. Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2002

This Form is Open to Public Inspection

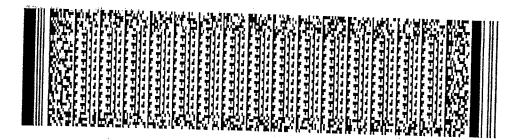
Part I Annual Report Identification	n Information					- I
For the calendar plan year 2002 or fiscal plan year	r beginning 04/0	01/2002	and end	ling 03/31/2003	3 .	
A This return/report is for: (1) a multiemploye	•			ple-employer plan; or		
(2) 🔲 a single-emplo	yer plan (other than a	ι	(4) a DFE			
multiple-emplo	yer plan);					
(2)  an amended re C If the plan is a collectively-bargained plan, check D If filing under an extension of time or the DFVC p Part Basic Plan Information er	here rogram, check box an	d attach required i	(4) a short	al return/report filed for plan year return/report plan year return/report plan year return/report plan year plan ye		12 months). ▶X ▶X
1a Name of plan				1b Three-digit		· · · · · · · · · · · · · · · · · · ·
BERT BELL/PETE ROZELLE NFL PLAY	YER RETIREMEN	IT PLAN		plan number (F	'N) ►	001
				1c Effective date of 09/09/1962	of plan (mo.	, day, yr.)
0- 0	<del></del>					
2a Plan sponsor's name and address (employer, if	for a single-employer	plan)		2b Employer Ident		, ,
(Address should include room or suite no.) RETIREMENT BOARD OF BERT BELL,	/PETE					6043636
ROZELLE NFL PLAYER RETIREMENT I				2c Sponsor's telep		er 38-3186
•				2d Business code	(see instruc	ctions)
200 ST. PAUL PLACE, SUITE 2420	•				·····	711210
2120						
			1			
BALTIMORE	. 1	ID 21202-20	040			
Caution: A penalty for the late or incomplete filing of	this return/report will I	oe assessed unles	s reasonable ca	Luse is established		
Under penalties of verifity and other penalties set forth in the in as the electronic version of this return report if this being tied electron	structions, I declare that I h nically, and to the best of my	ave evamined this setum	/enn and 11		ements and at	tachments, as well
HERE My Or	1/15/2004	WILLIAM V	. BIDWILL	/THOMAS J. CO	NDON	
Signature of plan administrator SIGN HERE	Date	Type or pr	int name of ind	ividual signing as plan	administrat	tor
Signature of employer/plan sponsor/DFE	Date	Type or print name o	f individual signing	as employer, plan sponsor o	r DEE	
For Paperwork Reduction Act Notice and OMB Co	ontrol Numbers, see	the instructions	for Form 5500	). v5.0		<b>5500</b> (2002)
					. 5.111	



1		·	1		
	Form 5500 (2002)	Page 2			
	Plan administrator's name and address (If			Official Use Only	
<b>3</b> a	Plan administrator's name and address (If same as plan sponsor, enter "Same")  AME	3b Administr	ator's E	EIN	·········
		3c Administr	ator's t	elephone numb	er
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,		<b>b</b> EIN	
_	Environment the last return/report below:	•		D LIN	
а	Sponsor's name			C PN	
5	Preparer information (optional) a Name (including firm name, if applicable) and address				
٠	Preparer information (optional) a Name (including firm name, if applicable) and address			<b>b</b> EIN	
				- T-1-1	<del></del>
			l	C Telephone r	number
<u>6</u>	Total number of participants at the beginning of the plan year		6		8766
7	7a. 7b. 7	'c. and 7d)			
a b			7a		2029
C	The state of the s		7b		2183
ď		• • • • • • • • • • • • • • • • • • • •	7c	·	4586
ė	The most range and action to the contract of t	• • • • • • • • • • • • • • • • • • • •	7d	· · · · · · · · · · · · · · · · · · ·	8798
f	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits  Total. Add lines 7d and 7e		7e		346
g			7f		9144
	complete this item)		7g		
h	Number of participants that terminated employment during the plan year with accrued benefits that we	ere less than	79		
	100% vested		7h		
ı	If any participant(s) separated from service with a deferred vested benefit, enter the number of separa				
8	participants required to be reported on a Schedule SSA (Form 5500)  Benefits provided under the plan (complete 8a and 8b as applicable)		7i		293
a	Pension benefits (check this box if the plan provides pension benefits and enter the applicable pens	ion footure and a			
	Characteristics Codes printed in the instructions):  [B] [IG] [IG] [IG] [IG] [IG] [IG] [IG] [IG	lon leature codes i	rom the	e List of Plan	
b	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfar	e feature endes fro			
	Characteristics Codes printed in the instructions):  4H 4L 4L	e leature codes inc	m the	List of Plan	
Ja	Plan funding arrangement (check all that apply)  9b Plan benefit arrange	ment (check all tha	at apply	()	
	(1) Insurance (1) Insurance		,	•	
	(2) Code section 412(i) insurance contracts (2) Code section	n 412(i) insurance	contra	ots	
	(3) X Trust (4) General assets of the sponsor (4) General assets of the sponsor				
	(4) General assets of the sponsor (4) General ass	ets of the sponsor			
		•			<u>-</u>
	· 圖冊 熱致。對於此所有的的人的特別的學院已經過程的學與心理學的學也以及學院的學的學的。如果你們們們們們們				
	0 2 0 2 3 0 0 2 0 9				
_:					1

Form	5500	(2002)
1 01111	2200	[2002]

10	Schedules attached (Check all applicable boxes and, where indicated, e	ptoe the	Official Use Only
<b>а</b>	Pension Benefit Schedules  (1)	b Financial Schedules  (1) X H (Financial Inform (2) I (Financial Inform (3) A (Insurance Inform (4) X C (Service Provide (5) X D (DFE/Participatir	nation Small Plan) mation) r Information) ng Plan Information) action Schedules)





#### SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

# **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

► Attach to Form 5500 or 5500-EZ if applicable.

Official Use Only

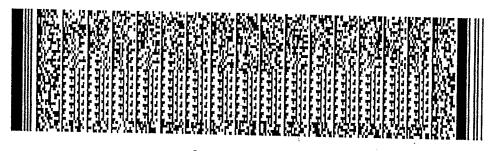
OMB No. 1210-0110

2002

This Form is Open to Public Inspection (except when

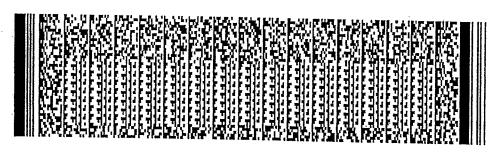
Pension Benefit Guaranty Corporation	See se	parate instructions.	cable.		Inspection (except wh	en
For calendar plan year 2002 or fiscal	plan year beginning 04/01/200	)2		03/3	attached to Form 5500 1/2003	-EZ)
Round off amounts to nearest d	ollar.		and end		1/2003	
Caution: A penalty of \$1,000 will    A Name of plan	oe assessed for late filing of this repo	rt unless reasonable cau	ise is esta	hlished		
BERT BELL / PETE ROZEL	I.E. MET. DIAVED DESTRUCT		B Three	e-digit	T	
L Plan Shonsor's name as shown a	- 15 A CE		3	number I	001	
RETIREMENT BOARD OF TH	n line 2a of Form 5500 or 5500-EZ  E BERT BELL / PETE DOS	PITE NOT DE			cation Number	
E Type of plan: (1) Single-empl					13-6043636	
Part I Basic Information	(To be completed by all plans)	Multiple-employer	F _ 10	0 or fewer pa	rticipants in prior plan yea	ır
Ta Enter the actuarial valuation date	e: Month ⁰⁴	Day 01	ear 2002			
b Assets:		Y	ear			
(1) Current value of assets				b(a)	601110	c
(2) Actuarial value of assets for	funding standard account			. b(1)	691110	
(1) The state of mapping for plans us	wy ummediate dain methods	*******	•••••	b(2) c(1)	8493938	
t i piano asing s	shican daili Wellods.		• • • • • • • •		0423330	
(a) Unfunded liability for mo	ethods with bases			c(2)(a)		
(b) Accrued liability under (c) Name (c)	entry age normal method			c(2)(b)		
(o) Normal cost under entr	/ age normal method	<u></u>		c(2)(c)		
Statement by Enrolled Actuary (see					······	
To the best of my knowledge the information sumy opinion each assumption, used in combination, plan, each assumption used (a) is reasonable (taking equivalent to that which would be determined if each (taking into account the experience of the plan and SIGN	me xpulo	schedules, statements, and attac ience under the plan. Furthermon asonable expectations) or (b) wo of a multiemployer plan, the assu	chments, if ai re, in the cas uld, in the ag umptions use	ny, is complete an se of a plan other t igregate, result in ad, in the aggrega	d accurate, and in han a multiemployer a total contribution te, are reasonable	
BRUCE GOULD	Signature of actuary				Date	
				G '	02-02767	
AON CONSULTING	e or print name of actuary	-		Mos	t recent enrollment number	er
111 MARKET PLACE	Firm name		———	elephone num	410-547-2800	
BALTIMORE	MD 21202		,,	acpriorie fiulti	ber (including area code)	
	MD 21202					
If the actuary has not fully reflected any	Address of the firm					
If the actuary has not fully reflected any check the box and see instructions	regulation of ruling promulgated und	ler the statute in complet	ing this s	chedule,		
or Paperwork Reduction Act Notice	and OMB Control Numbers	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·		<u></u>	<b>l</b>
see the Instructions for Form 5500 o	r 5500-EZ	v5.0		Sc	hedule B (Form 5500) 20	02
		1 O E				

