

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: NFL PLAYER CASH BALANCE PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2023
2a Plan sponsor's name (employer, if for a single-employer plan): CASH BALANCE BOARD OF NFL PLAYER CASH BALANCE PLAN
2b Employer Identification Number (EIN): 99-1250131
2c Plan Sponsor's telephone number: 800-638-3186
2d Business code (see instructions): 711210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Larry Ferazani (plan administrator) and Sam McCullum (employer/plan sponsor).

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1731
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1317
	<b>6a(2)</b>	1125
	<b>6b</b>	0
	<b>6c</b>	606
	<b>6d</b>	1731
	<b>6e</b>	0
	<b>6f</b>	1731
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	32

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1C

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>NFL PLAYER CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CASH BALANCE BOARD OF NFL PLAYER CASH BALANCE PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>99-1250131</u>	

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 01 Day 01 Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>121758763</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>121758763</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>72694538</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>72694538</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>86831361</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>47315454</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>0</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>0</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	
Signature of actuary	<u>06/27/2025</u>
<u>CHRISTOPHER E. FLOHR</u>	Date
Type or print name of actuary	<u>23-06359</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>410-547-2888</u>
<u>111 SOUTH CALVERT STREET</u> <u>SUITE 2010</u> <u>BALTIMORE, MD 21202</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	121758763
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	0	0
<b>(2)</b> For terminated vested participants .....	414	21588969
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		0
<b>(b)</b> Vested benefits .....		65242392
<b>(c)</b> Total active .....	1317	65242392
<b>(4)</b> Total .....	1731	86831361
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	0	0			
<b>Totals ▶</b>			<b>3(b)</b>	0	<b>3(c)</b>
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	167.4 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

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

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

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

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.82 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	6P 6P
<b>(2)</b> Females .....	<b>6c(2)</b>	5P 5P
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	4.25 % 4.25 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	4.25 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	0.0 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	0.0 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	500000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	216073	18969

**8 Miscellaneous information:**

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

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	39959593

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	216073	18969
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		1699089
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		41677651
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		49280298
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		0
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	0	0
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	41883132	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	0	
(3) FFL credit .....	<b>9j(3)</b>		2094413
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		0
(2) Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		51374711
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		9697060
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		0
(3) Total as of valuation date.....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NFL PLAYER CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CASH BALANCE BOARD OF NFL PLAYER CASH BALANCE PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>99-1250131</b>	

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

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

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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)

GROOM LAW GROUP, CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	459922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	339873	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 BELL/P ROZELLE NFL PLAYER RET PL

13-6043636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	199562	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PNC CAPITAL ADVISORS, LLC

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	51789	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)

CLOUDBERRY CREATIVE, INC.

27-1271032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 50 70	NONE	36686	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)

CONSOLIDATED GRAPHICS, INC.

76-0190827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	26301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MITCHELL & TITUS, LLP

13-2781641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19080	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59 62	NONE	17501	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALIGHT SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 64	NONE	13500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RCM&D

52-0555835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	6685	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NFL PLAYER CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CASH BALANCE BOARD OF NFL PLAYER CASH BALANCE PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>99-1250131</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	122496086	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	0	934620
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	64568299
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	39989713
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	18937173
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	2182134
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	122496086	126611939
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	737323	116067
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	737323	116067
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	121758763	126495872

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	1614310	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1725694	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3340006
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	5513149	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	5216507	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		296642
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1747556	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		588417
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		5972621

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	13500	
(4) IQPA audit fees .....	<b>2i(4)</b>	19080	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	52355	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	17501	
(7) Actuarial fees .....	<b>2i(7)</b>	339873	
(8) Legal fees .....	<b>2i(8)</b>	459922	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	333281	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1235512
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1235512

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4737109
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: MITCHELL & TITUS

(2) EIN: 13-2781641

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 560060.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NFL PLAYER CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CASH BALANCE BOARD OF NFL PLAYER CASH BALANCE PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>99-1250131</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>0</b>
--	----------	----------

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 98.3%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: 1.7% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

<b>Structured Attachment</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Schedule MB, line 8b(3)</b> <b>Schedule of Projection of Employer Contributions and Withdrawal Liability Payments</b>	<b>2024</b> <hr/> This Form is Open to Public Inspection
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<b>Name of Plan</b>	NFL PLAYER CASH BALANCE PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	99-1250131	<b>PN</b>	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024			
2025			
2026			
2027			
2028			
2029			
2030			
2031			
2032			
2033			

<p><b>Structured Attachment</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Schedule MB, line 8b(1)</b></p> <p><b>Schedule of Projection of Expected Benefit Payments</b></p>	<p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Name of Plan</b>	NFL PLAYER CASH BALANCE PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	99-1250131	<b>PN</b>	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024				
2025	114823	6532047		6646870
2026	5860848	2242669		8103517
2027	6515519	2309949		8825468
2028	6984333	1189624		8173957
2029	6364182	490125		6854307
2030	5158146	504829		5662975
2031	4200981	519974		4720955
2032	3467274	535573		4002847
2033	2911075	557936		3469011
2034	2530860	6485		2537345
2035	1776633	6680		1783313
2036	1226873	6880		1233753
2037	840781	7086		847867
2038	544080	18553		562633
2039	350360	19110		369470
2040	238883	35593		274476
2041	207177	47217		254394
2042	189524	74497		264021
2043	229016	112348		341364
2044	315105	164859		479964
2045	446091	270934		717025
2046	684446	340044		1024490
2047	1012924	470620		1483544
2048	1467269	629871		2097140

<b>Name of Plan</b>	NFL PLAYER CASH BALANCE PLAN					
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	99-1250131	<b>PN</b> 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	2053590	814516		2868106
2050	2742924	1071204		3814128
2051	3582245	1250430		4832675
2052	4073316	1377769		5451085
2053	4347736	1417301		5765037
2054	4437999	1448534		5886533
2055	4465258	1435838		5901096
2056	4500393	1300239		5800632
2057	4374428	1306405		5680833
2058	4192745	1188884		5381629
2059	3786005	1084748		4870753
2060	3238075	870312		4108387
2061	2556191	549683		3105874
2062	1301572	245510		1547082
2063	389477	70693		460170
2064	50695	2017		52712
2065	1905	273		2178
2066				
2067				
2068				
2069				
2070				
2071				
2072				
2073				

**NFL PLAYER CASH BALANCE PLAN**

**Financial Statements and Supplemental Information  
For the Years Ended December 31, 2024 and 2023  
With Independent Auditor's Report**



**MITCHELL TITUS**  
ACHIEVING EXCELLENCE TOGETHER

**NFL PLAYER CASH BALANCE PLAN**  
Financial Statements and Supplemental Information  
For the Years Ended December 31, 2024 and 2023

**TABLE OF CONTENTS**

	<b><u>Page(s)</u></b>
<b>INDEPENDENT AUDITOR’S REPORT</b>	1–3
<b>FINANCIAL STATEMENTS</b>	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6–15
<b>SUPPLEMENTAL INFORMATION</b>	
Schedules of Investment and Administrative Expenses	16
Schedule of Assets (Held at End of Year)—Schedule H, Line 4(i)	17–20



## INDEPENDENT AUDITOR'S REPORT

To the Cash Balance Board of the  
NFL Player Cash Balance Plan

### ***Opinion***

We have audited the financial statements of the NFL Player Cash Balance Plan (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 December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, 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 December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, 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 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 issued or are available to be issued.

1625 K Street, NW  
Washington, DC 20006  
T +1 202 293 7500  
F +1 202 465 3149

[mitchelltitus.com](http://mitchelltitus.com)



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 it 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.



***Other Matter - Supplemental Schedules of Investment and Administrative Expenses***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of investment and administrative expenses for the years ended December 31, 2024 and 2023, are presented for the purpose of additional analysis and are not a required part of the financial statements. Such information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

***Other Matter - Supplemental Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Mitchell Titus, LLP".

August 6, 2025

**NFL PLAYER CASH BALANCE PLAN**  
**Statements of Net Assets Available for Benefits**  
**As of December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
<i>Investments, at fair value</i>		
U.S. Government securities	\$ 64,568,299	\$ -
Corporate debt	58,926,886	-
Registered investment companies	2,182,134	-
Total investments	125,677,319	-
<i>Receivables</i>		
Interest and dividends receivable	934,620	-
Receivables from Member Clubs	-	122,496,086
Total receivables	934,620	122,496,086
Total assets	126,611,939	122,496,086
<b>LIABILITIES</b>		
Accrued expenses	116,067	737,323
Total liabilities	116,067	737,323
<b>Net assets available for benefits</b>	<b>\$ 126,495,872</b>	<b>\$ 121,758,763</b>

The accompanying notes are an integral part of these financial statements.

**NFL PLAYER CASH BALANCE PLAN**  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>ADDITIONS</b>		
<i>Net investment income</i>		
Dividend and interest income	\$ 3,928,423	\$ -
Net realized and unrealized appreciation in fair value of investments	2,044,198	-
Total investment income	5,972,621	-
<i>Less: Investment expenses</i>	52,355	-
Net investment income	5,920,266	-
Contributions	-	122,496,086
Total additions	5,920,266	122,496,086
<b>DEDUCTIONS</b>		
Administrative expenses	1,183,157	737,323
Total deductions	1,183,157	737,323
Net increase	4,737,109	121,758,763
<i>Net assets available for benefits</i>		
Beginning of year	121,758,763	-
<b>End of year</b>	<b>\$ 126,495,872</b>	<b>\$ 121,758,763</b>

The accompanying notes are an integral part of these financial statements.

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 1      DESCRIPTION OF THE PLAN**

The following description of the NFL Player Cash Balance Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for more complete information. Capitalized terms have the meaning provided for in the Plan document.

General

Effective August 16, 2023, the National Football League Players Association (“NFLPA”) and the National Football League Management Council (“NFLMC”) agreed to provide certain benefits through the Plan to Players whose benefits were suspended during the COVID pandemic. The Plan was established effective January 1, 2023. The Plan provides pension and survivor benefits to eligible Players and their eligible beneficiaries.

The Plan is jointly administered pursuant to the requirements of the Taft-Hartley Act. The Plan constitutes a multiemployer plan that is tax-qualified within the meaning of Section 401(a) of the Internal Revenue Code of 1986 (the “Code” or “IRC”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Cash Balance Board is responsible for oversight of the Plan and monitors the investment of the Plan’s assets held in the related trust. The key features of the Plan as of December 31, 2024 are summarized below.

Funding Policy

Contributions from the Member Clubs are made based upon agreements between the NFLPA and the NFLMC. For the Plan years ended December 31, 2024 and 2023, the Member Clubs made contributions of \$0 and \$122,496,086, respectively. The contributions meet the minimum funding requirements under ERISA.

Vesting

All eligible Players are fully vested in their benefit.

Pension Benefits

Participants accrued retirement benefits during the 2023 and 2024 Seasons if they had a Year of Benefit Service. For purposes of the Plan, a Year of Benefit Service is earned if the Player is an Active Player (including as a Player on the practice squad of a Member Club) for at least one Game during the Plan Year according to NFL employment records in qualifying statuses, as specified in the Plan document.

The accrued benefit is equal to the Cash Balance Account. The Cash Balance Account is equal to the sum of cash balance credits and earnings credits. The cash balance credits are equal to the amounts earned in the 2023 and 2024 Plan Years by the Player, which was negotiated by the NFLPA and NFLMC. The earnings credits are based on a fixed interest rate of 3% on outstanding balances, compounded annually.

