

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2023</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>NFL DEDICATED HOSPITAL NETWORK</u>	1b Three-digit plan number (PN) ▶ <u>504</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NFL PLAYER INSURANCE TRUST</u> <u>345 PARK AVENUE</u> <u>NEW YORK, NY 10154</u>	1c Effective date of plan <u>09/01/2021</u> 2b Employer Identification Number (EIN) <u>13-3077470</u> 2c Plan Sponsor's telephone number <u>212-450-2000</u> 2d Business code (see instructions) <u>711210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/18/2025	LARRY FERAZANI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2025	EDWARD MCGUIRE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>NFL MANAGEMENT COUNCIL</p> <p>345 PARK AVENUE NEW YORK, NY 10154</p>	<p>3b Administrator's EIN 13-3077470</p> <p>3c Administrator's telephone number 212-450-2000</p>																				
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 8262</p>																				
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">7022</td></tr> <tr><td>6c</td><td style="text-align: right;">1446</td></tr> <tr><td>6d</td><td style="text-align: right;">8468</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	0	6a(2)	0	6b	7022	6c	1446	6d	8468	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																				
6a(2)	0																				
6b	7022																				
6c	1446																				
6d	8468																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p>7</p>																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input checked="" type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input checked="" type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan NFL DEDICATED HOSPITAL NETWORK	B Three-digit plan number (PN) ▶	504
C Plan sponsor's name as shown on line 2a of Form 5500 NFL PLAYER INSURANCE TRUST	D Employer Identification Number (EIN) 13-3077470	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 56 62	NONE	4087031	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	260833	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan NFL DEDICATED HOSPITAL NETWORK	B Three-digit plan number (PN) ► 504
C Plan sponsor's name as shown on line 2a of Form 5500 NFL PLAYER INSURANCE TRUST	D Employer Identification Number (EIN) 13-3077470

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4530631	5778707
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	80888
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	2684

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4530631	5862279
Liabilities			
g Benefit claims payable	1g	260600	310400
h Operating payables	1h	1025534	1911064
i Acquisition indebtedness	1i		
j Other liabilities	1j	11721	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1297855	2221464
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3232776	3640815

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7649000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7649000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7649000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3097634	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3097634
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	4142307	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1020	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4143327
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7240961

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		408039
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

NFL Dedicated Hospital Network Program

**Employer ID No. 13-3077470
Plan No. 504**

**Financial Statements
as of August 31, 2024 and 2023 and
for the Year Ended August 31, 2024, and
Independent Auditor's Report**

NFL DEDICATED HOSPITAL NETWORK PROGRAM

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NOTE: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator Representatives of the NFL Dedicated Hospital Network Program

Opinion

We have audited the financial statements of the NFL Dedicated Hospital Network Program (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended August 31, 2024 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of August 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended August 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Deloitte & Touche LLP

April 10, 2025

NFL DEDICATED HOSPITAL NETWORK PROGRAM

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF AUGUST 31, 2024 AND 2023

	2024	2023
ASSETS		
Cash	\$ 5,778,707	\$ 4,530,631
Prepaid Expense	2,684	-
Receivable from NFL League Office	69,254	-
Receivable from NFL Non-Vested Former Player Wellness Benefit Plan	11,634	-
TOTAL ASSETS	<u>5,862,279</u>	<u>4,530,631</u>
LIABILITIES		
Accounts payable and accrued liabilities	53,313	1,025,533
Payable to NFL Player Insurance Plan	1,857,751	-
Payable to NFL Non-Vested Former Player Wellness Benefit Plan	-	11,634
Payable to NFL League Office	-	88
TOTAL LIABILITIES	<u>1,911,064</u>	<u>1,037,255</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,951,215</u></u>	<u><u>\$ 3,493,376</u></u>

See notes to financial statements.

NFL DEDICATED HOSPITAL NETWORK PROGRAM

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED AUGUST 31, 2024

	2024
ADDITIONS-	
Contributions from National Football League Agency Account	\$ <u>7,649,000</u>
Total additions	<u>7,649,000</u>
DEDUCTIONS:	
Health claims	\$ 3,047,834
Administrative expenses	<u>4,143,327</u>
Total deductions	<u>7,191,161</u>
NET INCREASE IN NET ASSETS	457,839
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of year	<u>3,493,376</u>
NET ASSETS AVAILABLE FOR BENEFITS, End of year	<u><u>\$ 3,951,215</u></u>

See notes to financial statements.