1d	Info	rmatic	on on current liabiliti	es of the	e nlan:					<del></del>		<del></del> .		Officia	Use Only
	(1)	Amo	unt excluded from c	urrent li	abilitv attrih	utable to pre-	na Hioin	ation con	ulas (s				,		_
	(2)	"RPA	'94" information:			arabic to bie-	-barricip	adon ser	vice (s	ee instru	ctions)	<u>d(1)</u>	<del></del>		0
						• • • • • • • • • • • • • • • • • • • •									0.600.500.4
			Expected increase in	currer	it liability du	e to henefits	accruin	a durina	 tha min	· · · · · · · ·	• • • • • • • •	d(2)(a			962370849
	٠	(c) (	Current liability com	outed a	highest all	owable intere	et rate /	g duing see inst	uie pia	ın year . -\	• • • • • • • •	d(2)(b			25291702
		(d) E	Expected release fro	m "RP	4 '94" curre	nt liability for	the niar	See Hist	uction	s)	•••••	d(2)(c			
	(3)	"OBR	A '87" information:			in indicating 101	me hian	year .	• • • • •	• • • • • • • •	• • • • • • • •	d(2)(d	)		
											1		<u> </u>		
			Expected increase in	Curren	t liability du	a ta hanafita			• • • • •	· · · · · · · ·	• • • • • • • •	d(3)(a)	4		962370849
		(c) E	Expected release fro	m "∩RI	2	e to beliells	accruing	g auring	the pla	n year .	• • • • • • • • • • • • • • • • • • • •	d(3)(b)	<u> </u>		25291702
	(4)	Expe	Expected release fro cted plan disbursem	ents fo	the plan w	ent nability to	r rue pia	ın year		• • • • • • •	••••••	d(3)(c)	<b>!</b>		
2	Ope	ration	cted plan disbursem al information as of	heginni	ng of this pl	on vone	• • • • • •	•••••		• • • • • • •		. d(4)			39101020
а	Curr	rent va	lue of the assets (s	e inetr	uctions)	an year.							8		
b	"RP	A '94"	lue of the assets (se current liability:	-0 111311	uctions) .	· · · · · · · · · · · · · · · · · · ·	• • • • • •		• • • • •	· · · · · · · · · · · · · · · · · · ·		. 2a			691110650
			tired participants an	d bana	ficiariae ree	obin – –		(1)		Persons 588	(2) Ves	ted Bene		(3) T	otal Benefits
	(2)	For te	minated vested par	ticinant						362		35835			358353733
			ctive participants			• • • • • • • • • • •	• • • • • •	⋯}		905		49540			503048152
	(4)	Total		••••	• • • • • • • • •	• • • • • • • • • • •	• • • • • •	··		855			7074		100968964
С			entage resulting fror	 n dividi:	a lina On h			· · - !		855		93957	8459		962370849
	such	perce	entage	ir dividi	ig inte za b	y iine 20(4), c	olumn (	3), is les	s than	70%, ent	ter				
			ns made to the plan	for the	pian year f		· · · · · ·	<del></del>	• • • • •	· · · · · · ·		<u>l</u>	2c		%
	(a)		(b) Amount paid b	101 1110	pian year t	(c)		mployee (a)	s:		<i>a.</i> \				
<u>М</u> о	Day-	Year	Amount paid be employer	У	Amour	(c) It paid by blovees	1	(a) Jay-Year	1	Amour	(b) It paid by Iployer	1		Amous	(c) it paid by
03/	31/2	2003		9601	Citi	oloyees (	O IVIOL	ay-rear		en	ployer			em	oloyees
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							2 7-4		(1.)		1056	0.001			
4	Quar	terly c	ontributions and liqu	idity ch	ortfall(a):		3 Tota	als -	(b)		4955	9601	(c)		0
а	Plans	s other	than multiemployer	ndity 51.	enter funda	ا ـ الـ الـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	****								
,	vear	(see in	nstructions)	higi15,	enter tunde	a current liab	olity per	centage	for pre	ceding					
b	lf line	4a is	less than 100% se	· · · · · · · ·	otiona			• • • • • •		• • • • • • •	• • • • • • • •		4a		%
		10 10	less than 100%, se	<u> </u>	cuons, and	complete the	followin	g table a	is appl	icable:					
		(1)	1st		Liquidi	ty shortfall as	of end	of Quart		is plan ye	ear				
			131		(2)	2nd			(3)	3rd				(4)	lth
	·						<u>.                                    </u>								





I			
	Schedule B (Form 5500) 2002 Page 3		
_		Official Use Only	,
5 a d g i	C A Accrued benefit (unit credit)	Yes	X No
j k	If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40?  If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method		□No
6	Checklist of certain actuarial assumptions:	Year	
a b	Interest rates for:  (1) "RPA '94" current liability  (2) "OBRA '87" current liability  Weighted average retirement age  a(1)  a(2)  6b	6.26 % 6.26 % 47	N/A N/A N/A
c d e f	Rates specified in insurance or annuity contracts N/A 6c Yes No Yes  Mortality table code for valuation purposes:  (1) Males (2) Females  Valuation liability interest rate  Expense loading    Pre-retirement Post-retirement Post-retirement N/A 6c Yes   Valuation liability interest rate   N/A 6c   Yes   N/A 6c   N/A 6c	7.25 % 0.0 %	□ N/A
_	Annual withdrawal rates:  (1) Age 25 (2) Age 40 (3) Age 55 Salary scale Estimated investment return on actuarial value of assets for the year ending on the valuation date    Male   Female     Rate   Code   Rate   Code     Q(1) U	% % %	□ n/a ⊠ n/a
7	New amortization bases established in the current plan year:  (1) Type of Base  (2) Initial Balance  -125518055  1 -29562857  (3) Amortization Cl	%]	



Miscellaneous information:

date of the ruling letter granting the approval



If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the

Day

Year

Schedule B	(Form	5500	2002
------------	-------	------	------

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81	If one or more alternative methods or rules (as listed in the instruction)	Official Use Only
	If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriations of the instructions of the instruction of the	ite
	Is the plan required to provide a Schedule of Active Participate 1	
9	Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule  Funding standard account statement for this plan year:	Yes 🛛 No
	Charges to funding standard account:	
ā	Driggues 6 P. A. a. a.	
t	Employer's normal cost for plan year as a few horses	(
c	Amortization also also plan year as or valuation date	19991666
	(1) All bases except funding waivers Outstanding Balance	
	421866738. 421866738.	40060345
d	1 the state of the	10000343
e	The applicable on titles 3d, 3b, and 4c	4353771
f		4333771
g		6440555
<b>L</b>	madal	64405782
h	many	
I	The state of the s	25379945
	91	49599601
J	Amortization credits as of valuation date  Interest as applicable to and of the series	
k	and of an applicable to elid of plan year on lines oh of and of	21018180
i	ruir funding limitation (FFL) and credits	3363864
	(1) ERISA FFL (accrued liability FFL)	
	1045552053	
	t i otomice (50 % current liability FFI )	
	(4) FFL credit before reflecting "OBRA '87" FFL  (5) Additional credit due to "OBRA '87" FFL	
	(5) Additional credit due to "OBRA '87" FFL	0
m		0
	(2) Other credits	0
n	(2) Other credits	0
0	Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)  Credit balance: If line 9n is greater than line 9g, enter the difference	99361590
р	Credit balance: If line 9n is greater than line 9g, enter the difference  Funding deficiency: If line 9g is greater than line 9n, enter the difference  90	34955808
	Funding deficiency: If line 9g is greater than line 9n, enter the difference  Reconciliation account:  90  9p	0
q	Current year's accumulated reconciliation account:	
•	(1) Due to additional funding observes as a full of the contraction of	
	the beginning of the beginning of the plant with th	
	(2) Due to additional interest charges as of the beginning of the plan year  (3) Due to waived funding deficiencies:  (4) Q(1) Q(2) 0	
	(a) Reconciliation out to all the second sec	
•	(a) Reconciliation outstanding balance as of valuation date	•
	(4) The serious amount. Line 9c(2) balance minus line 9q(3)(a), (q(3)(b)	
10		•
10		0
11		
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	0
		. Yes X No





6b: Exception: Age 55 for Players with no Credited Seasons before 1993

6g: Withdrawal rates are by service rather than by age. See attached summary of the actuarial assumptions.

# Appendix 5

# **Actuarial Assumptions and Actuarial Cost Method**

Mortality Rates: Group Annuity Mortality Table for 1983 without margins.

<u>Disability Mortality Before Age 65</u>: 1965 Railroad Retirement Board select and ultimate timetable.

# Nonfootball Disability Rates Before Retirement:

<u>Age</u>	Rate
22	.04%
27	.04%
32	.04%
37	.05%
42	.09%
47	.18%
52	.41%

Football Disability Rates: .08% per year for active players and .06% per year for inactive players until age 45 after which it becomes zero. Active players are assumed to become inactive after one year of service or age 30, whichever comes later.

# Withdrawal Rates:

For Players	
With Service of	Rate
1 year	29.1%
2 years	19.7%
3 years	17.0%

Election of Early Payment Benefit: 35% of all players out of football less than two years will elect the benefit two years after leaving football. Active players are assumed to leave football after one season or age 30, whichever is later. No assumption is made for players who have no Credited Seasons before 1993.

# Appendix 5

# Actuarial Assumptions and Actuarial Cost Method (continued)

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

Percent Married: Social Security Awards in 1972.

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

Remarriage Rates: 1971 Railroad Retirement Board rates.

Net Investment Return: 7.25%.

Administrative Expenses: \$3,380,337. This amount was the actual administrative expenses during the preceding year.

Actuarial Value of Assets: The actuarial value of the assets is increased for new money (i.e., contributions plus dividends and interest income plus transfers for other plans, less benefit payments and expenses). This preliminary value is then adjusted by 20% of the difference between itself and the actual market value. An additional adjustment is made as necessary so that the final actuarial value is within 20% of market value.

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

Amortization for Determining Negotiated Contribution Only: 20 years beginning April 1, 1993; 19 years as of April 1, 1994; etc. In years when there is a zero or a negative unfunded actuarial accrued liability, the negotiated contribution is the amount which is expected to produce a zero unfunded actuarial accrued liability at the end of the plan year.

# Appendix 6

# Summary of Plan Provisions Including 2002 Extension Amendment

# 1. Normal Retirement Pension

- (a) Age Requirement: 55
- (A player will, under certain circumstances, become vested even if he does not meet the preceding requirements if he has 10 years of service with Clubs in the NFL due to any employment, such as a coach.)

# (c) Monthly Amount:

Credited Season	Benefit Credit
Before 1981	\$200
1982 to 1992	230
1993 and 1994	240
1995 and 1996	285
1997	330
1998 through the Plan Year that begins prior to the expiration of the Final League Year	425

# Appendix 6

# Summary of Plan Provisions Including 2002 Extension Amendment (continued)

- 2. Early Retirement Pension (Not applicable to players who do not have a Credited Season prior to 1993)
  - (a) Age Requirement: 45 through 54
  - (b) Service Requirement: Same as 1(b) above.
  - (c) Monthly Amount: Normal pension actuarially reduced to reflect earlier benefit payments.

# 3. <u>Deferred Retirement Pension</u>

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

# 4. Total and Permanent Disability

- (a) Age Requirement: Under age 55 when disabled.
- (b) Service Requirement: None if active, otherwise service required for vested status.
- (c) Monthly Amount: Normal pension earned except that benefit will be no less than \$4,000 if disability is for active football, active nonfootball, or football degenerative and \$1,500 for inactive nonfootball. An additional \$100 per month will be paid for each dependent child.

# Appendix 6

# Summary of Plan Provisions Including 2002 Extension Amendment (continued)

# 5. <u>Line-of-Duty Disability</u>

- (a) Age Requirement: None
- (b) Service Requirement: None
- (c) Duration of Payments: 90 months
- (d) Nature of Disability: The disability must have arisen out of football activities and must be expected to persist for at least 12 months and result in player's retirement from professional football. The disability must be substantial in the sense that it results in a major bodily impairment with the percentage loss of function depending upon the particular part of the body involved.
- (e) Monthly Amount: Normal pension earned, but not less than \$1,000 per month.
- 6. Early Payment Benefit (Not applicable to players who do not have a Credited Season prior to 1993)
  - (a) Age Requirement: None
  - (b) Service Requirement: Vested and left football on or after March 1, 1977.
  - (c) Amount: A lump sum equal to 25% of the actuarial present value of the player's benefit credits as of the date of payment. If the player makes application for this benefit after March 31, 1982, any and all future benefits payable (normal or early retirement, death or disability) will be reduced 25%. If application was made prior to April 1, 1982, only the normal or early retirement benefit will be reduced 25%.