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 1      DESCRIPTION OF THE PLAN** *(continued)*

Death Benefits

The Plan offers death benefits to the beneficiary of a Player who dies before he receives a distribution of his benefit. The death benefit is equal to the value of the cash balance account. The death benefit is paid to the beneficiary in a lump sum, except that a surviving spouse shall receive a survivor annuity that is the actuarial equivalent of the cash balance account unless the surviving spouse elects to receive the survivor benefit as a lump sum payment.

Distributions

Generally, Players may elect to receive their retirement benefits no earlier than two years after the April 1 date after the most recent League Year they were an Active Player (including as a Player on the practice squad of a Member Club) for at least one Game during such season. A Player may defer their retirement benefits until their Normal Retirement Date (age 65).

The benefit is paid in the form of a Life Only Pension if the Player is single and in the form of a Qualified Joint and Survivor Annuity if the Player is married, unless the Player chooses an optional form of payment and a spousal waiver, if applicable, is signed. Optional forms of payment include a lump-sum distribution for all Players and married players can also select a Qualified Optional Survivor Annuity or Life Only Pension.

Plan Amendment or Termination

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

**NOTE 2      SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

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

Use of Estimates

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

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 2      SIGNIFICANT ACCOUNTING POLICIES** *(continued)*

Investment Valuation and Income Recognition

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

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

See Note 7 for a discussion of fair value measurements. Purchases and sales of securities are recorded on the trade date. Realized gains or losses resulting from sales or disposals of securities are determined based on the average cost method of securities sold. Dividend income is recognized on the ex-dividend date. Interest income is recognized on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan will be recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Pension Benefit Guaranty Corporation Guarantee

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

**NOTE 3      INCOME TAX STATUS**

On July 28, 2025, the Internal Revenue Service provided the Plan with a determination letter stating that the Plan document, as amended, is qualified under Section 401(a) of the Code, and the Trust is, therefore, exempt from federal income tax under Section 501(a) of the Code.

The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the Trust is tax exempt.

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 4      PLAN AMENDMENTS**

The Plan was initially adopted on December 28, 2023, and became effective on January 1, 2023. The Plan was further amended on March 25, 2024, and restated on August 21, 2024.

**NOTE 5      PLAN TERMINATION**

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

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

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

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

**NOTE 6      INVESTMENTS**

The trustee and custodian of the Plan's securities is The Bank of New York Mellon, and an investment advisory agreement is currently in force with PNC Capital Advisors.

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 6 INVESTMENTS** *(continued)*

The Plan’s investments, including investments bought and sold, as well as held during the year, appreciated in value during the year ended December 31, 2024, as follows:

	<b>2024</b>
U.S. Government securities	\$ 968,494
Corporate debt	1,075,704
Registered investment companies	-
<b>Total</b>	<b>\$ 2,044,198</b>

The Plan did not hold any investments during the year ended December 31, 2023.

**NOTE 7 FAIR VALUE MEASUREMENTS**

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

The fair value hierarchy tables in this footnote reflect this change. The three levels of the fair value hierarchy under ASC 820-10-50-2 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 7 FAIR VALUE MEASUREMENTS** *(continued)*

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024.

*U.S. Government securities:* Valued using pricing models maximizing the use of observable inputs of similar securities.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Registered investment companies:* Valued at the daily closing price as reported by the fund. Money market funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. Money market funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not indicate net realized value or reflect future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<b>Assets at Fair Value as of December 31, 2024</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total Fair Value</b>
U.S. Government securities	\$ 29,952,485	\$ 34,615,814	\$ -	\$ 64,568,299
Corporate debt	-	58,926,886	-	58,926,886
Registered investment companies	2,182,134	-	-	2,182,134
<b>Total assets at fair value</b>	<b>\$ 32,134,619</b>	<b>\$ 93,542,700</b>	<b>\$ -</b>	<b>\$ 125,677,319</b>

The Plan did not hold any investments as of December 31, 2023.

Transfers Between Levels

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

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 7 FAIR VALUE MEASUREMENTS** *(continued)*

Transfers Between Levels *(continued)*

There were no transfers of assets between Level 1, 2, or 3 classifications for the year ended December 31, 2024.

**NOTE 8 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions. Accumulated plan benefits include benefits expected to be paid to: (a) retired and Vested Inactive Players or their beneficiaries, (b) beneficiaries of Players who have died, and (c) present Players or their beneficiaries. Benefits payable under all circumstances (retirement, death and disability) are included to the extent they are deemed attributable to service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was calculated by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Since the Plan was first effective on January 1, 2023, there were no accumulated plan benefits as of this date. The first benefit accruals were earned during the 2023 plan year, so the first accumulated plan benefit information appeared in the January 1, 2024 valuation.

The accumulated Plan benefit information as of January 1, 2024 is as follows:

	<b>2024</b>
<i>Actuarial present value of accumulated plan benefits</i>	
<i>Vested benefits</i>	
Participants currently receiving payments	\$ -
Other participants	72,694,538
	72,694,538
Nonvested benefits	-
<b>Total</b>	<b>\$ 72,694,538</b>

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 8 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**  
*(continued)*

The changes in accumulated Plan benefit information for the year ended December 31, 2024 are as follows:

	<b>2024</b>
<i>Actuarial present value of accumulated plan benefits</i>	
Beginning of year	\$ -
Value of benefits accumulated and changes in data	72,694,538
Increase due to passage of time	-
Less: Benefits paid	-
Net increase	72,694,538
<b>End of year</b>	<b>\$ 72,694,538</b>

Significant assumptions underlying the actuarial computations as of January 1, 2024 are as follows:

Assumed rate of return on investments      4.25%

Mortality basis                                      IRC §430 Mortality with Blue Collar adjustment

	<b>Age</b>	<b>Rate</b>
	22	7.4%
	23	14.0%
	24	17.5%
	25	18.4%
	26	17.4%
	27	19.8%
	28	22.1%
	29	23.0%
	30	23.3%
	31	27.4%
	32	32.0%
	33	32.2%
	34	37.1%
	35	38.5%
	36	38.5%
	37	38.5%
	38	38.5%
	39	38.5%
	40+	100.0%

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 8 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**  
*(continued)*

Actuarial cost method

Unit-credit cost method

<b>Benefit Commencement</b>	<b>Years out of Football</b>	<b>Rate</b>
	1	30%
	2	10%
	3	5%
	4	2%
	5	2%
	6	2%
	7	2%
	8	2%
	9	2%
	10+	0%
	<b>Age</b>	<b>Rate</b>
	55	3%
	56	3%
	57	3%
	58	3%
	59	3%
	60	3%
	61	3%
	62	3%
	63	3%
	64	3%
	65	5%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors, might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2024, there would be no material differences.

**NOTE 9 RECEIVABLES FROM MEMBER CLUBS**

The Plan received Contributions from Member Clubs subsequent to year end in the amount of \$122,496,086 for 2023. This amount is reflected as Receivables from Member Clubs on the statement of net assets available for benefits as of December 31, 2023.

**NFL PLAYER CASH BALANCE PLAN**  
Notes to Financial Statements  
For the Years Ended December 31, 2024 and 2023

**NOTE 10 RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Bank of New York Mellon is the Trustee of the Plan and provides investment custody services to the Plan. Fees paid to The Bank of New York Mellon for these services for the years ended December 31, 2024 and 2023, were \$17,501 and \$0, respectively.

As described in Note 2, the Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

During the Plan year ended December 31, 2024, the Plan incurred certain administrative expenses paid by the Bert Bell/Pete Rozelle NFL Player Retirement Plan. For the Plan year ended December 31, 2024, the amount reimbursed was \$199,562.

**NOTE 11 RISKS AND UNCERTAINTIES**

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

**NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

**NOTE 13 SUBSEQUENT EVENTS**

FASB ASC 855-10-50, *Subsequent Events*, requires entities to evaluate events and transactions that occur after the statement of financial position date but before the date the financial statements are available to be issued. ASC 855-10-50 requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the statement of financial position date, including the estimates inherent in the financial statement preparation process.

Subsequent events that provide evidence about conditions that arose after the statement of financial position date should be disclosed if the financial statements would otherwise be misleading.

The Plan has evaluated subsequent events through August 6, 2025, the date the financial statements were available to be issued, and determined there were no material transactions that need to be disclosed.

**SCHEDULES OF INVESTMENT AND ADMINISTRATIVE EXPENSES**

**NFL PLAYER CASH BALANCE PLAN**  
Schedules of Investment and Administrative Expenses  
Years Ended December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>INVESTMENT EXPENSES</b>		
<i>Investment advisory fees</i>		
PNC Capital Advisors	\$ 51,789	\$ -
CapFinancial Partners, LLC	566	-
<b>Total investment expenses</b>	<b>\$ 52,355</b>	<b>\$ -</b>
<b>ADMINISTRATIVE EXPENSES</b>		
<i>Administrative fees</i>		
Aon Consulting, Inc.	\$ 339,873	\$ 267,828
Mitchell & Titus, LLP	19,080	18,000
Alight Solutions, LLC	13,500	-
<i>Attorney fees</i>		
Groom Law Group	459,922	390,817
<i>Custodian fees</i>		
The Bank of New York Mellon	17,501	-
<i>Insurance expense</i>		
Pension Benefit Guaranty Corporation	64,047	60,678
<i>Other</i>		
Plan office operating expenses	199,562	-
Miscellaneous expenses	43,371	-
Printing expenses	26,301	-
<b>Total administrative expenses</b>	<b>\$ 1,183,157</b>	<b>\$ 737,323</b>

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)—  
SCHEDULE H, LINE 4(I)**