NFL DEDICATED HOSPITAL NETWORK PROGRAM

NOTES TO FINANCIAL STATEMENTS

AS OF AUGUST 31, 2024 AND 2023 AND FOR THE YEAR ENDED AUGUST 31, 2024

1. DESCRIPTION OF THE PLAN

The NFL Dedicated Hospital Network Program (the “Plan” or “Program”) is a member plan of the National Football League (“NFL”) Professional Football Players Insurance Trust (the “Trust”). There are four members to this Trust: the Program, the NFL Player Insurance Plan (“NFL PIP”), the NFL Former Player Life Improvement Plan, and the Non-Vested Former Player Wellness Benefit Plan (“NFL Non-Vested Plan”).

The Program is a limited benefit, retiree-only health plan established under the March 15, 2020 Collective Bargaining Agreement (the “CBA”). The Program became effective on September 1, 2021 when it became a member to the Trust, with the Trust as sponsor of the Program. Participants of the Program are eligible vested former players in the Bert Bell/Pete Rozelle NFL Player Retirement Plan based on credited seasons under the terms of that plan, under the age of 65, whose continuing veteran coverage under the NFL PIP has ended (“Participants”). For more complete information about the Program, Participants should refer to the Plan Document, as adopted September 1, 2021, and to the Trust Agreement. The League Office of the National Football League (the “NFL League Office”) was established by the Member Clubs of the NFL (“NFL Member Clubs”) to coordinate and handle certain administrative matters and transactions common to all the NFL Member Clubs, including the administration of the Trust. National Football League Management Council (the “NFL Management Council”), an affiliate of the Program, as the agent of the NFL Member Clubs, established the Program and maintains it pursuant to the CBA in effect between it and the NFL Players’ Association (“NFLPA”), a union organization that represents professional football players (“Players”). The current CBA, entered into on March 15, 2020, is in effect through the 2030 playing season (year ending March 31, 2031). The Program is a multi-employer welfare benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Program provides limited primary medical care, preventive care and mental health services (including substance abuse treatment) to Participants. Benefits under the Program only provide coverage for certain services, and where applicable, are limited to the annual maximum benefit amounts (the “Annual Maximums”). The Program is not intended to take the place of a comprehensive health plan or any other health plan. The Program does not provide benefits to dependents of eligible Participants.

The Program pays fees to an outside third party to assist in administering the Program, including handling the maintenance of census data and the listing of all Participants. The Program also pays third parties to be the claims administrator of the Program. Under these arrangements, the Program self-funds all its claim payments for covered benefits.

Contributions — The NFL Member Clubs make contributions to the Trust to pay for certain benefits as provided under the CBA, including the benefits under this Program. The Program is primarily funded from the NFL Agency Account, which the NFL League Office operates in a representative capacity on behalf of the NFL Member Clubs. The amount of the contributions from the NFL Agency Account made on behalf of NFL Member Clubs is determined on a discretionary basis by the NFL Management Council to meet the claim payments, claims incurred but not reported, and related expenses. These transactions represent exempt party-in-interest transactions. The claims paid during the year ended August 31, 2024 provided benefits for the Participants described above.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements of the Program were prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates — The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, and disclosure of contingent assets and liabilities, including the benefit obligation, Note 3. Actual results could differ from those estimates.

Risks and Uncertainties — The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimations and assumptions in the near term could materially affect the financial statements.

Cash — Cash in the Program consists of cash held in a noninterest-bearing bank account.

Receivable from NFL League Office - This receivable consists of amounts receivable from the NFL League Office. The NFL League Office is an administrator of the Trust (see Note 1).

Receivable from NFL Non-Vested Former Player Wellness Benefit Plan - This receivable consists of amounts receivable from the NFL Non-Vested Plan. The NFL Non-Vested Plan is another member plan of the Trust (see Note 1). In certain instances, for administrative purposes, the Program pays the administrative expenses on behalf of the NFL Non-Vested Plan. The NFL Non-Vested Plan reimburses the Program for all expenses paid on its behalf.

Payable to NFL Player Insurance Plan - This payable consists of amounts payable to the NFL PIP. The NFL PIP is another member plan of the Trust (see Note 1). In certain instances, for administrative purposes, the NFL PIP pays the administrative expenses on behalf of the Program. The Program reimburses the NFL PIP for all expenses paid on its behalf.

Payable to NFL Non-Vested Former Player Wellness Benefit Plan - This payable consists of amounts payable to the NFL Non-Vested Plan. The NFL Non-Vested Plan is another member plan of the Trust (see Note 1). In certain instances, for administrative purposes, the NFL Non-Vested Plan pays the administrative expenses on behalf of the Program. The Program reimburses the NFL Non-Vested Plan for all expenses paid on its behalf.