# Appendix 6

# Summary of Plan Provisions Including 2002 Extension Amendment (continued)

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

- (a) Eligibility Requirement: Active player or vested inactive player and survived by widow or dependent children.
- (b) Monthly Amount: 50% of the normal pension accrued, but not less than \$3,000 per month for the 48 months immediately following death and no less than \$1,200 per month thereafter. (For vested players not active in a season after 1976, the \$3,000 minimum benefit is not applicable. For vested players active in a season after 1976, but not after 1981, the \$3,000 minimum benefit is \$2,000.)
- (c) Duration of Payment: Benefits are paid to the widow until her death or remarriage. If there are surviving dependent children at the point that the widow's benefit ceases, payments will continue to the children until they reach age 19, or age 23 if in college. If any dependent child is mentally or physically incapacitated, benefits will continue for the child's lifetime.
- (d) In the event of the death of a vested player or vested inactive player who (1) had an Hour of Service on or after August 23, 1984, or (2) had an Hour of Service on or after April 1, 1976, who was living on August 23, 1984 and had 10 years of service under the plan, and who was not at the time of his death a retired player, his surviving spouse, if any, shall be eligible to receive a spouse's preretirement death benefit. The spouse's preretirement death benefit is the benefit which would have become payable to such surviving spouse upon the death of such player as if he had retired and died on the day following his annuity starting date and elected benefits in the form of a Joint and Survivor annuity. The benefit begins to be paid as of the first day of the month following the date of the death of the vested player or vested inactive player or, if later, the first day of the month following the month in which such player would have reached his early retirement date had he lived to that date. The monthly benefit payments continue for the life

# Appendix 6

# Summary of Plan Provisions Including 2002 Extension Amendment (continued)

of the surviving spouse. If a spouse is eligible to receive the benefit described in this section and the benefit described in (a), (b), and (c) above, she must elect which one of the two benefits she is to receive.

# 8. Postretirement Death Benefit

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

### Note:

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

APPENDIX 2

Funding Standard Account: Amortization Credits and Charges as of April 1, 2002

				=	As of 4/01/2002		
Туре*	Date	Years	Original Amount	Annual Payment	Years	Outstanding Balance	
Charges							
IL	3/31/1977	40	\$27,413,000	£1 700 707			
PA	11/01/1977	40	1,692,600	\$1,780,787	14.00	\$16,455,346	
PA	2/01/1979	40	651,600	112,808	14.42	1,060,414	
PA	1/01/1983	30	14,128,300	43,341	15.83	429,468	
PA	3/31/1989	30	1,303,288	1,026,833	9.75	7,513,153	
PA	3/31/1992	30		93,144	16.00	928,252	
PA	4/01/1993	30	124,393,450	8,968,644	19.00	97,579,722	
EL	4/01/1994	15	5,579,111	428,686	21.00	4,883,279	
PA	4/01/1994	30	12,801,095	1,331,250	7.00	7,628,030	
EL	4/01/1995	15	23,799,617	1,833,394	22.00	21,306,259	
EL	4/01/1997	15	27,040,935	2,812,122	8.00	17,836,264	
PA	4/01/1998	30	13,020,320	1,354,048	10.00	10,082,931	
EL	4/01/1999	30 15	50,168,724	3,864,728	26.00	47,906,258	
EL	4/01/2001		8,158,287	848,421	12.00	7,131,981	
PA	4/01/2001	15	27,102,402	2,818,515	14.00	26,044,469	
EL	4/01/2002	30	125,518,055	9,669,234	30.00	125,518,055	
	4/01/2002	15	29,562,857	3,074,390	15.00	29,562,857	
Fotal Amorti	zation Charges:			\$40,060,345		\$421,866,738	
Credits							
CA	3/31/1978	30	\$270,600	\$18,634	5.00	\$81,401	
CA	3/31/1979	30	747,800	51,505	6.00	261,287	
CF	3/31/1980	37	1,375,300	91,263	14.00		
PA	3/31/1983	30	484,900	33,994	10.00	843,313	
EG .	3/31/1989	15	3,855,330	368,411	1.00	253,140	
EG .	3/31/1990	15	7,170,124	688,385	2.00	368,411	
EG .	3/31/1991	15	10,413,459	1,004,347	3.00	1,330,235	
EG .	3/31/1992	15	8,803,407	852,844	4.00	2,813,945	
:G	3/31/1993	15	10,389,892	1,010,903		3,080,792	
F	4/01/1993	30	55,410,763	4,257,640	5.00	4,415,814	
:A	4/01/1994	30	83,007,633	• •	21.00	48,499,825	
G	4/01/1996	15	590,768	6,394,461	22.00	74,311,363	
:G	4/01/1998	15	36,549,784	61,437	9.00	424,767	
G	4/01/2000	15		3,800,995	11.00	30,191,794	
-			22,918,036	2,383,361	13.00	21,063,984	
otal Amortiz	zation Credits:			\$21,018,180		\$187,940,071	

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

#### SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits 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.

File as an attachment to Form 5500. 04/01/2002

Official Use Only

OMB No. 1210-0110

2002

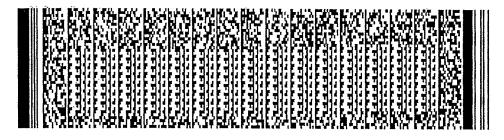
This Form is Open to Public Inspection

For calendar year 2002 or fiscal plan year beginning	04/01	/2002	71117 00000.		00.7			c Inspection
A Name of plan		72002	, and en	ding	03/	31/200	)3	
BERT BELL/PETE ROZELLE NFL PLAYER RE	TIREM	ENT PLAN		В	Three-	_		001
C Plan sponsor's name as shown on line 2a of Form 5500				<del>  -</del>	plan nı			
RETIREMENT BOARD OF BERT BELL/PETE	ROZELI	E NFL PLAYE	R RETTR	D	Emplo	yer Idei	ntifica	ation Number
Part   Service Provider Information (see ins	tructio	ne)		<u> </u>				13-6043636
1 Enter the total dollar amount of compensation paid by the	plan to al	percens other than	4		<del></del>			
listed below, who received compensation during the plan	voar:			[	.			
2 On the first item below list the contract administrator, if any descending order of the compensation they received for the	year.			••••	1			1079285
descending order of the compensation they received for the	y, as uem	ied in the instructions	s. On the other iter	ns, li	st servic	æ provid	lers in	
descending order of the compensation they received for the enter N/A in (c) and (d).	ie service	s rendered during the	e plan year. List on	ly the	top 40.	. 103-12	IEs si	nould
(7)		#A 5 - 1						
(a) Name		(b) Employer identification						
(a) realie		number (see			(c) Official plan position			
		instructions)			•			
			CONTRAC	ΤA	DMIN:	ISTRA	TOR	
(d) Relationship to employer,		· · · · · · · · · · · · · · · · · · ·						
employee organization, or		Gross salary	(f) Fees a	and			(a) N	lature of
person known tö be a		allowances	commission			. ا		e code(s)
party-in-interest	pa	aid by plan	paid by pl	an		(5	see ins	structions)
		·					12	
	1	(b) Employer					*********	
(a) Name	į	identification number (see				ficial pla	n	
	instructions)		p		po	position		•
GROOM LAW GROUP								
		52-121902	9 ATTORNE	Y				
(d) Relationship to employer, employee organization, or	(e)	Gross salary	(f) Fees a					
person known to be a		allowances	commissio		1			ature of code(s)
party-in-interest	pa	id by plan	paid by pla		1			tructions)
NONE								
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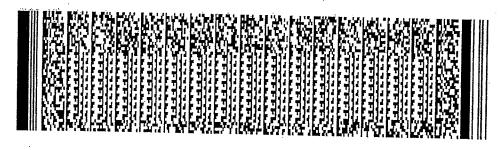
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(a) Name		(b) Employer identification number (see instructions)		fficial plan psition	
NEUMEIER INVESTMENT CO.		77-0217352	INVESTMENT MANA	AGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			564155	21	
		I			
(a) Name		(b) Employer identification number (see instructions)		fficial plan osition	
BRINSON PARTNERS		36-3718331	INVESTMENT MANAGER		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			394963	21	
(a) Name		(b) Employer identification number (see instructions)		fficial plan osition	
PACIFIC INVESTMENT		33-0629048	INVESTMENT MANAGER		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary r allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
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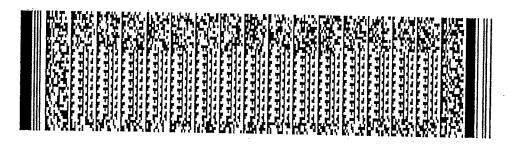
Schedule C (Form 5500) 2002
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Schedule C (Form 5500) 2002			Page 2	
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(a) Name	(b) Employer identification number (see instructions)		Official plan position	
AON/WTR CONSULTING GROUP  (d) Relationship to employer, employee organization, or person known to be a party-in-interest		22-3339704	ACTUARY	
		) Gross salary r allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			359733	11
<b>(a)</b> Name		(b) Employer identification number (see instructions)	(c) (	Official plan position
LEGG MASON		52-1268629	INVESTMENT MAN	AGER
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			324448	21
(a) Name	(b) Employer identification number (see instructions)		Official plan position	
CHARTWELL INVESTMENT PARTNERS		23-2891243	INVESTMENT MAN	AGER
person known to be a or		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			279667	21





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(a) Name		(b) Employer identification number (see instructions)	(c) (	Official plan position	
BRANDYWINE ASSET		51-0294065	INVESTMENT MAN	AGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			244953	21	
(a) Name	.•	(b) Employer identification number (see instructions)	entification (c) Official plan mber (see position structions)		
CALLAN ASSOCIATES		94-2192581			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			.198201	22	
				1	
(a) Name	(a) Name (b) Employer identification number (see instructions)		(c) Official plan position		
MELLON BANK		25-0659306	TRUSTEE		
person known to be a		Gross salary allowances id by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			175100	26	





21-3483157

(e) Gross salary

or allowances

paid by plan

CONSULTANT

(f) Fees and

commissions

paid by plan

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(g) Nature of

service code(s)

(see instructions)

17



ADVANCED COMPUTER SOLUTIONS

NONE

(d) Relationship to employer,

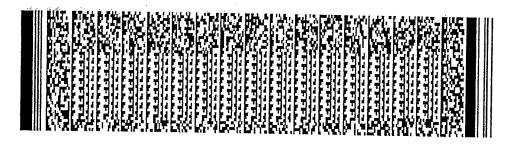
employee organization, or

person known to be a

party-in-interest



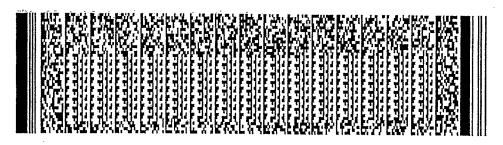
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(a) Name		(b) Employer identification number (see instructions)	(c) (	Official plan position	
PROVIDENT INVESTMENT COUNSEL		95-4504381	INVESTMENT MAN	AGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary r allowances aaid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			149532	21	
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position	
SARAH E. GAUNT		13-6043636	36 PLAN DIRECTOR		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		126869		13	
(a) Name		(b) Employer identification number (see instructions)		osition	
FRANK NOBLEZA		13-6043636	COMPUTER PROGRA	COMPUTER PROGRAMMING	
person known to be a		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		55675		13	