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
<b>U. S. GOVERNMENT SECURITIES</b>					
3132CXJ45	FHLMC POOL #SB-1183 3.500% 09/01/2035 DD 05/01/24	1,822,531.453	1,740,517.56	1,760,547.16	20,029.60
3132DNAY9	FHLMC POOL #SD-0923 2.500% 01/01/2052 DD 03/01/22	1,207,178.805	982,341.73	996,139.81	13,798.08
3132DV7B5	FHLMC POOL #SD-8090 2.000% 08/01/2050 DD 08/01/20	1,868,694.240	1,453,785.71	1,467,074.47	13,288.76
3132DWA60	FHLMC POOL #SD-8129 2.500% 01/01/2051 DD 01/01/21	1,024,095.172	821,996.40	841,908.64	19,912.24
3132DWCU5	FHLMC POOL #SD-8183 2.500% 11/01/2051 DD 11/01/21	1,445,944.824	1,153,818.78	1,181,510.43	27,691.65
3132DWE74	FHLMC POOL #SD-8258 5.000% 10/01/2052 DD 09/01/22	1,478,023.593	1,436,685.12	1,430,638.16	(6,046.96)
3132DWFS7	FHLMC POOL #SD-8277 5.500% 12/01/2052 DD 11/01/22	1,262,143.290	1,231,970.16	1,248,537.39	16,567.23
3133BMRK3	FHLMC POOL #QF-0490 5.500% 09/01/2052 DD 09/01/22	423,247.494	415,377.73	420,809.59	5,431.86
3133KYWY1	FHLMC POOL #RB-5163 3.000% 05/01/2042 DD 04/01/22	1,378,858.887	1,237,956.75	1,201,537.63	(36,419.12)
3133USJ77	FHLMC POOL #SI-2086 3.500% 12/01/2050 DD 08/01/23	1,311,536.880	1,155,177.07	1,174,979.66	19,802.59
3137HBSG0	FHLMC MULTICLASS MTG 5387 GV 5.500% 01/25/2035 DD 02/01/24	735,193.984	731,977.53	747,898.14	15,920.61
3140J9VV0	FNMA POOL #OBM5127 3.500% 03/01/2047 DD 12/01/18	1,238,645.659	1,142,650.62	1,117,890.09	(24,760.53)
3140QKDE5	FNMA POOL #OCB0100 2.500% 04/01/2041 DD 03/01/21	710,869.610	625,731.86	608,831.39	(16,900.47)
3140QPHX8	FNMA POOL #OCB3845 3.500% 06/01/2052 DD 05/01/22	1,278,113.925	1,130,132.29	1,134,760.67	4,628.38
3140QPXT9	FNMA POOL #OCB4289 4.500% 08/01/2052 DD 07/01/22	1,111,524.327	1,043,096.10	1,047,289.34	4,193.24
3140XB4Y3	FNMA POOL #OFM8038 3.000% 07/01/2051 DD 07/01/21	1,653,609.325	1,387,223.17	1,417,606.20	30,383.03
3140XFVY4	FNMA POOL #OFS0630 3.000% 02/01/2052 DD 02/01/22	639,656.112	538,910.26	546,362.27	7,452.01
3140XGWS4	FNMA POOL #OFS1556 3.500% 05/01/2052 DD 04/01/22	1,217,053.680	1,075,951.50	1,089,141.34	13,189.84
3140XKTP5	FNMA POOL #OFS4157 4.000% 05/01/2049 DD 03/01/23	1,993,682.803	1,848,348.46	1,841,385.37	(6,963.09)
31418CS47	FNMA POOL #OMA3238 3.500% 01/01/2048 DD 12/01/17	1,676,930.606	1,491,158.15	1,504,475.06	13,316.91
31418D3G5	FNMA POOL #OMA4398 2.000% 08/01/2051 DD 07/01/21	1,923,463.680	1,481,092.08	1,504,110.13	23,018.05
31418DSN3	FNMA POOL #OMA4124 2.500% 09/01/2035 DD 08/01/20	1,563,668.067	1,400,748.34	1,431,162.84	30,414.50
31418DYC0	FNMA POOL #OMA4306 2.500% 04/01/2051 DD 03/01/21	1,444,011.505	1,169,603.50	1,186,515.37	16,911.87
31418DYZ9	FNMA POOL #OMA4327 3.000% 04/01/2051 DD 04/01/21	2,035,632.779	1,718,201.30	1,745,595.82	27,394.52
31418EE63	FNMA POOL #OMA4656 4.500% 06/01/2052 DD 06/01/22	1,284,488.041	1,203,806.00	1,210,129.03	6,323.03
31418EJ76	FNMA POOL #OMA4785 5.000% 10/01/2052 DD 09/01/22	1,232,908.665	1,174,778.94	1,193,381.61	18,602.67
31418EKS8	FNMA POOL #OMA4804 4.000% 10/01/2052 DD 10/01/22	1,617,565.374	1,463,391.17	1,480,913.45	17,522.28
31418EU99	FNMA POOL #OMA5107 5.500% 07/01/2053 DD 07/01/23	880,052.810	873,246.16	868,858.54	(4,387.62)
31418EXV7	FNMA POOL #OMA5191 6.000% 10/01/2053 DD 10/01/23	1,208,849.266	1,218,860.05	1,215,824.33	(3,035.72)
91282CDS7	U S TREASURY NOTE 1.125% 01/15/2025 DD 01/15/22	3,000,000.000	2,908,593.75	2,996,580.00	87,986.25
91282CED9	U S TREASURY NOTE 1.750% 03/15/2025 DD 03/15/22	3,000,000.000	2,927,851.57	2,984,880.00	57,028.43
91282CGE5	U S TREASURY NOTE 3.875% 01/15/2026 DD 01/15/23	5,000,000.000	4,902,851.56	4,983,250.00	80,398.44
91282CGG0	U S TREASURY NOTE 4.125% 01/31/2025 DD 01/31/23	1,500,000.000	1,486,640.63	1,499,655.00	13,014.37
91282CGL9	U S TREASURY NOTE 4.000% 02/15/2026 DD 02/15/23	5,000,000.000	4,910,664.07	4,986,700.00	76,035.93
91282CGN5	U S TREASURY NOTE 4.625% 02/28/2025 DD 02/28/23	2,500,000.000	2,487,011.72	2,500,700.00	13,688.28
91282CJS1	U S TREASURY NOTE 4.250% 12/31/2025 DD 12/31/23	3,000,000.000	2,973,671.88	3,000,720.00	27,048.12
91282CJV4	U S TREASURY NOTE 4.250% 01/31/2026 DD 01/31/24	7,000,000.000	6,906,054.70	7,000,000.00	93,945.30
<b>TOTAL U. S. GOVERNMENT SECURITIES</b>			<b>63,851,874.37</b>	<b>64,568,298.93</b>	<b>716,424.56</b>

CORPORATE DEBT INSTRUMENTS - PREFERRED



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
001055BJ0	AFLAC INC 3.600% 04/01/2030 DD 04/01/20	1,000,000.000	923,950.00	939,130.00	15,180.00
00287YDT3	ABBVIE INC 4.950% 03/15/2031 DD 02/26/24	600,000.000	591,660.00	600,012.00	8,352.00
020002BJ9	ALLSTATE CORP/THE 1.450% 12/15/2030 DD 11/24/20	500,000.000	385,925.00	407,285.00	21,360.00
023135BZ8	AMAZON.COM INC 2.100% 05/12/2031 DD 05/12/21	500,000.000	411,000.00	427,020.00	16,020.00
025816DN6	AMERICAN EXPRESS CO VAR RT 10/30/2031 DD 10/30/23	600,000.000	630,840.00	641,520.00	10,680.00
037833DP2	APPLE INC 2.200% 09/11/2029 DD 09/11/19	500,000.000	433,765.00	449,010.00	15,245.00
05592XAD2	BMW VEHICLE OWNER TRUST 2 A A3 5.470% 02/25/2028 DD 07/18/23	1,000,000.000	1,002,890.62	1,009,190.00	6,299.38
05964HBF1	BANCO SANTANDER SA VAR RT 07/15/2028 DD 07/15/24	600,000.000	600,000.00	604,002.00	4,002.00
06051GHQ5	BANK OF AMERICA CORP VAR RT 02/07/2030 DD 02/07/19	1,000,000.000	933,296.20	958,730.00	25,433.80
06368LGV2	BANK OF MONTREAL 5.203% 02/01/2028 DD 01/12/23	650,000.000	644,696.00	654,998.50	10,302.50
06406RBV8	BANK OF NEW YORK MELLON CORP/T VAR RT 03/14/2030 DD 03/14/24	750,000.000	737,955.00	750,952.50	12,997.50
084664CW9	BERKSHIRE HATHAWAY FINANCE COR 1.450% 10/15/2030 DD 10/15/20	500,000.000	401,105.00	418,485.00	17,380.00
096919AD7	BMW VEHICLE OWNER TRUST 2 A A3 5.180% 02/26/2029 DD 06/11/24	375,000.000	374,943.04	379,402.50	4,459.46
10373QBL3	BP CAPITAL MARKETS AMERICA INC 3.633% 04/06/2030 DD 04/06/20	800,000.000	735,304.00	754,088.00	18,784.00
12663JAC5	CNH EQUIPMENT TRUST 2022- B A3 3.890% 11/15/2027 DD 08/23/22	1,144,039.726	1,122,901.80	1,138,342.41	15,440.61
14041NGB1	CAPITAL ONE MULTI-ASSET E A3 A 4.950% 10/15/2027 DD 11/03/22	2,000,000.000	1,989,921.88	2,007,380.00	17,458.12
14043GAD6	CAPITAL ONE PRIME AUTO RE 2 A3 3.660% 05/17/2027 DD 08/10/22	1,043,320.150	1,023,880.17	1,037,717.52	13,837.35
172967NU1	CITIGROUP INC VAR RT 05/24/2033 DD 05/24/22	625,000.000	590,118.75	604,493.75	14,375.00
17305EGW9	CITIBANK CREDIT CARD ISS A1 A1 5.230% 12/08/2027 DD 12/11/23	1,650,000.000	1,649,226.56	1,660,692.00	11,465.44
20826FBL9	CONOCOPHILLIPS CO 5.000% 01/15/2035 DD 12/05/24	700,000.000	699,223.00	679,609.00	(19,614.00)
209111GA5	CONSOLIDATED EDISON CO OF NEW 2.400% 06/15/2031 DD 06/08/21	575,000.000	476,864.75	493,804.25	16,939.50
254683CY9	DISCOVER CARD EXECUTION N A1 A 4.310% 03/15/2028 DD 04/11/23	1,750,000.000	1,722,041.02	1,746,010.00	23,968.98
26442CBG8	DUKE ENERGY CAROLINAS LLC 2.850% 03/15/2032 DD 03/04/22	1,000,000.000	851,890.00	865,330.00	13,440.00
341081GP6	FLORIDA POWER & LIGHT CO 4.625% 05/15/2030 DD 05/18/23	600,000.000	585,660.00	594,588.00	8,928.00
404280EM7	HSBC HOLDINGS PLC VAR RT 11/19/2028 DD 11/19/24	780,000.000	780,000.00	780,257.40	257.40
43815JAC7	HONDA AUTO RECEIVABLES 20 1 A3 5.040% 04/21/2027 DD 02/24/23	807,795.754	804,040.76	810,534.18	6,493.42
45866FAK0	INTERCONTINENTAL EXCHANGE INC 2.100% 06/15/2030 DD 05/26/20	1,000,000.000	843,390.00	863,629.30	20,239.30
46647PBE5	JPMORGAN CHASE & CO VAR RT 10/15/2030 DD 09/12/19	700,000.000	620,658.68	630,546.00	9,887.32
46647PBL9	JPMORGAN CHASE & CO VAR RT 04/22/2031 DD 04/22/20	1,000,000.000	851,020.00	880,520.00	29,500.00
57629WDL1	MASSMUTUAL GLOBAL FUNDING 144A 5.050% 12/07/2027 DD 12/07/22	2,000,000.000	1,982,480.00	2,023,060.00	40,580.00
58769JAU1	MERCEDES-BENZ FINANCE NOR 144A 4.750% 08/01/2027 DD 08/01/24	500,000.000	499,365.00	499,200.00	(165.00)
592179KL8	METROPOLITAN LIFE GLOBAL 144A 5.050% 06/11/2027 DD 06/11/24	1,000,000.000	998,760.00	1,010,310.00	11,550.00
6174468P7	MORGAN STANLEY VAR RT 04/01/2031 DD 03/31/20	1,000,000.000	903,260.00	928,870.00	25,610.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
637639AB1	NATIONAL SECURITIES CLEAR 144A 1.500% 04/23/2025 DD 04/23/20	1,000,000.000	963,250.00	990,700.00	27,450.00
65480JAC4	NISSAN AUTO RECEIVABLES 2 B A3 4.460% 05/17/2027 DD 09/28/22	1,342,292.630	1,327,401.57	1,341,970.48	14,568.91
665859AV6	NORTHERN TRUST CORP 1.950% 05/01/2030 DD 05/01/20	750,000.000	623,557.50	647,445.00	23,887.50
69371RS98	PACCAR FINANCIAL CORP 5.000% 03/22/2034 DD 03/22/24	350,000.000	340,119.50	352,149.00	12,029.50
74340XBM2	PROLOGIS LP 2.250% 04/15/2030 DD 02/18/20	500,000.000	423,970.00	437,350.00	13,380.00
74340XCJ8	PROLOGIS LP 5.000% 03/15/2034 DD 01/25/24	300,000.000	286,632.00	293,253.00	6,621.00
756109AX2	REALTY INCOME CORP 3.250% 01/15/2031 DD 05/08/20	1,500,000.000	1,325,460.00	1,354,395.00	28,935.00
857477CP6	STATE STREET CORP 4.330% 10/22/2027 DD 10/22/24	1,340,000.000	1,340,000.00	1,332,000.20	(7,999.80)
89236TLZ6	TOYOTA MOTOR CREDIT CORP 5.100% 03/21/2031 DD 03/21/24	600,000.000	593,328.00	601,848.00	8,520.00
91159HJN1	US BANCORP VAR RT 06/12/2034 DD 06/12/23	600,000.000	596,844.00	611,970.00	15,126.00
92348KAS2	VERIZON MASTER TRUST 4 A 3.400% 11/20/2028 DD 05/25/22	1,850,000.000	1,808,302.73	1,842,026.50	33,723.77
94106LBY4	WASTE MANAGEMENT INC 4.950% 07/03/2031 DD 07/03/24	600,000.000	597,060.00	600,696.00	3,636.00
95000U3F8	WELLS FARGO & CO VAR RT 07/25/2034 DD 07/25/23	650,000.000	637,357.50	648,999.00	11,641.50
95000U3L5	WELLS FARGO & CO VAR RT 04/22/2028 DD 04/22/24	675,000.000	675,000.00	686,191.50	11,191.50
<b>TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED</b>			<b>39,340,315.03</b>	<b>39,989,712.99</b>	<b>649,397.96</b>