Accounts payable and accrued liabilities — Amounts due to third party service providers for expenses are recorded as accounts payable and accrued liabilities in the accompanying statements of net assets available for benefits. Claims of the Program are handled by a third-party claims processor. The claims processor pays all of the claims through an account held on behalf of the Program. As of August 31, 2024 and 2023, there were outstanding checks for claims paid. These outstanding checks were not in excess of the available Cash balance and were treated as a reduction of Cash.

Health claims — Claims are recognized when paid by the claims processor. The Plan receives performance guarantees from a third-party provider. These amounts are recorded as reductions against health claims. The Plan did not receive a performance guarantee for the year ended August 31, 2024.

Claims incurred but not reported — The Program’s liability for Participants’ health claims incurred but not yet reported at year-end is estimated using actuarial methods. Factors were then applied to paid claims amounts to estimate claims incurred but not reported at year-end. These amounts are paid by the Program only if claims are submitted and approved for payment. Claims that are incurred but not reported are not recorded in the financial statements but are reported in Note 3 — Benefit Obligation.

Administrative expenses — This consists of third-party professional services including customer service, fiduciary liability insurance, and coordination costs incurred in the administration of the Program.

3. BENEFIT OBLIGATION

The benefit obligation consists of claims incurred but not reported, the postretirement obligation, and claims payable to providers.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Program to Participants’ service rendered to the date of the financial statements. Postretirement benefits include future benefits expected to be paid for (1) Participants, and (2) active Participants after retirement from service with the NFL Member Clubs. The postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to a Participant’s service rendered to the valuation date (September 1st of the Plan year). The postretirement benefit obligation represents the amount that is expected to be funded by the NFL Agency Account and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by the Program’s independent actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual claims and other plan related costs per Participant and to adjust such estimates for the time value of money (through discounting) and the probability of payment (by means of decrements, such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions used in the valuations of Postretirement Benefits as of August 31, 2024 and 2023 were as follows:

- Discount rates of 5.20% and 5.45% as of August 31, 2024 and 2023, respectively.
- Plan Claims - Medical claims costs were developed based on monthly claims and enrollment experience of the former continuing vets (“CV”). CVs are former Players who retired as active Players, received health coverage as CVs under the NFL PIP for 5 years and are no longer eligible for retiree coverage under the PIP.
- Administrative Fees - For the year ended August 31, 2024 and August 31, 2023 valuation, administrative fees of \$44.38 and \$43.34, respectively per retired Participant were assumed.
- Administrative Fees Trend - For the year ended August 31, 2024 valuation, assumed administrative fees are expected to increase by 4.10% in 2025 and 3% a year thereafter. For the year ended August 31, 2023 valuation, assumed administrative fees were expected to increase by 4.55% in 2024 and 3% a year thereafter.
- Mortality — Pri-2012 Headcount Weighted Mortality Table generationally projected from 2012 using mortality improvement scale MP-2021 with an adjustment for endemic COVID-19

experience, updated as of January 2024 with Blue Collar Adjustment for August 31, 2024 valuation. Pri-2012 Headcount Weighted Mortality Table generationally projected from 2012 using mortality improvement scale MP-2021 with an adjustment for endemic COVID-19 experience with Blue Collar Adjustment for August 31, 2023 valuation.

- Participation and eligibility — All Participants under age 65 and who are no longer covered under the NFL PIP are currently eligible and assumed to continue until age 65.
- Termination Probability — The probability for termination of the active Players was determined based on years of service ranging from 0 to 3+ years of service for August 31, 2024 and 2023.
- Retirement Probability — The probability to retire was determined based on years of service ranging from 0 to 20 years of service for the August 31, 2024 valuation, and 0 to 14 years of service for the August 31, 2023 valuation.
- Healthcare cost trend rates — The rates were developed based upon the latest available trend guidance and then adjusted to reflect the Program designs. For the year ended August 31, 2024, the medical cost trend rate was 7.00% down grading to 5.00% in 2032. For the year ended August 31, 2023, the medical cost trend rate was 6.50% down grading to 5.00% in 2033.
- The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by one percentage point in the year, the obligation as of August 31, 2024 and 2023 would increase by \$30,676,892 and \$26,870,962, respectively.

The foregoing actuarial assumptions are based on the presumption that the Program will continue. If the Program were to terminate, different actuarial assumptions and other factors might be applicable in determining the benefit obligations.