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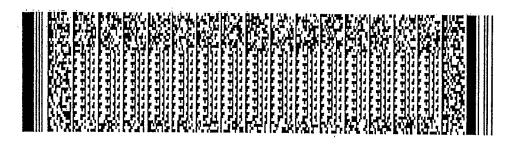
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(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position		
GAY LYNN HÉCTOR		13-6043636	ASST. PLAN DIRE	CTOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		51829		13	
(a) Name		(b) Employer identification number (see instructions)		fficial plan osition	
ROSE MARY EVES		13-6043636	ADMIN. ASSISTAN	T	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		45362		13	
(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position		
AKIN, GUMP, STRAUSS, HAUER & FELD		75-1338644	ATTORNEY		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	`or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE			41213	22	





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(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
CYNTHIA TIMPSON		13-6043636	BENEFIT COORDIN	NATOR
person known to be a		Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service codė(s) (see instructions)
NONE		36918		13
(a) Name		(b) Employer identification number (see instructions)		official plan osition
CHARISSE CALDWELL		13-6043636	BENEFIT COORDINATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	e organization, or (e) Gross salary (f) Fees and commissions		(g) Nature of service code(s) (see instructions)	
NONE		36231		13
(a) Name		(b) Employer identification number (see instructions)		official plan osition
THOMAS A. KEATING		33-4327061	CONSULTANT	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE			14436	17





instructions)

(f) Fees and

commissions

paid by plan

(g) Nature of

service code(s)

(see instructions)

(e) Gross salary

or allowances

paid by plan



(d) Relationship to employer,

employee organization, or

person known to be a

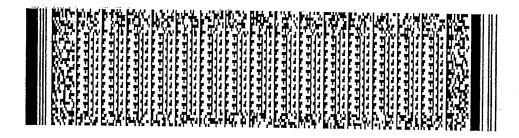
party-in-interest



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Part II Termination Information on Accountants	and Enrolled Actuaries (see instructions)
(a) Name	
(c) Position	
(d) Address	
(e) Telephone No.	
Explanation:	
(a) Name	(b) EIN
(c) Position	·
(d) Address	
(e) Telephone No.	
Explanation:	
(a) Name	<b>(b)</b> EIN
(c) Position	
(d) Address	
(e) Telephone No.	
Explanation:	





#### SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

# DFE/Participating Plan Information

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

Official Use Only
OMB No. 1210-0110

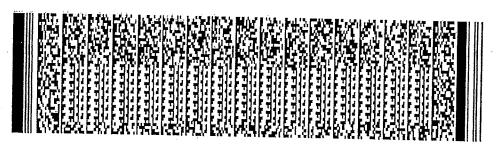
2002

Department of Labor Pension and Welfare Benefits Administration

File as an attachment to Form 5500.

This Form is Open to Public Inspection

For calendar plan year 2002 or fiscal plan year beginning 04/01/2002	03/31/3003
A Name of plan or DFE	ending 03/31/2003  B Three-digit
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	plan number ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIR	D Employer Identification Number
Par Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be	13-6043636
	completed by plans and DFES)
(a) Name of MTIA, CCT, PSA, or 103-12IE EB TEMPORARY INVESTMENT FUND	
(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.	
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, C or 103-12IE at end of year (see in	CT, PSA,
(a) Limity code — (e) or 103-121E at end of year (see in	estructions) 62949166
(a) Name of MTIA, CCT, PSA, or 103-12IE BSDT-LATE MONEY DEPOSIT ACCOUNT	
(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.	
(c) EIN-PN 25-0659306-001 (d) Entity code C (e) Dollar value of interest in MTIA, C or 103-12IE at end of year (see in	CT, PSA, structions) 200029
(a) Name of MTIA, CCT, PSA, or 103-12IE INDEX PLUS SECURITIES LENDING FUND	
(b) Name of sponsor of entity listed in (a) STATE STREET BANK & TRUST COMPANY	
(c) EIN-PN 04-0025081-014 (d) Entity code C (e) Dollar value of interest in MTIA, Code or 103-12IE at end of year (see instance)	CT, PSA, structions) 43303395
(,	structions)
(a) Name of MTIA, CCT, PSA, or 103-12IE	
(b) Name of sponsor of entity listed in (a)	
(c) EIN-PN(d) Entity code(e) Dollar value of interest in MTIA, Co	CT, PSA, structions)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	v5.0 Schedule D (Form 5500) 2002

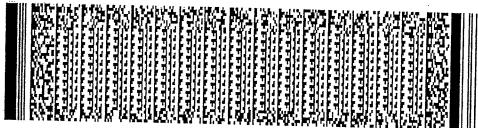




Schedule	D (Form	5500)	2002

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(a)	Name of MTIA, CCT, PSA, or 103-12IE				
(b)	Name of sponsor of entity listed in (a) _				
(c)	EIN-PN(d	Entity code	(e)	Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE				
	Name of sponsor of entity listed in (a) _				
				Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE				
	Name of sponsor of entity listed in (a)				
				Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE				
	Name of sponsor of entity listed in (a)				
				Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE				
<b>b</b> ) 1	Name of sponsor of entity listed in (a)				
c) [	EIN-PN(d)	Entity code _	(e) d	Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
	Name of MTIA, CCT, PSA, or 103-12IE _			·	
<b>b</b> ) 1	lame of sponsor of entity listed in (a)				
C) E				Oollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
Ü		<b>CE N</b> ICE PAS	PHINTS I	「最初成長」(お見せのこ形理 <b>第</b> 1311	

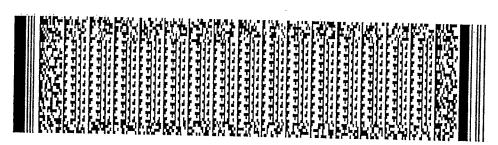




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D.	Information on Participating Plans (to be completed by DEE-)	· · · · · · · · · · · · · · · · · · ·	Official Use Only
[000000 <del>1</del> 4	Information on Participating Plans (to be completed by DFEs)	)	
(a)	Plan name		
	Name of plan sponsor	(c) EIN-PN_	
(a)	Plan name		
	Name of plan sponsor	(c) EIN-PN	
(a)	Plan name		·
	Name of plan sponsor	(c) EIN-PN_	
(a)	Plan name		
(b)	Name of plan sponsor	(c) FIN DN	
(a)	Plan name		
(b)	Name of plan sponsor	(c) EIN-PN	
(a)	Plan name		
	Name of plan sponsor		
(a)	Plan name		
(b)	Name of plan sponsor	(c) EIN-PN	
(a)	Plan name		
	Name of plan sponsor	(c) EIN-PN	
-			· · ·





#### SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

# **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).

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OMB No. 1210-0110

2002

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Pension Benefit Guaranty Corporation	File as an attachment to	Fo

to Form 5500. This Form is Open to Public Inspection.

The de un utacontifent to 1 of ill 5500.				с шаресцоп,
For calendar year 2002 or fiscal plan year beginning 04/01/2002, and ending	ıa	03/31/	2003	
A Name of plan BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	В	Three-digit		001
C Plan sponsor's name as shown on line 2a of Form 5500 RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIR		Employer Ide	ntificatio	n Number 13-6043636
Pari Asset and Liability Statement	<u>:</u>	·	<u> </u>	

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. DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

	Assets		(a) Beginning of Year	(b) End of Year
	tal noninterest-bearing cash	а	(a) = = griming of your	(b) cita of real
<b>b</b> Re	eceivables (less allowance for doubtful accounts):			
(1)	Employer contributions	b(1)		
(2)		b(2)		<del>-</del>
(3)		b(3)	53566651	38742863
C Ge	pheral investments:	3,07		
(1)	Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)	2261928	26620
(2)		c(2)	57175480	40029720
(3)	Corporate debt instruments (other than employer securities):	,		-
	(A) Preferred	c(3)(A)		
	(B) All other	c(3)(B)	28516021	51361173
(4)	Corporate stocks (other than employer securities):			
	(A) Preferred	c(4)(A)	23901584	2316481
	(B) Common		472755928	328178798
(5)	Partnership/joint venture interests	c(5)		
(6)	( )	c(6)		
(7)	Loans (other than to participants)		<del></del>	· · · · · · · · · · · · · · · · · · ·
(8)	Participant loans			
( <del>9</del> )		1	81511297	106452590
(10)				
(11)	Value of interest in master trust investment accounts	c(11)		
(12)		c(12)		
(13)		c(13)	26507231	66086184
(14)	Value of funds held in insurance co. general account (unallocated contracts)	c(14)		· · · · · · · · · · · · · · · · · · ·
	Other	c(15)	93643	· · · · · · · · · · · · · · · · · · ·

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

v5.0 Schedule H (Form 5500) 2002



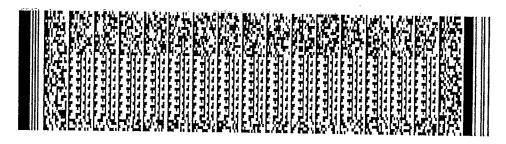


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d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	. d(1)		(b) Chaol Teal
(2) Employer real property			
e Buildings and other property used in plan operation	. e		
f Total assets (add all amounts in lines 1a through 1e)	. <b>f</b>	746289763	633194429
Liabilities			
g Benefit daims payable	. a		
h Operating payables	. h	1799873	1396997
Acquisition indebtedness			
Other liabilities		53379240	37789474
k Total liabilities (add all amounts in lines 1g through 1j)	. k	55179113	39186471
Net Assets			
Net assets (subtract line 1k from line 1f)		691110650	594007958
Part II Income and Expense Statement		· · · · · · · · · · · · · · · · · · ·	

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

1 (1/1-/1-2) (1/1 (2)	and 103-12 IEs do not	complete lines 2a,	.2b(1)(E), 2e,	2f, and 2g.
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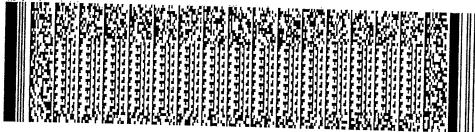
	Income		(a) Amount	(K) Total
а	Contributions:		(d) / unounc	(b) Total
	(1) Received or receivable in cash from: (A) Employers	a(1)(A)	49599601	
	(B) Participants	a(1)(B)		
	(C) Others (including rollovers)	a(1)(C)		
	(2) Noncash contributions	a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		49599601
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market			
	accounts and certificates of deposit)	b(1)(A)	1418	
	(B) U.S. Government securities	b(1)(B)	2066901	
	(C) Corporate debt instruments:	(1)(C)		
	(D) Loans (other than to participants)	b(1)(D)		
	(E) Participant loans			
	(F) Other	b(1)(F)	2651713	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		4720032
	(2) Dividends: (A) Preferred stock	b(2)(A)	374841	
	(B) Common stock		8302023	
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		8676864
	(3) Rents	b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	413538627	
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	451091477	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)		-37552850