CORPORATE DEBT INSTRUMENTS

02582JJV3	*AMERICAN EXPRESS CREDIT AC 3 A 3.750% 08/15/2027 DD 08/16/22	1,850,000.000	1,810,326.17	1,841,471.50	31,145.33
02665WEB3	AMERICAN HONDA FINANCE CORP 2.250% 01/12/2029 DD 01/13/22	625,000.000	546,931.25	563,856.25	16,925.00
05522RDE5	*BA CREDIT CARD TRUST A1 A1 3.530% 11/15/2027 DD 06/16/22	1,850,000.000	1,810,109.38	1,841,490.00	31,380.62
125523CT5	CIGNA GROUP/THE 5.000% 05/15/2029 DD 02/13/24	650,000.000	635,700.00	649,629.50	13,929.50
12664QAB0	CNH EQUIPMENT TRUST 2023- A A2 5.340% 09/15/2026 DD 04/25/23	277,383.505	276,830.90	277,613.73	782.83
14040HDC6	CAPITAL ONE FINANCIAL CORP VAR RT 10/30/2031 DD 11/01/23	500,000.000	541,785.00	552,165.00	10,380.00
22822VAR2	CROWN CASTLE INC 3.300% 07/01/2030 DD 04/03/20	575,000.000	496,455.00	522,399.00	25,944.00
25278XAY5	DIAMONDBACK ENERGY INC 5.150% 01/30/2030 DD 04/18/24	650,000.000	637,468.00	651,228.50	13,760.50
25389JAU0	DIGITAL REALTY TRUST LP 3.600% 07/01/2029 DD 06/14/19	575,000.000	519,374.50	543,961.50	24,587.00
29278NAG8	ENERGY TRANSFER LP 5.250% 04/15/2029 DD 01/15/19	650,000.000	637,416.00	652,210.00	14,794.00
30161NBj9	EXELON CORP 5.150% 03/15/2028 DD 02/21/23	650,000.000	640,607.50	653,828.50	13,221.00
35137LAH8	FOX CORP 4.709% 01/25/2029 DD 01/25/20	500,000.000	483,095.00	494,200.00	11,105.00
361448BP7	GATX CORP 5.400% 03/15/2027 DD 03/01/24	500,000.000	498,660.00	505,675.00	7,015.00
36265WAD5	*GM FINANCIAL CONSUMER AUT 3 A3 3.640% 04/16/2027 DD 07/13/22	1,101,746.424	1,083,584.83	1,097,405.54	13,820.71
379930AD2	GM FINANCIAL CONSUMER AUT 4 A3 5.780% 08/16/2028 DD 10/11/23	355,000.000	358,439.06	360,999.50	2,560.44
43815QAC1	HONDA AUTO RECEIVABLES 20 3 A3 5.410% 02/18/2028 DD 08/22/23	1,000,000.000	1,002,031.25	1,009,960.00	7,928.75
47789QAC4	*JOHN DEERE OWNER TRUST 20 B A3 0.520% 03/16/2026 DD 07/21/21	189,083.848	184,201.65	188,142.21	3,940.56
49456BAP6	KINDER MORGAN INC 4.300% 03/01/2028 DD 03/01/18	500,000.000	479,315.00	490,645.00	11,330.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
548661DY0	LOWE'S COS INC 1.700% 10/15/2030 DD 10/22/20	400,000.000	318,316.00	334,616.00	16,300.00
55336VAK6	MPLX LP 4.125% 03/01/2027 DD 02/10/17	600,000.000	578,340.00	591,132.00	12,792.00
56585ABH4	MARATHON PETROLEUM CORP 4.700% 05/01/2025 DD 04/27/20	750,000.000	742,080.00	749,160.00	7,080.00
68389XBV6	ORACLE CORP 2.950% 04/01/2030 DD 04/01/20	400,000.000	346,460.00	361,300.00	14,840.00
842400HU0	SOUTHERN CALIFORNIA EDISON CO 5.300% 03/01/2028 DD 03/02/23	350,000.000	348,467.00	354,007.50	5,540.50
842587DH7	SOUTHERN CO/THE 1.750% 03/15/2028 DD 02/26/21	700,000.000	609,308.00	635,040.00	25,732.00
871829BL0	SYSCO CORP 5.950% 04/01/2030 DD 04/02/20	350,000.000	356,863.50	364,584.50	7,721.00
92343VER1	VERIZON COMMUNICATIONS INC 4.329% 09/21/2028 DD 06/21/18	625,000.000	598,918.75	613,262.50	14,343.75
92866EAB5	VOLKSWAGEN AUTO LEASE TR A A2A 5.400% 12/21/2026 DD 03/27/24	1,439,434.409	1,438,422.31	1,446,574.00	8,151.69
961214DF7	WESTPAC BANKING CORP VAR RT 11/23/2031 DD 11/23/16	600,000.000	575,934.00	590,616.00	14,682.00
<b>TOTAL CORPORATE DEBT INSTRUMENTS</b>			<b>18,555,440.05</b>	<b>18,937,173.23</b>	<b>381,733.18</b>
<b>REGISTERED INVESTMENT COMPANIES</b>					
996197802	INVESCO STIT GOV & AGENCY 1901	2,182,134.160	2,182,134.16	2,182,134.16	0.00
<b>TOTAL REGISTERED INVESTMENT COMPANIES</b>			<b>2,182,134.16</b>	<b>2,182,134.16</b>	<b>0.00</b>
<b>GRAND TOTAL</b>			<b>123,929,763.61</b>	<b>125,677,319.31</b>	<b>1,747,555.70</b>

0.00 C

1,747,555.70 I



NFL Player Cash Balance Plan

EIN/PN: 99-1250131/001

**Schedule MB, line 8b(2) - Schedule of Active Participant Data**

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance
Under 25	0		37	\$1,627	0		0		0		0		0		0		0		0	
25 to 29	0		925	\$38,250	0		0		0		0		0		0		0		0	
30 to 34	0		311	\$76,550	0		0		0		0		0		0		0		0	
35 to 39	0		42	\$98,336	0		0		0		0		0		0		0		0	
40 to 44	0		2		0		0		0		0		0		0		0		0	
45 to 49	0		0		0		0		0		0		0		0		0		0	
50 to 54	0		0		0		0		0		0		0		0		0		0	
55 to 59	0		0		0		0		0		0		0		0		0		0	
60 to 64	0		0		0		0		0		0		0		0		0		0	
65 to 69	0		0		0		0		0		0		0		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

**NFL Player Cash Balance Plan**

EIN/PN: 99-1250131/001

**Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods**

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The use of realistic assumptions is important both to ensure adequate funding of the plan and because of statutory requirements. ERISA requires that the actuarial assumptions in the aggregate represent the actuary's "best estimate" of future experience under the plan, although under the law each individual assumption need not meet that test alone.

Mortality Rates IRC §430 Mortality with Blue Collar adjustment

Disability mortality before age 65 IRC §430 Mortality with Blue Collar adjustment

Mortality rates (Beneficiaries and Separate Interest Alternate Payees): IRC §430 Mortality without adjustments

Withdrawal Rates	Age	Rate
	22	7.4%
	23	14.0%
	24	17.5%
	25	18.4%
	26	17.4%
	27	19.8%
	28	22.1%
	29	23.0%
	30	23.3%
	31	27.4%
	32	32.0%
	33	32.2%
	34	37.1%
	35	38.5%
	36	38.5%
	37	38.5%
	38	38.5%
	39	38.5%
	>=40	100.0%

NFL Player Cash Balance Plan

EIN/PN: 99-1250131/001

**Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods  
(continued)**

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Benefit Commencement based on years out of football

<u>Years out of football</u>	<u>Rate</u>
1 year	30%
2 years	10%
3 years	5%
4 years	2%
5 years	2%
6 years	2%
7 years	2%
8 years	2%
9 years	2%
10+ years	0%

Benefit Commencement based on age

<u>Age</u>	<u>Rate</u>
55	3%
56	3%
57	3%
58	3%
59	3%
60	3%
61	3%
62	3%
63	3%
64	3%
65	5%

Optional Payment Form:	100% Lump Sum
Percent Married	100% of players are assumed to be married or have a beneficiary
Age of Player's Spouse	Three years younger than player
Net Investment Return	4.25%
Administrative Expenses	\$500,000 per year
Valuation Date	First day of Plan Year

**NFL Player Cash Balance Plan**  
EIN/PN: 99-1250131/001

**Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods**  
**(continued)**

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Actuarial Value of Assets

Market Value of Assets

**Funding Method**

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

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

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

<b>A</b> Name of plan NFL Player Cash Balance Plan	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Cash Balance Board	<b>D</b> Employer Identification Number (EIN) 99-1250131	

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 01 Day 01 Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	121,758,763
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	121,758,763
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	72,694,538
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases ..	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	72,694,538
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	86,831,361
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	47,315,454
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	0
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	0

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	CHRISTOPHER E. FLOHR <i>CEF</i>	06/27/2025
	Signature of actuary	Date
	CHRISTOPHER E. FLOHR	2306359
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	410-547-2888
	Firm name	Telephone number (including area code)
	111 SOUTH CALVERT STREET SUITE 2010 BALTIMORE MD 21202	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule MB (Form 5500) 2024  
v. 240311**