The benefit obligations as of August 31, 2024 and 2023 are as follows:

	2024	2023
AMOUNTS CURRENTLY PAYABLE —		
Claims incurred but not reported	\$ 310,400	\$ 260,600
Total currently payable	<u>310,400</u>	<u>260,600</u>
BENEFIT OBLIGATIONS — Net of amounts currently payable:		
Retired participants eligible for benefits	149,180,844	132,741,896
Active employees fully eligible for benefits	30,616,601	26,579,107
Active employees not yet fully eligible for benefits	<u>13,349,223</u>	<u>12,302,807</u>
Total benefit obligations	<u>193,146,668</u>	<u>171,623,810</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 193,457,068</u>	<u>\$ 171,884,410</u>

The changes in the benefit obligation for the year ended August 31, 2024 is as follows:

	2024
Benefit obligations as of August 31, 2023	\$ 171,884,410
Net change in claims incurred but not reported	49,800
Increase (decrease) in benefit obligations attributed to:	
Service cost	6,316,098
Interest cost	9,172,049
Actual benefit payments	(6,845,715)
Decrease due to actuarial experience	117,003
Change due to actuarial assumptions	12,763,423
Benefit obligations as of August 31, 2024	<u>\$ 193,457,068</u>

The net decrease due to actuarial assumptions resulted from the following-

Change in mortality assumption	\$ 4,347
Change in medical claims assumption	6,027,048
Change in administrative fee assumption	(1,682,893)
Change in medical trend assumption	1,049,732
Change in administrative fee trend assumption	856,127
Change in discount rate assumption	<u>6,509,062</u>
Total change in actuarial assumptions	<u>\$ 12,763,423</u>

4. TAX STATUS

The Trust is qualified under the Internal Revenue Code (“IRC”) as exempt from Federal income taxes. The Trust has a favorable determination letter from the Internal Revenue Service dated June 6, 1974, and accordingly, no provision for Federal income taxes has been made in the accompanying financial statements of the Program. The Trust has been amended since receiving the determination letter. Program management believes that the Trust is designed and is currently being operated in compliance with the applicable requirement of the IRC and continues to be tax-exempt.

5. BENEFIT OBLIGATIONS FUNDING

The Program’s deficiency of net assets over benefit obligations as of August 31, 2024 and 2023, relates primarily to the benefit obligation. The NFL Management Council expects to fund the benefit obligations, with funds provided from the general assets of the NFL Agency Account, as required on a pay-as-you-go basis.

6. RELATED PARTY AND EXEMPT PARTIES-IN-INTEREST TRANSACTIONS

The Program receives contributions from the NFL Agency Account (Note 1), which is an exempt party-in-interest.

Certain ongoing administrative functions of the Program are handled by the NFL League Office and NFL Management Council staff personnel. Other fees, such as legal fees, are handled by the NFL Management Council. There is no allocation of either direct or indirect NFL League Office administrative expenses to the Program for the year ended August 31, 2024.

See Notes 1 and 2 for other party-in-interest transactions.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Claims that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under U.S. GAAP and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements, but are recorded on the Form 5500 as a liability.

A reconciliation of the Statements of Net Assets Available for Benefits per the financial statements to Form 5500 as of August 31, 2024 and 2023 are as follows:

	2024	2023
Net assets available for benefits per the financial statements	\$ 3,951,215	\$ 3,493,376
Claims incurred but not reported on the 5500	<u>(310,400)</u>	<u>(260,600)</u>
Net assets per 5500	<u><u>\$ 3,640,815</u></u>	<u><u>\$ 3,232,776</u></u>

A reconciliation of the health claims per the financial statements to Form 5500 for the year ended August 31, 2024, is as follows:

Amounts paid per financial statements	\$ 3,047,834
Plus amounts incurred but not reported at August 31, 2024	310,400
Less amounts incurred but not reported at August 31, 2023	<u>(260,600)</u>
Total benefit payments per Form 5500	<u><u>\$ 3,097,634</u></u>

A reconciliation of the Statement of Changes in Net Assets Available for Benefits per the financial statements to Form 5500 for the year ended August 31, 2024 is as follows:

Net increase in net assets per the financial statements	\$ 457,839
Less amounts payable at August 31, 2024 - Claims incurred but not reported	(310,400)
Plus amounts payable at August 31, 2023 - Claims incurred but not reported	<u>260,600</u>
Net income /(loss) per Form 5500	<u><u>\$ 408,039</u></u>

8. PROGRAM TERMINATION

Although it has not expressed any intention to do so, the NFL Management Council and the NFLPA have the right under the Program to jointly amend or terminate the Program, subject to the provisions set forth in ERISA. In the event of termination, the NFL will contribute the necessary amounts to fund all claims incurred prior to the date of termination.

9. SUBSEQUENT EVENTS

Management of the Program has evaluated subsequent events through April 10, 2025, which is the date the financial statements were available to be issued. There were no subsequent events requiring adjustments to or disclosure in the financial statements.

* * * * *