<u>Schedule</u>	н	/Eam	EEOO	2000
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	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate		(a) Amount	(b) Total
	(B) Offier		T	
		b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)  (6) Net investment gain (loss) from common/collective trusts	b(5)(C)		C
	(7) Net investment gain (loss) from pooled sorgante accounts	<del></del>		-52717745
	t i de la companie de	b(7)		
	(8) Net investment gain (loss) from master trust investment accounts  (9) Net investment gain (loss) from 100 (0)	b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities  (10) Net investment gain (loss) from 103-12 investment entities	b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)			
c		b(10)		-15800249
o		С		
Ī	Total income. Add all income amounts in column (b) and enter total	d		-43074347
е	Expenses Benefit payariont paid polymeriday to			
_	have believed and bayments to browde benefits.			
	(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	46642271	
	(2) To insurance carriers for the provision of benefits (3) Other	6(2)		
		e(3)		
f	(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)		46642271
ä	Corrective distributions (see instructions)	f		
9 5	Certain deemed distributions of participant loans (see instructions)	g		
;	Interest expense	h		
1	Administrative expenses: (1) Professional fees	i(1)	2752658	
	(2) Contract administrator fees	i(2)		
	(3) Investment advisory and management fees	i(3)	3012844	
	(4) Other	i(4)	1620572	
i	(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)		7386074
J	rotal expenses. Add all expense amounts in column (b) and enter total	i		54028345
r	Net income and Reconciliation			
ı	Net income (loss) (subtract line 2j from line 2d) Transfers of assets	k		-97102692
ı	= S			
		l(1)		
15	(2) From this plan	1(2)	-	
<u>∷r∞æ</u> 3	Accountant's Opinion			
	The opinion of an independent qualified public accountant for this plan is (see instruction	s):		
a	Attached to this form 5500 and the opinion is: (1) XI Unquellied (2)		) Disclaimer (4)	N dy care
D	Not attached because: (1) Lithe Form 5500 is filed for a CCT, PSA or MTIA	`		Adverse
	(2) I the opinion will be attached to the post 5	uant to 29	CFR 2520 104-50	
C	The accordance belief the second study burginst to according	3 acas		П
a	If an accountant's opinion is attached, enter the name and EIN of the accountant (or accountant)	ounting fire	n) •	·····. 📙
-	ABRAMS, FOSTER, NOLE & WILLIAMS	g		-1854049
-				
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	THE THE BUT END EAST, EAST IN COLUMN TO SHAPE AND ADDRESS.			
		4/2		
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Schedule		

Page 4

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Transactions During Plan Year  The Plan Year of Ites also do not complete 4j.  The employer fail to transmit to the plan any participant contributions within the time of described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary fuciary Correction Program)  The end of the plan or fixed income obligations due the plan in default as of the plan year or classified during the year as uncollectible? Disregard participant loans of the plan in the plan in default of classified during the year any leases to which the plan was a party in default or classified during the year collectible?	me a	Yes			Amou	ınt ·
iring the plan year. If the employer fail to transmit to the plan any participant contributions within the tile of described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary duciary Correction Program)  Bere any loans by the plan or fixed income obligations due the plan in default as of the plan or classified during the year as uncollectible? Disregard participant loans participant's account balance. (Attach Schedule G. (Form 5500) Part Lift Yor is electrical.	me a	Yes			Amou	ınt .
If the employer fail to transmit to the plan any participant contributions within the time of the described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary duciary Correction Program)  For any loans by the plan or fixed income obligations due the plan in default as of the plan or classified during the year as uncollectible? Disregard participant loans participant's account balance. (Attach Schedule G (Form 5500) Part Lift Yor is also	a		No		Amou	ınt ·
duciary Correction Program)  ere any loans by the plan or fixed income obligations due the plan in default as of the plan or classified during the year as uncollectible? Disregard participant loans participant's account balance. (Attach Schedule G (Form 5500) Part Lif "Yoo" is also	a		No		Amou	int .
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Altach Schedule G (Form 5500) Part I if "Voc" is a	1000000					
re any leases to which the plan was a party in default as also if	s secured					
	hecked) b		X			
collectible? (Attach Schedule G (Form 5500) Down 1970	ras 📖					
collectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)	····· <u>c</u>		X			
ledule G (Form 5500) Part III if "Yoo" is about 10	ı 💹					
s this plan covered by a finisher to the			X			
the plan bave a loss whether are not as a	e	Х			2	00000
sed by frauid or dishopsety?	/as					
the plan hold any assets whose grant to	f		X			**********
blished market nor set by an independent to it.	n an					
the plan receive any poposition contribution of the plan receive any poposition of the plan receive and the	g		X			***********
n established market nor set by an independent to	rminable					
the plan have assets held for invoctment? (About 1997)	<u>h</u>		Х			•••••
e any plan transactions or serios of transactions	<u>i</u>	X				
assets? (Attach schedule of transactions if types is the current va	lue of				*************	
at requirements)	for					
all the plan assets either distributed to several	· · · · · · · · · · · · · · · · · · ·	X				
a resolution to terminate the plan been adopted during the plan	k		Х			
rted to the employer this year	plan year? If yes, e	nter the	amou	nt of any p	olan assets t	hat
ring this plan year, any assets or liabilities were transferred from this all	∐ Yes ⊠ No	A	moun	t		
transferred. (See instructions).	her plan(s), identify	the pla	n(s) to	which ass	sets or liabili	ties
(1) Name of plan(s)						
	D(2) EIN(s)				5b(3)	PN(s)
		•				
					1	
	edule G (Form 5500) Part III if "Yes" is checked)  sthis plan covered by a fidelity bond?  the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that we sed by fraud or dishonesty?  the plan hold any assets whose current value was neither readily determinable or blished market nor set by an independent third party appraiser?  the plan receive any noncash contributions whose value was neither readily determinable or established market nor set by an independent third party appraiser?  the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is ked, and see instructions for format requirements)  e any plan transactions or series of transactions in excess of 5% of the current values assets? (Attach schedule of transactions if "Yes" is checked and see instructions at requirements)  e all the plan assets either distributed to participants or beneficiaries, transferred to or brought under the control of the PBGC?  a resolution to terminate the plan been adopted during the plan year or any prior ted to the employer this year  ring this plan year, any assets or liabilities were transferred from this plan to anot transferred. (See instructions).	edule G (Form 5500) Part III if "Yes" is checked)  s this plan covered by a fidelity bond?  the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was sed by fraud or dishonesty?  the plan hold any assets whose current value was neither readily determinable on an blished market nor set by an independent third party appraiser?  the plan receive any noncash contributions whose value was neither readily determinable on established market nor set by an independent third party appraiser?  the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is ked, and see instructions for format requirements)  a any plan transactions or series of transactions in excess of 5% of the current value of assets? (Attach schedule of transactions if "Yes" is checked and see instructions for all requirements)  all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?  a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, ear this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify transferred. (See instructions).	dedule G (Form 5500) Part III if "Yes" is checked)  s this plan covered by a fidelity bond?  the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was sed by fraud or dishonesty?  the plan hold any assets whose current value was neither readily determinable on an blished market nor set by an independent third party appraiser?  the plan receive any noncash contributions whose value was neither readily determinable on established market nor set by an independent third party appraiser?  the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is ked, and see instructions for format requirements)  and in excess of 5% of the current value of assets? (Attach schedule of transactions if "Yes" is checked and see instructions for all requirements)  all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?  a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the ted to the employer this year  fing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan transferred. (See instructions).	edule G (Form 5500) Part III if "Yes" is checked)  s this plan covered by a fidelity bond?  the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was sed by frau'd or dishonesty?  the plan hold any assets whose current value was neither readily determinable on an blished market nor set by an independent third party appraiser?  the plan receive any noncash contributions whose value was neither readily determinable in established market nor set by an independent third party appraiser?  the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is ked, and see instructions for format requirements)  and any plan transactions or series of transactions in excess of 5% of the current value of assets? (Attach schedule of transactions if "Yes" is checked and see instructions for all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?  a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount are solution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount are solution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount are solution to terminate the plan been adopted from this plan to another plan(s), identify the plan(s) to transferred. (See instructions).	d X s this plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was sed by fraud or dishonesty? the plan hold any assets whose current value was neither readily determinable on an blished market nor set by an independent third party appraiser? the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is ked, and see instructions or series of transactions in excess of 5% of the current value of assets? (Attach schedule of transactions if "Yes" is checked and see instructions for at requirements) a leafly the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?  The plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any feat to the employer this year ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets.  The plan transactions is transferred from this plan to another plan(s), identify the plan(s) to which assets transferred. (See instructions).	edule G (Form 5500) Part III if "Yes" is checked)  the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was sed by fraud or dishonesty?  the plan hold any assets whose current value was neither readily determinable on an blished market nor set by an independent third party appraiser?  the plan receive any noncash contributions whose value was neither readily determinable in established market nor set by an independent third party appraiser?  the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is ked, and see instructions for format requirements)  any plan transactions or series of transactions in excess of 5% of the current value of assets? (Attach schedule of transactions if "Yes" is checked and see instructions for at requirements)  a requirements)  i



#### SCHEDULE P (FORM 5500)

Department of the Treasury

Internal Revenue Service

## Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► File as an attachment to Form 5500 or 5500-EZ.