**k** Has a change been made in funding method for this plan year? .....  Yes  No

**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....  Yes  No

**m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method ..... **5m** [ ]

**6** Checklist of certain actuarial assumptions:

**a** Interest rate for "RPA '94" current liability ..... **6a** 2.82 %

	Pre-retirement			Post-retirement		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>b</b> Rates specified in insurance or annuity contracts .....						
<b>c</b> Mortality table code for valuation purposes:						
<b>(1)</b> Males.....	<b>6c(1)</b>		6P			6P
<b>(2)</b> Females .....	<b>6c(2)</b>		5P			5P
<b>d</b> Valuation liability interest rate .....	<b>6d</b>		4.25 %			4.25 %
<b>e</b> Salary scale .....	<b>6e</b>		%	<input checked="" type="checkbox"/> N/A		
<b>f</b> Withdrawal liability interest rate:						
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>					4.25 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>					0 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>					0 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>				<input type="checkbox"/> N/A	
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>					%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>					500,000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>				<input type="checkbox"/>	

**7** New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	216,073	18,969

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a** [ ]

**b** Demographic, benefit, and contribution information

**(1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....  Yes  No

**(2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....  Yes  No

**(3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....  Yes  No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....  Yes  No

**d** If line c is "Yes," provide the following additional information:

**(1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? .....  Yes  No

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

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

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

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

**(6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....  Yes  No

<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s) .....	<b>8e</b>	
<b>9</b> Funding standard account statement for this plan year:		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	39,959,593
<b>c</b> Amortization charges as of valuation date:		
	Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	216,073 18,969
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	0 0
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0 0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	1,699,089
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>	41,677,651
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	49,280,298
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	0
	Outstanding balance	
<b>h</b> Amortization credits as of valuation date .....	<b>9h</b>	0 0
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	
<b>j</b> Full funding limitation (FFL) and credits:		
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	41,883,132
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	0
<b>(3)</b> FFL credit .....	<b>9j(3)</b>	2,094,413
<b>k (1)</b> Waived funding deficiency .....	<b>9k(1)</b>	0
<b>(2)</b> Other credits .....	<b>9k(2)</b>	0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	51,374,711
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	9,697,060
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:		
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>	0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>	0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>	0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....	<b>10</b>	
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**NFL Player Cash Balance Plan**

EIN/PN: 99-1250131/001

**Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods**

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The use of realistic assumptions is important both to ensure adequate funding of the plan and because of statutory requirements. ERISA requires that the actuarial assumptions in the aggregate represent the actuary's "best estimate" of future experience under the plan, although under the law each individual assumption need not meet that test alone.

Mortality Rates IRC §430 Mortality with Blue Collar adjustment

Disability mortality before age 65 IRC §430 Mortality with Blue Collar adjustment

Mortality rates (Beneficiaries and Separate Interest Alternate Payees): IRC §430 Mortality without adjustments

Withdrawal Rates	Age	Rate
	22	7.4%
	23	14.0%
	24	17.5%
	25	18.4%
	26	17.4%
	27	19.8%
	28	22.1%
	29	23.0%
	30	23.3%
	31	27.4%
	32	32.0%
	33	32.2%
	34	37.1%
	35	38.5%
	36	38.5%
	37	38.5%
	38	38.5%
	39	38.5%
	>=40	100.0%

NFL Player Cash Balance Plan

EIN/PN: 99-1250131/001

**Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods  
(continued)**

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Benefit Commencement based on years out of football

<u>Years out of football</u>	<u>Rate</u>
1 year	30%
2 years	10%
3 years	5%
4 years	2%
5 years	2%
6 years	2%
7 years	2%
8 years	2%
9 years	2%
10+ years	0%

Benefit Commencement based on age

<u>Age</u>	<u>Rate</u>
55	3%
56	3%
57	3%
58	3%
59	3%
60	3%
61	3%
62	3%
63	3%
64	3%
65	5%

Optional Payment Form:	100% Lump Sum
Percent Married	100% of players are assumed to be married or have a beneficiary
Age of Player's Spouse	Three years younger than player
Net Investment Return	4.25%
Administrative Expenses	\$500,000 per year
Valuation Date	First day of Plan Year

**NFL Player Cash Balance Plan**  
EIN/PN: 99-1250131/001

**Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods**  
**(continued)**

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Actuarial Value of Assets

Market Value of Assets

**Funding Method**

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

**NFL Player Cash Balance Plan**

EIN/PN: 99-1250131/001

## **Schedule MB, Line 6 - Summary of Plan Provisions**

---

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.

1. **Cash Balance Credits:** Varies as defined in Appendix A of Plan Document
2. **Earnings Credits:** 3% Credited annually
3. **Vesting:** Immediate
4. **Early Retirement Pension**
  - a. **Eligibility Requirement:** April 1 after two years out of football
  - b. **Accrued Benefit:** Account Balance
5. **Normal Retirement Pension**
  - a. **Age Requirement:** 65
  - b. **Service Requirement:** None; all Participants are vested
  - c. **Benefits as defined in Appendix A of the Plan Document**
6. **Pre-Retirement Death Benefit:** Account Balance

NFL Player Cash Balance Plan

EIN/PN: 99-1250131/001

**Schedule MB, line 8b(2) - Schedule of Active Participant Data**

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance	No.	Average Account Balance
Under 25	0		37	\$1,627	0		0		0		0		0		0		0		0	
25 to 29	0		925	\$38,250	0		0		0		0		0		0		0		0	
30 to 34	0		311	\$76,550	0		0		0		0		0		0		0		0	
35 to 39	0		42	\$98,336	0		0		0		0		0		0		0		0	
40 to 44	0		2		0		0		0		0		0		0		0		0	
45 to 49	0		0		0		0		0		0		0		0		0		0	
50 to 54	0		0		0		0		0		0		0		0		0		0	
55 to 59	0		0		0		0		0		0		0		0		0		0	
60 to 64	0		0		0		0		0		0		0		0		0		0	
65 to 69	0		0		0		0		0		0		0		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

NFL Player Cash Balance Plan

EIN/PN: 99-1250131/001

**Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases**

**Charges**

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**As of 01/01/2024**

<b>Type</b>	<b>Date</b>	<b>Initial Years</b>	<b>Original Amount</b>	<b>Annual Payment</b>	<b>Remaining Years</b>	<b>Outstanding Balance</b>
EL	January 1, 2024	15	\$216,073	\$18,969	15	\$216,073
<b>Total Amortization Charges:</b>				\$18,969		\$216,073

**Credits**

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**As of 01/01/2024**

<b>Type</b>	<b>Date</b>	<b>Initial Years</b>	<b>Original Amount</b>	<b>Annual Payment</b>	<b>Remaining Years</b>	<b>Outstanding Balance</b>
None						
<b>Total Amortization Credits:</b>				\$0		\$0

**NFL Player Cash Balance Plan**

EIN/PN: 99-1250131/001

**Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments**

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2024	0.00	0.00	0.00	0.00
2025	114,823.00	6,532,047.00	0.00	6,646,870.00
2026	5,860,848.00	2,242,669.00	0.00	8,103,517.00
2027	6,515,519.00	2,309,949.00	0.00	8,825,468.00
2028	6,984,333.00	1,189,624.00	0.00	8,173,957.00
2029	6,364,182.00	490,125.00	0.00	6,854,307.00
2030	5,158,146.00	504,829.00	0.00	5,662,975.00
2031	4,200,981.00	519,974.00	0.00	4,720,955.00
2032	3,467,274.00	535,573.00	0.00	4,002,847.00
2033	2,911,075.00	557,936.00	0.00	3,469,011.00
2034	2,530,860.00	6,485.00	0.00	2,537,345.00
2035	1,776,633.00	6,680.00	0.00	1,783,313.00
2036	1,226,873.00	6,880.00	0.00	1,233,753.00
2037	840,781.00	7,086.00	0.00	847,867.00
2038	544,080.00	18,553.00	0.00	562,633.00
2039	350,360.00	19,110.00	0.00	369,470.00
2040	238,883.00	35,593.00	0.00	274,476.00
2041	207,177.00	47,217.00	0.00	254,394.00
2042	189,524.00	74,497.00	0.00	264,021.00
2043	229,016.00	112,348.00	0.00	341,364.00
2044	315,105.00	164,859.00	0.00	479,964.00
2045	446,091.00	270,934.00	0.00	717,025.00
2046	684,446.00	340,044.00	0.00	1,024,490.00
2047	1,012,924.00	470,620.00	0.00	1,483,544.00
2048	1,467,269.00	629,871.00	0.00	2,097,140.00
2049	2,053,590.00	814,516.00	0.00	2,868,106.00
2050	2,742,924.00	1,071,204.00	0.00	3,814,128.00
2051	3,582,245.00	1,250,430.00	0.00	4,832,675.00
2052	4,073,316.00	1,377,769.00	0.00	5,451,085.00
2053	4,347,736.00	1,417,301.00	0.00	5,765,037.00
2054	4,437,999.00	1,448,534.00	0.00	5,886,533.00
2055	4,465,258.00	1,435,838.00	0.00	5,901,096.00
2056	4,500,393.00	1,300,239.00	0.00	5,800,632.00
2057	4,374,428.00	1,306,405.00	0.00	5,680,833.00
2058	4,192,745.00	1,188,884.00	0.00	5,381,629.00

**NFL Player Cash Balance Plan**

EIN/PN: 99-1250131/001

**Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit  
Payments (continued)**

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2059	3,786,005.00	1,084,748.00	0.00	4,870,753.00
2060	3,238,075.00	870,312.00	0.00	4,108,387.00
2061	2,556,191.00	549,683.00	0.00	3,105,874.00
2062	1,301,572.00	245,510.00	0.00	1,547,082.00
2063	389,477.00	70,693.00	0.00	460,170.00
2064	50,695.00	2,017.00	0.00	52,712.00
2065	1,905.00	273.00	0.00	2,178.00
2066	0.00	0.00	0.00	0.00
2067	0.00	0.00	0.00	0.00
2068	0.00	0.00	0.00	0.00
2069	0.00	0.00	0.00	0.00
2070	0.00	0.00	0.00	0.00
2071	0.00	0.00	0.00	0.00
2072	0.00	0.00	0.00	0.00
2073	0.00	0.00	0.00	0.00

**NFL Player Cash Balance Plan**  
EIN/PN: 99-1250131/001

**Schedule MB, Line 8b(3) - Schedule of Projection of Employer  
Contributions and Withdrawal Liability Payments**

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<b>Plan Year</b>	<b>Employer Contributions</b>	<b>Withdrawal Liability Payments</b>	<b>Total</b>
2024	0.00	0.00	0.00
2025	0.00	0.00	0.00
2026	0.00	0.00	0.00
2027	0.00	0.00	0.00
2028	0.00	0.00	0.00
2029	0.00	0.00	0.00
2030	0.00	0.00	0.00
2031	0.00	0.00	0.00
2032	0.00	0.00	0.00
2033	0.00	0.00	0.00

**NFL Player Cash Balance Plan**

EIN/PN: 99-1250131/001

## **Schedule MB, Line 6 - Summary of Plan Provisions**

---

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.