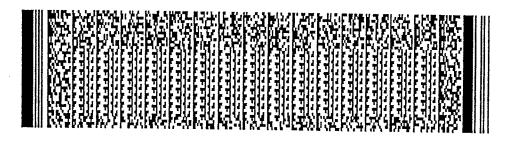
Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

For trust calendar year 2002 or fiscal year beginning 04/01/2002 and ending 03/31/2003	
1a Name of trustee or custodian	
MELLON BANK, N.A.	
b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)	
ONE MELLON BANK CENTER	
C City or town, state, and ZIP code	
PITTSBURGH PA 15258-0001	
2a Name of trust BERT BELL NFL PLAYER RETIREMENT PLAN	
b Trust's employer identification number 13-6043636	
3 Name of plan if different from name of trust	
BERT BELL NFL PLAYER RETIREMENT PLAN	
4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?	No
5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ	<del></del>
Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete	
SIGN Signature of HERE fiduciary • CMAu Date • 7/7/03	e. ——
For the Paperwork Reduction Notice and OMB Control Numbers, v5.0 Schedule P (Form 5500) see the instructions for Form 5500 or 5500-EZ.	2002





#### SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits 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.

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

For calendar year 2002 or fiscal plan year beginning 04/01/2002 and ending	03/31/2003
A Name of plan	<del></del>
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	B Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500	- Plan nambol
RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIR	D Employer Identification Number 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   s
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries	* U
during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts	
of benefits).	
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
Funding Information(If the plan is not subject to the minimum funding requirements of se	ection 412 of the Internal Revenue
Code of ERISA section 302, skip this Part)	
Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?	
if the plan is a defined benefit plan, go to line 7.	2 100 E 100
If a waiver of the minimum funding standard for a prior year is being amortized in this	
plan year, see instructions, and enter the date of the ruling letter granting the waiver	► MonthDay Year
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remaind	er of this schedule.
Da Enter the minimum required contribution for this plan year	
<b>b</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 s
If you completed line 6c, do not complete the remainder of this schedule.	
The change at actuality cost method was made for this plan year pursuant to a revenue procedure providing	automatic
approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the class and the change of a class ruling letter, does the plan sponsor or plan administrator agree with the class	hange? Yes No X N/A
If this is a defined benefit pension plan, were any amendments adopted during this plan year that	
increased the value of benefits? (see instructions)	X Yes No
or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	v5.0 Schedule R (Form 5500) 2002
	•





#### SCHEDULE T (Form 5500)

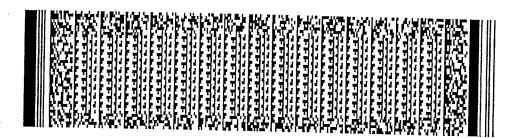
## **Qualified Pension Plan Coverage Information**

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

Official Use Only OMB No. 1210-0110

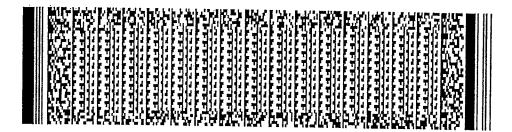
2002

	<b>~</b>	mienia nevenue code (ine	Code).			
	Department of the Treasury Internal Revenue Service	► File as an attachment to F			This Fo	orm is Open to
Fo	r calendar year 2002 or fisc	cal plan year beginning 04/01/2002		03.	31/2003	c Inspection.
Α	Name of plan		and ending			<del>_ '</del>
BE	ERT BELL/PETE RO	ZELLE NFL PLAYER RETIREMENT PLAN		В	Three-digit	
С	Plan sponsor's name as s	shown on line 2a of Form 5500		-	plan number	00
RE	TIREMENT BOARD	OF BERT BELL/PETE ROZELLE NFL PL	AYER RETIR	D	Employer Identi	fication Number
	te: If the plan is maintained	d by:		ــــــــــــــــــــــــــــــــــــــ		13-604363
		nd benefits employees who are not collectively-bargained struction for line 1).				
• ,	An employer that operates each QSLOB (see the inst	qualified separate lines of business (QSLOBs) under Cocruction for line 2).	de section 414(r), a separ	ate Sch	nedule T may be re	equired for
1	If this schedule is being t	filed to provide coverage information regarding the noncoll	lectively bargained and			
	in a plan maintained by r	more than one employer, enter the name and EIN of the p	articinating employers	yees o	an employer part	icipating
1a	Name of participating em	nplover	1 armorpating employer.			
	. ,	, p	16	) Emp	loyer identification	on number
			-			
2	If the employer maintaini	ng the plan operates QSLOBs, enter the following informa	ation:			<del></del>
а	the number of QSLOBs	that the employer operates is	tuori.			
b	The number of such QSL	OBs that have employees benefiting under this plan is				
C	Does the employer apply	the minimum coverage requirements to this plan on an a	mnlover-wide rather the	- 001	001	
d	If the entry on line 2b is to	wo or more and line 2c is "No," identify the QSLOB to whi	ch the coverage informat	a QSL ion give	ob basis? on on line 3 or 4 re	. <b>   Yes    No</b> lates.
3		box before each statement that describes the plan or the e			·	
	If you check any box, d	o not complete the rest of this Schedule.	mployer. Also see instru	ctions.		
a		s only highly compensated employees (HCEs).				
b	No HCEs benefited u	Inder the plan at anytime during the plan year.				
C	The plan benefits only	y collectively-bargained employees.				
d	☐ The plan benefits all r	nonexcludable nonhighly compensated employees of the electric and self-employed individuals	omploves (see total to the			
		- 7		ode se	ctions 414(b), (c),	and (m)),
<u>e</u>	The plan is treated as	satisfying the minimum coverage requirements under Co	ide section 410/bVcVo			
For	Paperwork Reduction Ad	et Notice and OMB Control Numbers, see the instructi	ions for Form 5500			
		, and mondon		v5.0	Schedule T (	Form 5500) 2002





	Schedule 1 (Form 5500) 2002	Page 2	<u> </u>	,	
				Official Use Only	_
4 a b	Enter the date the plan year began for which coverage data is being submitted. Did any leased employees perform services for the employer at any time during In testing whether the plan satisfies the coverage and nondiscrimination tests of the employer aggregate plant?	the plan year?f Code sections 410/h) and 401/a	\(\lambda\)	YearNo	<b>-</b>
С	does the employer aggregate plans?	4(b), (c), and (m)), including	••••••••	····∐Yes ∐No	)
ď	leased employees and self-employed individuals  (2) Number of excludable employees as defined in IRS regulations (see instructions)  (3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1))  (4) Number of nonexcludable employees (line 4c(3)) who are HCEs  (5) Number of nonexcludable employees (line 4c(3)) who benefit under the place of the plan's ratio percentage and, if applicable, identify the disaggregated percentage and individuals.	n	c(3) c(4)		- - - -
е	information on lines 4c and 4d pertains (see instructions)  Identify any disaggregated part of the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the ratio percentage or except the plan and enter the plan and enter the plan and enter the ratio percentage or except the plan and enter the plan and ent	ception (see instructions).	d	%	2
	Disaggregated part: Ratio Percentage:	Exception:			
	(1)				
f	This plan satisfies the coverage requirements on the basis of (check one):	(1) the ratio percentage te	st <b>/2\</b> ∏.a	verage benefit toot	





#### Form **5558**

(Rev. June 2001)

Department of the Treasury nternal Revenue Service

#### Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

File With IRS Only

	Fig. aperwork Reduction Act Notice, see	nstructi	ons.		1			Oilly
ile before the ormal due	Name of filer, plan administrator, or plan sponsor (see instructions)	Filer's	identifyin	ng Numb	er — Check a	pplicable t	ox and e	enter
ate of the	BERT BELL/PETE ROZELLE NFL RETIREMENT BOARD  Number, street, and room or suite no. (If a P.O. box, see instructions.)	l	•		en number (Eli			
orm 5500, 500-EZ, ar	200 ST. PAUL PLACE SUITE 2420	TEL CI	ust enter :	n EIN A	other filers.	v). Hiers o see Soecif	:hecking ic Instra	box 1a
330 (see	City or town, state, and ZIP code	_ ▶	72-0	0436	136			OR
istructions)	BALTIMORE, MD 21212		icial secu	rity numb	er (see Speci	ic Instruc	tions)	
1 I request	an extension of time until 01/15/04 to file (check	2000000	ata bawia		·			
. •	month day year to file (check	appropri	ale box(e	S )}.				
a X Form	5500 or 5500-EZ (no more than 21/2 months).							
The appli	cation is automatically approved to the date shown on line 1 (above) if (1) be	v 1a ie c	necked	12\ the E	om EECO :-			
	e normal due date of Form 5500 or 5500-EZ for which this extension is requested due date.	ed, and (	3) the dat	te on line	e 1 is na mar	signed ar e than 21/	id filed o	on or s after
You mus	it attach a copy of this Form 5558 to each Form 5500 and 5500 F7 51 days							•
b Form	it attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed af 5330 (no more than 6 months). Payment amount attached is \$	ter the c	lue date			below.		
2 Complete	the following for the plan(s) covered by this application (see How To File):			(see	instructions)		-	
		Туре	of plan (e	check)	Plan	Plan	year en	dina
	Plan name/filer		Welfare		number	Month	Day	Year
						Month	Day	100
BERT/BELL	PETE ROZELLE NFL PLAYER RETIREMENT PLAN	х			001	03	/31/	′ <b>0</b> 3
	·					[		
3 State in d	etail why you need the extension of the state of the STEP ADDITION	) 2 F (077	1679 67					
TO FINA	etail why you need the extension (if line 1b is checked) NEED ADDITON LIZE INFORMATION TO BE SUBMITTED WITH	EOD!	C EEC					<u> </u>
	TO DE DOZIETIAD WITH	FOR	1 330	JU AS	S ATTA	HMEN	TS.	
					<del></del>			·
Under penalti	es of perjury, I declare that to the best of my knowledge and belief the statements made oplication.	on this fo	rm are in	e correc	1 and comple			
o prepare this ap	optication.			c. 5011CG	and comple	e, and ma	: i am av	thorized
	Derel Clara CPA			7	/	/		
Signature <b>&gt;</b>	rends vom CIII	D	ate 🛌	1/	24	(a)		
Notice to	To Be Completed by the IRS if line 1b is checked ▼				(			
Applicant	This application for extension to file Form 5330 IS approved to the date	shown	on line 1	, if line	1b is checke	ed. (You	must at	ttach ai
	opployed copy of this form to each norm 5330 that was granted an	extensi	on.)					
To Be	The date entered on line 1 is more than the 6-month maximum time allow	red for Fr	orm 5330					
Completed	of this form to each Form 5330 that was granted an extension.)			(	You must a	ttach an	approv	ed copy
by the IRS	The application for an extension for Form 5330 is not approved, because period is not granted.)	e it was	filed afte	r tha no	rmal dua dat	6 Nb		
if Line 1b	Store botton is not distillent.		thee alte	a the no	mai uue uat	e or the re	Hurn. (A	10-da
ls l	This application for an extension for Form 5330 is not approved, because	e						
Checked	The application was not signed.							
!	No reason was given on this application or the reason was not accep	table.						
	No payment was attached for the tax due on Form 5330.							
	Other ▶							
	A 10-day grace period is granted from the date shown below or the due of this form to each return you file that is a model of the same to each return you file that is a model of the same to be a same	iate of th	e return	whichou	or is leter ()	·		
Ì	of this form to each return you file that is granted a grace period.)		c rotarii,	WILL IEV	टा :ऽ ।ठास. (१	ou must	attacn	а сору
	(Date) (Director)		·		з	y:		
Applicants for								
1	extension of Form 5330: Complete if you want this Form 5558 returned t	o an ado	ress oti	ner than	the addres	s shown	above.	
Please	ABRAMS, FOSTER, NOLE & WILLIAMS, P.A.	}						
Print i	Number, street, and room or suite no. (If a P.O. box, see instructions.)	1						
or	2 HAMILL ROAD, N.QUADRANGLE, SUITE 272							
Type	City or town, state, and ZIP code	-						
	BALTIMORE, MD 21210-1816							
SA		1	······································					
STF FEDS&41F						Form 55	58 (Re	v. 5-2001

#### Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed 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).

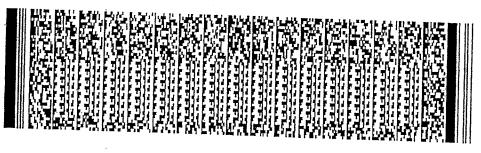
Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2003

This Form is Open to Public Inspection.