1. **Cash Balance Credits:** Varies as defined in Appendix A of Plan Document
2. **Earnings Credits:** 3% Credited annually
3. **Vesting:** Immediate
4. **Early Retirement Pension**
  - a. **Eligibility Requirement:** April 1 after two years out of football
  - b. **Accrued Benefit:** Account Balance
5. **Normal Retirement Pension**
  - a. **Age Requirement:** 65
  - b. **Service Requirement:** None; all Participants are vested
  - c. **Benefits as defined in Appendix A of the Plan Document**
6. **Pre-Retirement Death Benefit:** Account Balance



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
<b>U. S. GOVERNMENT SECURITIES</b>					
3132CXJ45	FHLMC POOL #SB-1183 3.500% 09/01/2035 DD 05/01/24	1,822,531.453	1,740,517.56	1,760,547.16	20,029.60
3132DNAY9	FHLMC POOL #SD-0923 2.500% 01/01/2052 DD 03/01/22	1,207,178.805	982,341.73	996,139.81	13,798.08
3132DV7B5	FHLMC POOL #SD-8090 2.000% 08/01/2050 DD 08/01/20	1,868,694.240	1,453,785.71	1,467,074.47	13,288.76
3132DWA60	FHLMC POOL #SD-8129 2.500% 01/01/2051 DD 01/01/21	1,024,095.172	821,996.40	841,908.64	19,912.24
3132DWCU5	FHLMC POOL #SD-8183 2.500% 11/01/2051 DD 11/01/21	1,445,944.824	1,153,818.78	1,181,510.43	27,691.65
3132DWE74	FHLMC POOL #SD-8258 5.000% 10/01/2052 DD 09/01/22	1,478,023.593	1,436,685.12	1,430,638.16	(6,046.96)
3132DWFS7	FHLMC POOL #SD-8277 5.500% 12/01/2052 DD 11/01/22	1,262,143.290	1,231,970.16	1,248,537.39	16,567.23
3133BMRK3	FHLMC POOL #QF-0490 5.500% 09/01/2052 DD 09/01/22	423,247.494	415,377.73	420,809.59	5,431.86
3133KYWY1	FHLMC POOL #RB-5163 3.000% 05/01/2042 DD 04/01/22	1,378,858.887	1,237,956.75	1,201,537.63	(36,419.12)
3133USJ77	FHLMC POOL #SI-2086 3.500% 12/01/2050 DD 08/01/23	1,311,536.880	1,155,177.07	1,174,979.66	19,802.59
3137HBSG0	FHLMC MULTICLASS MTG 5387 GV 5.500% 01/25/2035 DD 02/01/24	735,193.984	731,977.53	747,898.14	15,920.61
3140J9VV0	FNMA POOL #OBM5127 3.500% 03/01/2047 DD 12/01/18	1,238,645.659	1,142,650.62	1,117,890.09	(24,760.53)
3140QKDE5	FNMA POOL #OCB0100 2.500% 04/01/2041 DD 03/01/21	710,869.610	625,731.86	608,831.39	(16,900.47)
3140QPHX8	FNMA POOL #OCB3845 3.500% 06/01/2052 DD 05/01/22	1,278,113.925	1,130,132.29	1,134,760.67	4,628.38
3140QPXT9	FNMA POOL #OCB4289 4.500% 08/01/2052 DD 07/01/22	1,111,524.327	1,043,096.10	1,047,289.34	4,193.24
3140XB4Y3	FNMA POOL #OFM8038 3.000% 07/01/2051 DD 07/01/21	1,653,609.325	1,387,223.17	1,417,606.20	30,383.03
3140XFVY4	FNMA POOL #OFS0630 3.000% 02/01/2052 DD 02/01/22	639,656.112	538,910.26	546,362.27	7,452.01
3140XGWS4	FNMA POOL #OFS1556 3.500% 05/01/2052 DD 04/01/22	1,217,053.680	1,075,951.50	1,089,141.34	13,189.84
3140XKTP5	FNMA POOL #OFS4157 4.000% 05/01/2049 DD 03/01/23	1,993,682.803	1,848,348.46	1,841,385.37	(6,963.09)
31418CS47	FNMA POOL #OMA3238 3.500% 01/01/2048 DD 12/01/17	1,676,930.606	1,491,158.15	1,504,475.06	13,316.91
31418D3G5	FNMA POOL #OMA4398 2.000% 08/01/2051 DD 07/01/21	1,923,463.680	1,481,092.08	1,504,110.13	23,018.05
31418DSN3	FNMA POOL #OMA4124 2.500% 09/01/2035 DD 08/01/20	1,563,668.067	1,400,748.34	1,431,162.84	30,414.50
31418DYC0	FNMA POOL #OMA4306 2.500% 04/01/2051 DD 03/01/21	1,444,011.505	1,169,603.50	1,186,515.37	16,911.87
31418DYZ9	FNMA POOL #OMA4327 3.000% 04/01/2051 DD 04/01/21	2,035,632.779	1,718,201.30	1,745,595.82	27,394.52
31418EE63	FNMA POOL #OMA4656 4.500% 06/01/2052 DD 06/01/22	1,284,488.041	1,203,806.00	1,210,129.03	6,323.03
31418EJ76	FNMA POOL #OMA4785 5.000% 10/01/2052 DD 09/01/22	1,232,908.665	1,174,778.94	1,193,381.61	18,602.67
31418EKS8	FNMA POOL #OMA4804 4.000% 10/01/2052 DD 10/01/22	1,617,565.374	1,463,391.17	1,480,913.45	17,522.28
31418EU99	FNMA POOL #OMA5107 5.500% 07/01/2053 DD 07/01/23	880,052.810	873,246.16	868,858.54	(4,387.62)
31418EXV7	FNMA POOL #OMA5191 6.000% 10/01/2053 DD 10/01/23	1,208,849.266	1,218,860.05	1,215,824.33	(3,035.72)
91282CDS7	U S TREASURY NOTE 1.125% 01/15/2025 DD 01/15/22	3,000,000.000	2,908,593.75	2,996,580.00	87,986.25
91282CED9	U S TREASURY NOTE 1.750% 03/15/2025 DD 03/15/22	3,000,000.000	2,927,851.57	2,984,880.00	57,028.43
91282CGE5	U S TREASURY NOTE 3.875% 01/15/2026 DD 01/15/23	5,000,000.000	4,902,851.56	4,983,250.00	80,398.44
91282CGG0	U S TREASURY NOTE 4.125% 01/31/2025 DD 01/31/23	1,500,000.000	1,486,640.63	1,499,655.00	13,014.37
91282CGL9	U S TREASURY NOTE 4.000% 02/15/2026 DD 02/15/23	5,000,000.000	4,910,664.07	4,986,700.00	76,035.93
91282CGN5	U S TREASURY NOTE 4.625% 02/28/2025 DD 02/28/23	2,500,000.000	2,487,011.72	2,500,700.00	13,688.28
91282CJS1	U S TREASURY NOTE 4.250% 12/31/2025 DD 12/31/23	3,000,000.000	2,973,671.88	3,000,720.00	27,048.12
91282CJV4	U S TREASURY NOTE 4.250% 01/31/2026 DD 01/31/24	7,000,000.000	6,906,054.70	7,000,000.00	93,945.30
<b>TOTAL U. S. GOVERNMENT SECURITIES</b>			<b>63,851,874.37</b>	<b>64,568,298.93</b>	<b>716,424.56</b>

CORPORATE DEBT INSTRUMENTS - PREFERRED



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
001055BJ0	AFLAC INC 3.600% 04/01/2030 DD 04/01/20	1,000,000.000	923,950.00	939,130.00	15,180.00
00287YDT3	ABBVIE INC 4.950% 03/15/2031 DD 02/26/24	600,000.000	591,660.00	600,012.00	8,352.00
020002BJ9	ALLSTATE CORP/THE 1.450% 12/15/2030 DD 11/24/20	500,000.000	385,925.00	407,285.00	21,360.00
023135BZ8	AMAZON.COM INC 2.100% 05/12/2031 DD 05/12/21	500,000.000	411,000.00	427,020.00	16,020.00
025816DN6	AMERICAN EXPRESS CO VAR RT 10/30/2031 DD 10/30/23	600,000.000	630,840.00	641,520.00	10,680.00
037833DP2	APPLE INC 2.200% 09/11/2029 DD 09/11/19	500,000.000	433,765.00	449,010.00	15,245.00
05592XAD2	BMW VEHICLE OWNER TRUST 2 A A3 5.470% 02/25/2028 DD 07/18/23	1,000,000.000	1,002,890.62	1,009,190.00	6,299.38
05964HBF1	BANCO SANTANDER SA VAR RT 07/15/2028 DD 07/15/24	600,000.000	600,000.00	604,002.00	4,002.00
06051GHQ5	BANK OF AMERICA CORP VAR RT 02/07/2030 DD 02/07/19	1,000,000.000	933,296.20	958,730.00	25,433.80
06368LGV2	BANK OF MONTREAL 5.203% 02/01/2028 DD 01/12/23	650,000.000	644,696.00	654,998.50	10,302.50
06406RBV8	BANK OF NEW YORK MELLON CORP/T VAR RT 03/14/2030 DD 03/14/24	750,000.000	737,955.00	750,952.50	12,997.50
084664CW9	BERKSHIRE HATHAWAY FINANCE COR 1.450% 10/15/2030 DD 10/15/20	500,000.000	401,105.00	418,485.00	17,380.00
096919AD7	BMW VEHICLE OWNER TRUST 2 A A3 5.180% 02/26/2029 DD 06/11/24	375,000.000	374,943.04	379,402.50	4,459.46
10373QBL3	BP CAPITAL MARKETS AMERICA INC 3.633% 04/06/2030 DD 04/06/20	800,000.000	735,304.00	754,088.00	18,784.00
12663JAC5	CNH EQUIPMENT TRUST 2022- B A3 3.890% 11/15/2027 DD 08/23/22	1,144,039.726	1,122,901.80	1,138,342.41	15,440.61
14041NGB1	CAPITAL ONE MULTI-ASSET E A3 A 4.950% 10/15/2027 DD 11/03/22	2,000,000.000	1,989,921.88	2,007,380.00	17,458.12
14043GAD6	CAPITAL ONE PRIME AUTO RE 2 A3 3.660% 05/17/2027 DD 08/10/22	1,043,320.150	1,023,880.17	1,037,717.52	13,837.35
172967NU1	CITIGROUP INC VAR RT 05/24/2033 DD 05/24/22	625,000.000	590,118.75	604,493.75	14,375.00
17305EGW9	CITIBANK CREDIT CARD ISS A1 A1 5.230% 12/08/2027 DD 12/11/23	1,650,000.000	1,649,226.56	1,660,692.00	11,465.44
20826FBL9	CONOCOPHILLIPS CO 5.000% 01/15/2035 DD 12/05/24	700,000.000	699,223.00	679,609.00	(19,614.00)
209111GA5	CONSOLIDATED EDISON CO OF NEW 2.400% 06/15/2031 DD 06/08/21	575,000.000	476,864.75	493,804.25	16,939.50
254683CY9	DISCOVER CARD EXECUTION N A1 A 4.310% 03/15/2028 DD 04/11/23	1,750,000.000	1,722,041.02	1,746,010.00	23,968.98
26442CBG8	DUKE ENERGY CAROLINAS LLC 2.850% 03/15/2032 DD 03/04/22	1,000,000.000	851,890.00	865,330.00	13,440.00
341081GP6	FLORIDA POWER & LIGHT CO 4.625% 05/15/2030 DD 05/18/23	600,000.000	585,660.00	594,588.00	8,928.00
404280EM7	HSBC HOLDINGS PLC VAR RT 11/19/2028 DD 11/19/24	780,000.000	780,000.00	780,257.40	257.40
43815JAC7	HONDA AUTO RECEIVABLES 20 1 A3 5.040% 04/21/2027 DD 02/24/23	807,795.754	804,040.76	810,534.18	6,493.42
45866FAK0	INTERCONTINENTAL EXCHANGE INC 2.100% 06/15/2030 DD 05/26/20	1,000,000.000	843,390.00	863,629.30	20,239.30
46647PBE5	JPMORGAN CHASE & CO VAR RT 10/15/2030 DD 09/12/19	700,000.000	620,658.68	630,546.00	9,887.32
46647PBL9	JPMORGAN CHASE & CO VAR RT 04/22/2031 DD 04/22/20	1,000,000.000	851,020.00	880,520.00	29,500.00
57629WDL1	MASSMUTUAL GLOBAL FUNDING 144A 5.050% 12/07/2027 DD 12/07/22	2,000,000.000	1,982,480.00	2,023,060.00	40,580.00
58769JAU1	MERCEDES-BENZ FINANCE NOR 144A 4.750% 08/01/2027 DD 08/01/24	500,000.000	499,365.00	499,200.00	(165.00)
592179KL8	METROPOLITAN LIFE GLOBAL 144A 5.050% 06/11/2027 DD 06/11/24	1,000,000.000	998,760.00	1,010,310.00	11,550.00
6174468P7	MORGAN STANLEY VAR RT 04/01/2031 DD 03/31/20	1,000,000.000	903,260.00	928,870.00	25,610.00



Schedule of Investments at End of Plan Year at Revalued Cost

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NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
637639AB1	NATIONAL SECURITIES CLEAR 144A 1.500% 04/23/2025 DD 04/23/20	1,000,000.000	963,250.00	990,700.00	27,450.00
65480JAC4	NISSAN AUTO RECEIVABLES 2 B A3 4.460% 05/17/2027 DD 09/28/22	1,342,292.630	1,327,401.57	1,341,970.48	14,568.91
665859AV6	NORTHERN TRUST CORP 1.950% 05/01/2030 DD 05/01/20	750,000.000	623,557.50	647,445.00	23,887.50
69371RS98	PACCAR FINANCIAL CORP 5.000% 03/22/2034 DD 03/22/24	350,000.000	340,119.50	352,149.00	12,029.50
74340XBM2	PROLOGIS LP 2.250% 04/15/2030 DD 02/18/20	500,000.000	423,970.00	437,350.00	13,380.00
74340XCJ8	PROLOGIS LP 5.000% 03/15/2034 DD 01/25/24	300,000.000	286,632.00	293,253.00	6,621.00
756109AX2	REALTY INCOME CORP 3.250% 01/15/2031 DD 05/08/20	1,500,000.000	1,325,460.00	1,354,395.00	28,935.00
857477CP6	STATE STREET CORP 4.330% 10/22/2027 DD 10/22/24	1,340,000.000	1,340,000.00	1,332,000.20	(7,999.80)
89236TLZ6	TOYOTA MOTOR CREDIT CORP 5.100% 03/21/2031 DD 03/21/24	600,000.000	593,328.00	601,848.00	8,520.00
91159HJN1	US BANCORP VAR RT 06/12/2034 DD 06/12/23	600,000.000	596,844.00	611,970.00	15,126.00
92348KAS2	VERIZON MASTER TRUST 4 A 3.400% 11/20/2028 DD 05/25/22	1,850,000.000	1,808,302.73	1,842,026.50	33,723.77
94106LBY4	WASTE MANAGEMENT INC 4.950% 07/03/2031 DD 07/03/24	600,000.000	597,060.00	600,696.00	3,636.00
95000U3F8	WELLS FARGO & CO VAR RT 07/25/2034 DD 07/25/23	650,000.000	637,357.50	648,999.00	11,641.50
95000U3L5	WELLS FARGO & CO VAR RT 04/22/2028 DD 04/22/24	675,000.000	675,000.00	686,191.50	11,191.50
<b>TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED</b>			<b>39,340,315.03</b>	<b>39,989,712.99</b>	<b>649,397.96</b>

CORPORATE DEBT INSTRUMENTS

02582JJV3	*AMERICAN EXPRESS CREDIT AC 3 A 3.750% 08/15/2027 DD 08/16/22	1,850,000.000	1,810,326.17	1,841,471.50	31,145.33
02665WEB3	AMERICAN HONDA FINANCE CORP 2.250% 01/12/2029 DD 01/13/22	625,000.000	546,931.25	563,856.25	16,925.00
05522RDE5	*BA CREDIT CARD TRUST A1 A1 3.530% 11/15/2027 DD 06/16/22	1,850,000.000	1,810,109.38	1,841,490.00	31,380.62
125523CT5	CIGNA GROUP/THE 5.000% 05/15/2029 DD 02/13/24	650,000.000	635,700.00	649,629.50	13,929.50
12664QAB0	CNH EQUIPMENT TRUST 2023- A A2 5.340% 09/15/2026 DD 04/25/23	277,383.505	276,830.90	277,613.73	782.83
14040HDC6	CAPITAL ONE FINANCIAL CORP VAR RT 10/30/2031 DD 11/01/23	500,000.000	541,785.00	552,165.00	10,380.00
22822VAR2	CROWN CASTLE INC 3.300% 07/01/2030 DD 04/03/20	575,000.000	496,455.00	522,399.00	25,944.00
25278XAY5	DIAMONDBACK ENERGY INC 5.150% 01/30/2030 DD 04/18/24	650,000.000	637,468.00	651,228.50	13,760.50
25389JAU0	DIGITAL REALTY TRUST LP 3.600% 07/01/2029 DD 06/14/19	575,000.000	519,374.50	543,961.50	24,587.00
29278NAG8	ENERGY TRANSFER LP 5.250% 04/15/2029 DD 01/15/19	650,000.000	637,416.00	652,210.00	14,794.00
30161NBj9	EXELON CORP 5.150% 03/15/2028 DD 02/21/23	650,000.000	640,607.50	653,828.50	13,221.00
35137LAH8	FOX CORP 4.709% 01/25/2029 DD 01/25/20	500,000.000	483,095.00	494,200.00	11,105.00
361448BP7	GATX CORP 5.400% 03/15/2027 DD 03/01/24	500,000.000	498,660.00	505,675.00	7,015.00
36265WAD5	*GM FINANCIAL CONSUMER AUT 3 A3 3.640% 04/16/2027 DD 07/13/22	1,101,746.424	1,083,584.83	1,097,405.54	13,820.71
379930AD2	GM FINANCIAL CONSUMER AUT 4 A3 5.780% 08/16/2028 DD 10/11/23	355,000.000	358,439.06	360,999.50	2,560.44
43815QAC1	HONDA AUTO RECEIVABLES 20 3 A3 5.410% 02/18/2028 DD 08/22/23	1,000,000.000	1,002,031.25	1,009,960.00	7,928.75
47789QAC4	*JOHN DEERE OWNER TRUST 20 B A3 0.520% 03/16/2026 DD 07/21/21	189,083.848	184,201.65	188,142.21	3,940.56
49456BAP6	KINDER MORGAN INC 4.300% 03/01/2028 DD 03/01/18	500,000.000	479,315.00	490,645.00	11,330.00



Schedule of Investments at End of Plan Year at Revalued Cost

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NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
548661DY0	LOWE'S COS INC 1.700% 10/15/2030 DD 10/22/20	400,000.000	318,316.00	334,616.00	16,300.00
55336VAK6	MPLX LP 4.125% 03/01/2027 DD 02/10/17	600,000.000	578,340.00	591,132.00	12,792.00
56585ABH4	MARATHON PETROLEUM CORP 4.700% 05/01/2025 DD 04/27/20	750,000.000	742,080.00	749,160.00	7,080.00
68389XBV6	ORACLE CORP 2.950% 04/01/2030 DD 04/01/20	400,000.000	346,460.00	361,300.00	14,840.00
842400HU0	SOUTHERN CALIFORNIA EDISON CO 5.300% 03/01/2028 DD 03/02/23	350,000.000	348,467.00	354,007.50	5,540.50
842587DH7	SOUTHERN CO/THE 1.750% 03/15/2028 DD 02/26/21	700,000.000	609,308.00	635,040.00	25,732.00
871829BL0	SYSCO CORP 5.950% 04/01/2030 DD 04/02/20	350,000.000	356,863.50	364,584.50	7,721.00
92343VER1	VERIZON COMMUNICATIONS INC 4.329% 09/21/2028 DD 06/21/18	625,000.000	598,918.75	613,262.50	14,343.75
92866EAB5	VOLKSWAGEN AUTO LEASE TR A A2A 5.400% 12/21/2026 DD 03/27/24	1,439,434.409	1,438,422.31	1,446,574.00	8,151.69
961214DF7	WESTPAC BANKING CORP VAR RT 11/23/2031 DD 11/23/16	600,000.000	575,934.00	590,616.00	14,682.00
<b>TOTAL CORPORATE DEBT INSTRUMENTS</b>			<b>18,555,440.05</b>	<b>18,937,173.23</b>	<b>381,733.18</b>
<b>REGISTERED INVESTMENT COMPANIES</b>					
996197802	INVESCO STIT GOV & AGENCY 1901	2,182,134.160	2,182,134.16	2,182,134.16	0.00
<b>TOTAL REGISTERED INVESTMENT COMPANIES</b>			<b>2,182,134.16</b>	<b>2,182,134.16</b>	<b>0.00</b>
<b>GRAND TOTAL</b>			<b>123,929,763.61</b>	<b>125,677,319.31</b>	<b>1,747,555.70</b>

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Schedule of Investments at End of Plan Year at Revalued Cost