For the calendar plant Report Identificat	tion Information	to the Form 5500	U	Public Inspection.
inc calcitual plan year 2003 or fiscal plan y	ear beginning 04/01/	/2003		
A This return/report is for: (1) a multiemple	over plan:		and ending 03/31/	
(2) a single-emr	ployer plan (other than a	(3)	had a make a block	i; or
multiple-emp	plover plan).	(4)	a DFE (specify)	
B This return/report is: (1) the first return	n/report filed for the plan; return/report; k here program, check box and atta enter all requested informati	on.	the final return/report file a short plan year return/r nation. (see instructions)  1b Three-digit plan number	eport (less than 12 months).
				ate of plan (mo day vr.)
Plan sponsor's name and address (employer, if	for a single employees to			
ETIREMENT BOARD OF BERT BELL.	/ DFTF		<b>2b</b> Employer lo	dentification Number (EIN) 13-6043636
OZELLE NFL PLAYER RETIREMENT	PLAN		2c Sponsor's te	elephone number 800-638-3186
00 ST. PAUL PLACE, SUITE 2420			2d Business co	ode (see instructions) 711210
ALTIMORE	10	0.0.0.0.0.0.0		
ution: A penalty for the late or incomplete filing of	MD	21202-2040		9
ution: A penalty for the late or incomplete filing of the Under penalties of perjury and other penalties set forth in the in the electronic version of this return/report if it is being filed electron UEFFAREY A. WAN NOTE	nically, and to the best of my knowl	essed unless reasonmined this return/report, ledge and belief, it is true	onable cause is established.  , including accompanying schedules e, correct and complete	, statements and attachments, as we
blew A. Van hit	11 -	LLIAM V. BI		
Signatule of plan administrator	Date		me of individual signing as pla	an administrator
Signature of employer/plan sponsor/DFE		TO GOOD	Staturd /	
Panerwork Reduction Act Not	Date Type	or print name of individe	ual signing as employer, plan sponso	or or DEE
Paperwork Reduction Act Notice and OMB Con	millor Mullibers, see the in	structions for Fo	rm 5500. v6.1	Form <b>5500</b> (2003)





-				
	Form 5500 (2003) Page <b>2</b>			
_		·	Official Use O	nly
_	a Plan administrator's name and address (If same as plan sponsor, enter "Same")  3b Admini	strator's	EIN	
				<u>.</u>
	3c Admini	strator's	telephone num	ber
_				
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,		b EIN	***************************************
	EIN and the plan number from the last return/report below:  Sponsor's name			
•	a Sponsor's name		C PN	
5	Preparer information (optional) a Name (including firm name, if applicable) and address			
J	Preparer information (optional) a Name (including firm name, if applicable) and address		b. EIN	
				<del></del> .
			C Telephone	number
6	Total number of participants at the beginning of the plan year	. 6		9144
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)			
ā		. 7a		2030
k	The second residence residence and residence	. 7b.		2283
0		. 7c		4717
e	The state of the s	. <u>7d</u>		9030
f		. <u>7e</u>		331
c		. 7f		9361
=	complete this item)			
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than	. 7g	· ·	<del></del>
	100% vested	. 7h		
i	If any participant(s) separated from service with a deferred vested benefit, enter the number of separated			<del></del>
	participants required to be reported on a Schedule SSA (Form 5500)	. 7i		239
8	Benefits provided under the plan (complete 8a and 8b as applicable)			
а	Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes	from the	List of Plan	
£.	Characteristics Codes printed in the instructions):  [B] 1G			
D	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes fr	om the L	ist of Plan	
	Characteristics Codes printed in the instructions):  4H 4L			

9a Plan funding arrangement (check all that apply)

General assets of the sponsor

Code section 412(i) insurance contracts

Insurance

Trust

(1)

(2)

(3)



(1)

(2)

(3) (4)

9b Plan benefit arrangement (check all that apply)

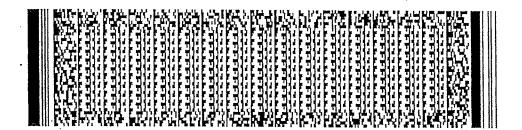
Code section 412(i) insurance contracts

Insurance

Form	5500	(2003)
01111		120001

											Official Use Only
10	Sch	edules a	ttach	ed (C	Check all applicable boxes and, where indicated, er	nter the	num	ber	attached	. See	instructions.)
а	Pen:	sion Be	nefit	Sch	edules	b	Fina	anci	al Sche	dules	
	(1)	X		R	(Retirement Plan Information)	į	(1)	X		н	(Financial Information)
	(2)	图		T	(Qualified Pension Plan Coverage Information)		(2)	Ш		1	(Financial Information - Small Plan)
		If a Sch	nedul	e T is	s not attached because the plan	ľ	(3)	Ш		Α	(Insurance Information)
		is relyir	ng on	COVE	erage testing information for a		(4)	X		С	(Service Provider Information)
		7.	ear, er	nter t	he year		(5)	X		D	(DFE/Participating Plan Information)
	(3)	X		В	(Actuarial Information)		(6)			G	(Financial Transaction Schedules)
	(4)	Ш		Ε	(ESOP Annual Information)		(7)	X	1	P	(Trust Fiduciary Information)
	(5)	X		SSA	(Separated Vested Participant Information)						•

v6.1





## SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

► Attach to Form 5500 or 5500-EZ if applicable. ► See separate instructions. Official Use Only

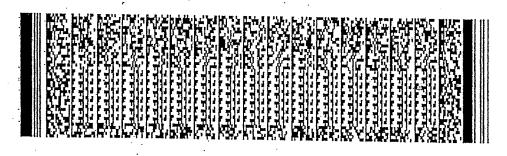
OMB No. 1210-0110

2003

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

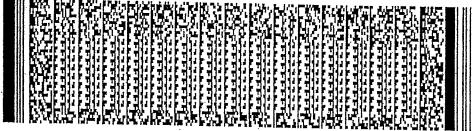
	Carefular plan year 2003 or fiscal plan year beginning 0 1/01/2003	and ending 03/31/20	U4
	Round off amounts to nearest dollar.		
- (	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable car	use is established.	
Α	Name of plan RT BELL / PETE ROZELLE NFL PLAYER RETIREMENT P	B Three-digit	001
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-F7	D Employer Identification	<del></del>
	TIREMENT BOARD OF THE BERT BELL / PETE ROZELLE		13-6043636
E	Type of plan: (1) Single-employer (2) Multiemployer (3) Multiple-employer	F 100 or fewer participa	nts in prior plan year
	Basic Information (To be completed by all plans)		
1a		Year 2003	
b	Assets:		
	(1) Current value of assets	b(1)	594007956
1	(2) Actuarial value of assets for funding standard account	b(2)	638653402
C	(1) Accrued liability for plans using immediate gain methods	c(1)	894555962
•	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	c(2)(a)	
	(b) Accrued liability under entry age normal method	c(2)(b)	
	(c) Normal cost under entry age normal method	c(2)(c)	
Stat	tement by Enrolled Actuary (see instructions before signing):		
To my op	the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attolnion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furtherm each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) valent to that which would be determined if each such assumption yere reasonable; in the case of a multiemployer plan, the as ginto account the experience of the plan and reasonable expectations).	tachments, if any, is complete and accur	ate, and in
plan, equiv	each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) valent to that which would be determined if each such assumption were reasonable; in the case of a multiamplayer plan, the case of a multiamplayer plan.	would, in the aggregate, result in a total	contribution
(takin	g into account the experience of the plan and reasonable expectations).	ssumptions used, in the aggregate, are t	easonable
	Inul Lould	11/20/200	Ц
		- 11/96/2000	7.
BRU	Signature of actuary JCE GOULD	<b>l</b> Da	ate
		_ G	02-02767
AON	Type or print name of actuary  CONSULTING	Most rece	ent enrollment number 410-547-2962
111	Firm name  L MARKET PLACE	Telephone number (i	ncluding area code)
	CTIMORE MD 21202		
	12 2202	<b>-</b>	
If the	Address of the firm		
chac	e actuary has not fully reflected any regulation or ruling promulgated under the statute in comp ck the box and see instructions		promp .
roii see	Paperwork Reduction Act Notice and OMB Control Numbers, v6.1 the Instructions for Form 5500 or 5500-EZ	Schedu	ile B (Form 5500) 2003
_		•	
	■## 機能的數字 "你是是我的时代在时间的时候就是"特殊是我的对象的可能是我的知识的对象的对象,我可由	H III.	
		<b>                                     </b>	
j			
1			•
:	ann agger anns anns anns anns anns anns anns ann		
	IIII 医发生的支表检查: 1859年1895日,从1964年1964年1964日34日 1964日35日 1866日35年189日35日 1866日35日		
•	0 8 0 3 6 5 0 1	0 N.	
1			ı
	·····································		

4 4	info				<del></del>	·			<del></del>			Official Use Only
1d			on on current liabiliti							•		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions).											
	(2) "RPA '94" information:  (a) Current liability											
		(a)	Current liability	• • • • • •						d(2)(a)		. 1051277425
		(b)	Expected increase in	n curren	t liability due to benefits	accruing o	luring t	he plan year .		d(2)(b)		28603336
	(c) Current liability computed at highest allowable interest rate (see instructions)									d(2)(c)		
	(d) Expected release from "RPA '94" current liability for the plan year											
	(3)	"OBF	A '87" information:									
			Current liability	· · · · · ·					. <i></i> [	d(3)(a)		1051277425
		(b) E	Expected increase in	curren	t liability due to benefits	accruing d	uring t	he plan vear .		d(3)(h)		28603336
		(C) F	expected release from	m "OBF	₹A '87" current liability fo	or the plan	vear			d(3)(c)		
	(4)	⊏xpe	cted plan disbursem	ents for	the plan year	<u></u>		· · · · · · · · · · · · · · · · · · ·		d(4)		42320872
2	Obe	ration	al information as of	beginnir	ng of this plan year:				Ě			
а	Curr	ent va	lue of the assets (s	e instru	uctions)		. <u></u>	<u></u>		2a	1	594007956
Ø	"KPA	4 '94"	current liability:				(1)1	No. of Persons		ted Bene	fits	(3) Total Benefits
	(1)	For re	tired participants ar	d benef	ficiaries receiving paym	ents		2667		39017		390175337
	(2)	For te	minated vested pa	ticipant	s			4456		53197	4049	539783992
	(3)	For a	tive participants	• • • • • •	• • • • • • • • • • • • • • • • • • • •			2025		10412	, ,	121318096
	(4)	Total	• • • • • • • • • • • • • • • • • • • •		•••••••			9148		102627	0442	1051277425
С	If the	perce	entage resulting fror	n dividir	ng line 2a by line 2b(4),	column (3).	is les	s than 70%, en	ter			
	such	perce	ntage	· · · · · ·	<del> </del>	<u></u> .	<del></del>	<del></del> .			2c	56.50 %
3	Cont	ributio	is made to the plan	for the	plan year by employer(	s) and emp	oloyees	S				
Mo[			(b) Amount paid b employer	у	(c) Amount paid by employees	(a) MoDay		Amou	(b) nt paid by nployer			(c) Amount paid by employees
03/3	1/2	004	5943	6976								employees
		·										
												· · · · · · · · · · · · · · · · · · ·
			·									
				<u>.                                     </u>		3 Totals	; <b>&gt;</b>	(b)	594	36976	(c)	0
			ontributions and liqu			<del></del>			· · · · · · · · · · · · · · · · · · ·			
a F	Plans	other	than multiemploye	plans,	enter funded current lia	bility perce	ntage :	for preceding				
3	⁄ear (	(see ir	structions)					÷		2	la	
b i	f line	4a is	less than 100%, se	e instruc	ctions, and complete the	e following	table a	s applicable:		•••••	- W- J	%
					Liquidity shortfall a	s of end of	Quart	er of this plan v	rear.			<del></del>
		(1)	1st		(2) 2nd			(3) 3rd			(4)	4th
										1		741
											•	
		٠	· — - — <del> </del>									





l								•
	Schedule B (Form 5500) 2003				Page	e 3		
_							Official Use O	niy
- 5	Actuarial cost method used as the basis for this plan year	s fund	ng standard	account comput	ation:			
a	☐ Attained age normal b ☐ Entry age norm	nal		c X Accrued	l benefit	(unit credit)	•	
C	Aggregate e Frozen initial lie			f Individu	al lovol r	romitum	-	•
g				i [] marrida	ai ievei l	y et tildi ti		
i	Has a change been made in funding method for this plan y		····					
	pian y	cai: .	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • • • • • • • • • • • • • • • •	···· Yes	X No
j	If line i is "Yes," was the change made pursuant to Revenu							
k	If line i is "Yes," and line j is "No" enter the date of the rulin	ie Prod	edure 2000-	40?	• • • • • •		···· Yes	_ No
• • • • • • • • • • • • • • • • • • • •	class) approxima the change in the di	g lette	r (individual d	or				
6	class) approving the change in funding method	• • • • •	• • • • • • • • • • • • • • • • • • • •	Month		Day	Year	
_	Checklist of certain actuarial assumptions:							
а	Interest rates for:							
	(1) "RPA '94" current liability	· • • • • •			a(1)	- Comment	6.00 w	П.,,,
	(2) "UBRA '8/" current liability				2/21		6.00 %	N/A
b	Weighted average retirement age			• • • • • • • • • • • • • • • • • • • •	6b		47	∐ N/A
		• • • • •		e-retirement	OD			∐ N/A
С	Rates specified in insurance or annuity contracts N/A	6-				Post-ret		l
ď	Mortality table code for valuation purposes:	DC	Yes	X N	Vo	Yes	X No	N/A
	(1) Males							'
	(2) Formulae					6		
_	(2) Females	. d(2)	6			6	-	
t.	Valuation liability interest rate N/A	<u>6e</u>		7.25	%		7.25 %	ΠNA
i	Expense loading	6f		20.8	%		0.0 %	N/A
		Ľ.		Male		Fem	ale /o	
g	Annual withdrawal rates:		Rate Code			Rate Code		
	(1) Age 25	a(1)	U		%U	Code management		-
	(2) Age 40	g(2)	U		· %U		%	
	(3) Age 55	0/31	U		%U		%	
h	Salary scale	6h					%	E-1
i	Estimated investment return on actuarial value of assets for the	tho you	L		%		%	N/A
	the valuation date	uie yea	ar ending on				_	
7	New amortization bases established in the current plan year:	· · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	6i		-1.7 %	
	(4) Type of Dans							
	(2) Initial E					(3) Amortization	n Charge/Credit	
		6	0394203				628069	6
			-					
				•	·			
		····		4				
			<del></del>					<del></del>
8 .	Miscellaneous information:	~	·····	<del> </del>				
а	If a waiver of a funding deficiency or an extension of an arms							
	If a waiver of a funding deficiency or an extension of an amo	ruzatio	n period has	been approved	for this p	olan year, enter	the	
	date of the ruling letter granting the approval				<b>fonth</b>	Day	Year	
						v6.1	· · · · · · · · · · · · · · · · · · ·	<del></del>
-	**************************************					٧٥.١	•	
	觀念  斯性  經濟  影響  海性  超過數學  東京  海州	K TEX		(地元 副)に 無(1)	(		•	
		竹门		25000				
	188 본다는 사내는 논의 등은 과장은 과장은 과장은 과장은 과장은 화장도 화장도 화장도 화장도	11:5		E ZWith 1				





C.W. Latter Co.

81	Were the strong of falce (as listed in the line factories) were	used fo	r this plan year, enter the a	appropriat	e Onland Osc O	iny
	code in accordance with the instructions		and press years office the c	дри орина		
	Is the plan required to provide a Schedule of Active Participant Data? (see in	struction	s) If "Yes." attach schedul	ے	Yes	X No
9	Funding standard account statement for this plan year:				🖺 ,63	· [-] 140
	Charges to funding standard account:					
а	Prior year funding deficiency, if any			9a		(
b	Employer's normal cost for plan year as of valuation date			9b		1053635
C	Amortization charges as of valuation date:	0	utstanding Ralance			
	(1) All bases except funding waivers	<b>►</b> (\$	469881560	c(1)	4	6341041
	(2) Funding waivers	► (\$		c(2)		
d	Interest as applicable on lines 9a, 9b, and 9c			9d		4886114
е	Additional interest charge due to late quarterly contributions, if applicable			9e	<del></del>	
·f	Adjusted additional funding charge from Part II, line 12q, if applicable		X N/A	9f		
g	Total charges. Add lines 9a through 9f			9a	7	2280790
	Credits to funding standard account:					
h	Prior year credit balance, if any			9h	3	4955808
ij	Employer contributions. Total from column (b) of line 3			9i		9436976
		O	utetanding Polones			
j	Amortization credits as of valuation date	<b>(\$</b>	179023727	9i	2	0649769
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j			9k		4031404
i	Full funding limitation (FFL) and credits				<del></del>	
	(1) ERISA FFL (accrued liability FFL)	1(1)	334525623			
	(2) "OBRA '87" FFL (170% current liability FFL)	1(2)	1272910162			
	(3) "RPA '94" override (90% current liability FFL)	1(3)	352351433			
	(4) FFL credit before reflecting "OBRA '87" FFL			1/4)		0
	(5) Additional credit due to "OBRA '87" FFL			1/5)	······································	0
m	(1) Waived funding deficiency			m(1)	<del>"</del>	0
	(2) Other credits			m/2\	<del></del>	0
n	lotal credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)			9n	11.9	9073957
0	Credit balance: If line 9n is greater than line 9g, enter the difference			90	4 (	5793167
þ	runding deficiency: If line 9g is greater than line 9n, enter the difference	<i></i>	**************	9p		. 0
	Reconciliation account:					
q	Current year's accumulated reconciliation account:					
	(1) Due to additional funding charges as of the beginning of the plan year	q(1)	0			
	(2) Due to additional interest charges as of the beginning of the plan year	q(2)	0			
	(3) Due to waived funding deficiencies:					
	(a) Reconciliation outstanding balance as of valuation date	g(3)(a)	0			
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0			
-	(4) Total as of valuation date			q(4)		0
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the	amount i	in line 9p			
	or the amount required under the alternative funding standard account if applic	able		10		0
11	Has a change been made in the actuarial assumptions for the current plan year	r? If "Ye	s," see instructions		Yes	X No
	#157 W198 (1.1. to #1) WW. (1.2. to #1.1)			6.1		



6b: Exception: Age 55 for Players with no Credited Seasons before 1993

6g: Withdrawal rates are by service rather than by age. See attached summary of the actuarial assumptions.

#### Appendix 5

### Actuarial Assumptions and Actuarial Cost Method

Mortality Rates: Group Annuity Mortality Table for 1983 without margins.

<u>Disability Mortality Before Age 65</u>: 1965 Railroad Retirement Board select and ultimate timetable.

#### Nonfootball Disability Rates Before Retirement:

Age	Rate
22	.04%
27	.04%
32	.04%
37	.05%
42	.09%
47	.18%
52	.41%

<u>Football Disability Rates</u>: .08% per year for active players and .06% per year for inactive players until age 45 after which it becomes zero. Active players are assumed to become inactive after one year of service or age 30, whichever comes later.

#### Withdrawal Rates:

For Players	
With Service of	Rate
1	,
1 year	29.1%
2 years	19.7%
3 years	17.0%

<u>Election of Early Payment Benefit</u>: 35% of all players out of football less than two years will elect the benefit two years after leaving football. Active players are assumed to leave football after one season or age 30, whichever is later. No assumption is made for players who have no Credited Seasons before 1993.

#### Appendix 5

# Actuarial Assumptions and Actuarial Cost Method (continued)

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

Percent Married: Social Security Awards in 1972.

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

Remarriage Rates: 1971 Railroad Retirement Board rates.

Net Investment Return: 7.25%.

Administrative Expenses: \$4,373,230. This amount was the actual administrative expenses during the preceding year.

Actuarial Value of Assets: The actuarial value of the assets is increased for new money (i.e., contributions plus dividends and interest income plus transfers for other plans, less benefit payments and expenses). This preliminary value is then adjusted by 20% of the difference between itself and the actual market value. An additional adjustment is made as necessary so that the final actuarial value is within 20% of market value.

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

Amortization for Determining Negotiated Contribution Only: 20 years beginning April 1, 1993; 19 years as of April 1, 1994; etc. In years when there is a zero or a negative unfunded actuarial accrued liability, the negotiated contribution is the amount which is expected to produce a zero unfunded actuarial accrued liability at the end of the plan year.

#### Appendix 6

## Summary of Plan Provisions Including 2002 Extension Amendment

#### 1. Normal Retirement Pension

- (a) Age Requirement: 55
- (b) Service Requirement: Three Credited Seasons for those active after 1992. (A player will, under certain circumstances, become vested even if he does not meet the preceding requirements if he has 10 years of service with Clubs in the NFL due to any employment, such as a coach.)

#### (c) Monthly Amount:

Credited Season	Benefit Credit
Before 1981	\$200
1982 to 1992	230
1993 and 1994	240
1995 and 1996	285
1997	330
1998 through the Plan Year that begins prior to the expiration of the Final League Year	425

#### Appendix 6

# Summary of Plan Provisions Including 2002 Extension Amendment (continued)

- 2. Early Retirement Pension (Not applicable to players who do not have a Credited Season prior to 1993)
  - (a) Age Requirement: 45 through 54
  - (b) Service Requirement: Same as 1(b) above.
  - (c) Monthly Amount: Normal pension actuarially reduced to reflect earlier benefit payments.

#### 3. Deferred Retirement Pension

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

#### 4. Total and Permanent Disability

- (a) Age Requirement: Under age 55 when disabled.
- (b) Service Requirement: None if active, otherwise service required for vested status.
- (c) Monthly Amount: Normal pension earned except that benefit will be no less than \$4,000 if disability is for active football, active nonfootball, or football degenerative and \$1,500 for inactive nonfootball. An additional \$100 per month will be paid for each dependent child.