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NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
<b>U. S. GOVERNMENT SECURITIES</b>					
3132CXJ45	FHLMC POOL #SB-1183 3.500% 09/01/2035 DD 05/01/24	1,822,531.453	1,740,517.56	1,760,547.16	20,029.60
3132DNAY9	FHLMC POOL #SD-0923 2.500% 01/01/2052 DD 03/01/22	1,207,178.805	982,341.73	996,139.81	13,798.08
3132DV7B5	FHLMC POOL #SD-8090 2.000% 08/01/2050 DD 08/01/20	1,868,694.240	1,453,785.71	1,467,074.47	13,288.76
3132DWA60	FHLMC POOL #SD-8129 2.500% 01/01/2051 DD 01/01/21	1,024,095.172	821,996.40	841,908.64	19,912.24
3132DWCU5	FHLMC POOL #SD-8183 2.500% 11/01/2051 DD 11/01/21	1,445,944.824	1,153,818.78	1,181,510.43	27,691.65
3132DWE74	FHLMC POOL #SD-8258 5.000% 10/01/2052 DD 09/01/22	1,478,023.593	1,436,685.12	1,430,638.16	(6,046.96)
3132DWFS7	FHLMC POOL #SD-8277 5.500% 12/01/2052 DD 11/01/22	1,262,143.290	1,231,970.16	1,248,537.39	16,567.23
3133BMRK3	FHLMC POOL #QF-0490 5.500% 09/01/2052 DD 09/01/22	423,247.494	415,377.73	420,809.59	5,431.86
3133KYWY1	FHLMC POOL #RB-5163 3.000% 05/01/2042 DD 04/01/22	1,378,858.887	1,237,956.75	1,201,537.63	(36,419.12)
3133USJ77	FHLMC POOL #SI-2086 3.500% 12/01/2050 DD 08/01/23	1,311,536.880	1,155,177.07	1,174,979.66	19,802.59
3137HBSG0	FHLMC MULTICLASS MTG 5387 GV 5.500% 01/25/2035 DD 02/01/24	735,193.984	731,977.53	747,898.14	15,920.61
3140J9VV0	FNMA POOL #OBM5127 3.500% 03/01/2047 DD 12/01/18	1,238,645.659	1,142,650.62	1,117,890.09	(24,760.53)
3140QKDE5	FNMA POOL #OCB0100 2.500% 04/01/2041 DD 03/01/21	710,869.610	625,731.86	608,831.39	(16,900.47)
3140QPHX8	FNMA POOL #OCB3845 3.500% 06/01/2052 DD 05/01/22	1,278,113.925	1,130,132.29	1,134,760.67	4,628.38
3140QPXT9	FNMA POOL #OCB4289 4.500% 08/01/2052 DD 07/01/22	1,111,524.327	1,043,096.10	1,047,289.34	4,193.24
3140XB4Y3	FNMA POOL #OFM8038 3.000% 07/01/2051 DD 07/01/21	1,653,609.325	1,387,223.17	1,417,606.20	30,383.03
3140XFVY4	FNMA POOL #OFS0630 3.000% 02/01/2052 DD 02/01/22	639,656.112	538,910.26	546,362.27	7,452.01
3140XGWS4	FNMA POOL #OFS1556 3.500% 05/01/2052 DD 04/01/22	1,217,053.680	1,075,951.50	1,089,141.34	13,189.84
3140XKTP5	FNMA POOL #OFS4157 4.000% 05/01/2049 DD 03/01/23	1,993,682.803	1,848,348.46	1,841,385.37	(6,963.09)
31418CS47	FNMA POOL #OMA3238 3.500% 01/01/2048 DD 12/01/17	1,676,930.606	1,491,158.15	1,504,475.06	13,316.91
31418D3G5	FNMA POOL #OMA4398 2.000% 08/01/2051 DD 07/01/21	1,923,463.680	1,481,092.08	1,504,110.13	23,018.05
31418DSN3	FNMA POOL #OMA4124 2.500% 09/01/2035 DD 08/01/20	1,563,668.067	1,400,748.34	1,431,162.84	30,414.50
31418DYC0	FNMA POOL #OMA4306 2.500% 04/01/2051 DD 03/01/21	1,444,011.505	1,169,603.50	1,186,515.37	16,911.87
31418DYZ9	FNMA POOL #OMA4327 3.000% 04/01/2051 DD 04/01/21	2,035,632.779	1,718,201.30	1,745,595.82	27,394.52
31418EE63	FNMA POOL #OMA4656 4.500% 06/01/2052 DD 06/01/22	1,284,488.041	1,203,806.00	1,210,129.03	6,323.03
31418EJ76	FNMA POOL #OMA4785 5.000% 10/01/2052 DD 09/01/22	1,232,908.665	1,174,778.94	1,193,381.61	18,602.67
31418EKS8	FNMA POOL #OMA4804 4.000% 10/01/2052 DD 10/01/22	1,617,565.374	1,463,391.17	1,480,913.45	17,522.28
31418EU99	FNMA POOL #OMA5107 5.500% 07/01/2053 DD 07/01/23	880,052.810	873,246.16	868,858.54	(4,387.62)
31418EXV7	FNMA POOL #OMA5191 6.000% 10/01/2053 DD 10/01/23	1,208,849.266	1,218,860.05	1,215,824.33	(3,035.72)
91282CDS7	U S TREASURY NOTE 1.125% 01/15/2025 DD 01/15/22	3,000,000.000	2,908,593.75	2,996,580.00	87,986.25
91282CED9	U S TREASURY NOTE 1.750% 03/15/2025 DD 03/15/22	3,000,000.000	2,927,851.57	2,984,880.00	57,028.43
91282CGE5	U S TREASURY NOTE 3.875% 01/15/2026 DD 01/15/23	5,000,000.000	4,902,851.56	4,983,250.00	80,398.44
91282CGG0	U S TREASURY NOTE 4.125% 01/31/2025 DD 01/31/23	1,500,000.000	1,486,640.63	1,499,655.00	13,014.37
91282CGL9	U S TREASURY NOTE 4.000% 02/15/2026 DD 02/15/23	5,000,000.000	4,910,664.07	4,986,700.00	76,035.93
91282CGN5	U S TREASURY NOTE 4.625% 02/28/2025 DD 02/28/23	2,500,000.000	2,487,011.72	2,500,700.00	13,688.28
91282CJS1	U S TREASURY NOTE 4.250% 12/31/2025 DD 12/31/23	3,000,000.000	2,973,671.88	3,000,720.00	27,048.12
91282CJV4	U S TREASURY NOTE 4.250% 01/31/2026 DD 01/31/24	7,000,000.000	6,906,054.70	7,000,000.00	93,945.30
<b>TOTAL U. S. GOVERNMENT SECURITIES</b>			<b>63,851,874.37</b>	<b>64,568,298.93</b>	<b>716,424.56</b>

CORPORATE DEBT INSTRUMENTS - PREFERRED



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
001055BJ0	AFLAC INC 3.600% 04/01/2030 DD 04/01/20	1,000,000.000	923,950.00	939,130.00	15,180.00
00287YDT3	ABBVIE INC 4.950% 03/15/2031 DD 02/26/24	600,000.000	591,660.00	600,012.00	8,352.00
020002BJ9	ALLSTATE CORP/THE 1.450% 12/15/2030 DD 11/24/20	500,000.000	385,925.00	407,285.00	21,360.00
023135BZ8	AMAZON.COM INC 2.100% 05/12/2031 DD 05/12/21	500,000.000	411,000.00	427,020.00	16,020.00
025816DN6	AMERICAN EXPRESS CO VAR RT 10/30/2031 DD 10/30/23	600,000.000	630,840.00	641,520.00	10,680.00
037833DP2	APPLE INC 2.200% 09/11/2029 DD 09/11/19	500,000.000	433,765.00	449,010.00	15,245.00
05592XAD2	BMW VEHICLE OWNER TRUST 2 A A3 5.470% 02/25/2028 DD 07/18/23	1,000,000.000	1,002,890.62	1,009,190.00	6,299.38
05964HBF1	BANCO SANTANDER SA VAR RT 07/15/2028 DD 07/15/24	600,000.000	600,000.00	604,002.00	4,002.00
06051GHQ5	BANK OF AMERICA CORP VAR RT 02/07/2030 DD 02/07/19	1,000,000.000	933,296.20	958,730.00	25,433.80
06368LGV2	BANK OF MONTREAL 5.203% 02/01/2028 DD 01/12/23	650,000.000	644,696.00	654,998.50	10,302.50
06406RBV8	BANK OF NEW YORK MELLON CORP/T VAR RT 03/14/2030 DD 03/14/24	750,000.000	737,955.00	750,952.50	12,997.50
084664CW9	BERKSHIRE HATHAWAY FINANCE COR 1.450% 10/15/2030 DD 10/15/20	500,000.000	401,105.00	418,485.00	17,380.00
096919AD7	BMW VEHICLE OWNER TRUST 2 A A3 5.180% 02/26/2029 DD 06/11/24	375,000.000	374,943.04	379,402.50	4,459.46
10373QBL3	BP CAPITAL MARKETS AMERICA INC 3.633% 04/06/2030 DD 04/06/20	800,000.000	735,304.00	754,088.00	18,784.00
12663JAC5	CNH EQUIPMENT TRUST 2022- B A3 3.890% 11/15/2027 DD 08/23/22	1,144,039.726	1,122,901.80	1,138,342.41	15,440.61
14041NGB1	CAPITAL ONE MULTI-ASSET E A3 A 4.950% 10/15/2027 DD 11/03/22	2,000,000.000	1,989,921.88	2,007,380.00	17,458.12
14043GAD6	CAPITAL ONE PRIME AUTO RE 2 A3 3.660% 05/17/2027 DD 08/10/22	1,043,320.150	1,023,880.17	1,037,717.52	13,837.35
172967NU1	CITIGROUP INC VAR RT 05/24/2033 DD 05/24/22	625,000.000	590,118.75	604,493.75	14,375.00
17305EGW9	CITIBANK CREDIT CARD ISS A1 A1 5.230% 12/08/2027 DD 12/11/23	1,650,000.000	1,649,226.56	1,660,692.00	11,465.44
20826FBL9	CONOCOPHILLIPS CO 5.000% 01/15/2035 DD 12/05/24	700,000.000	699,223.00	679,609.00	(19,614.00)
209111GA5	CONSOLIDATED EDISON CO OF NEW 2.400% 06/15/2031 DD 06/08/21	575,000.000	476,864.75	493,804.25	16,939.50
254683CY9	DISCOVER CARD EXECUTION N A1 A 4.310% 03/15/2028 DD 04/11/23	1,750,000.000	1,722,041.02	1,746,010.00	23,968.98
26442CBG8	DUKE ENERGY CAROLINAS LLC 2.850% 03/15/2032 DD 03/04/22	1,000,000.000	851,890.00	865,330.00	13,440.00
341081GP6	FLORIDA POWER & LIGHT CO 4.625% 05/15/2030 DD 05/18/23	600,000.000	585,660.00	594,588.00	8,928.00
404280EM7	HSBC HOLDINGS PLC VAR RT 11/19/2028 DD 11/19/24	780,000.000	780,000.00	780,257.40	257.40
43815JAC7	HONDA AUTO RECEIVABLES 20 1 A3 5.040% 04/21/2027 DD 02/24/23	807,795.754	804,040.76	810,534.18	6,493.42
45866FAK0	INTERCONTINENTAL EXCHANGE INC 2.100% 06/15/2030 DD 05/26/20	1,000,000.000	843,390.00	863,629.30	20,239.30
46647PBE5	JPMORGAN CHASE & CO VAR RT 10/15/2030 DD 09/12/19	700,000.000	620,658.68	630,546.00	9,887.32
46647PBL9	JPMORGAN CHASE & CO VAR RT 04/22/2031 DD 04/22/20	1,000,000.000	851,020.00	880,520.00	29,500.00
57629WDL1	MASSMUTUAL GLOBAL FUNDING 144A 5.050% 12/07/2027 DD 12/07/22	2,000,000.000	1,982,480.00	2,023,060.00	40,580.00
58769JAU1	MERCEDES-BENZ FINANCE NOR 144A 4.750% 08/01/2027 DD 08/01/24	500,000.000	499,365.00	499,200.00	(165.00)
592179KL8	METROPOLITAN LIFE GLOBAL 144A 5.050% 06/11/2027 DD 06/11/24	1,000,000.000	998,760.00	1,010,310.00	11,550.00
6174468P7	MORGAN STANLEY VAR RT 04/01/2031 DD 03/31/20	1,000,000.000	903,260.00	928,870.00	25,610.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
637639AB1	NATIONAL SECURITIES CLEAR 144A 1.500% 04/23/2025 DD 04/23/20	1,000,000.000	963,250.00	990,700.00	27,450.00
65480JAC4	NISSAN AUTO RECEIVABLES 2 B A3 4.460% 05/17/2027 DD 09/28/22	1,342,292.630	1,327,401.57	1,341,970.48	14,568.91
665859AV6	NORTHERN TRUST CORP 1.950% 05/01/2030 DD 05/01/20	750,000.000	623,557.50	647,445.00	23,887.50
69371RS98	PACCAR FINANCIAL CORP 5.000% 03/22/2034 DD 03/22/24	350,000.000	340,119.50	352,149.00	12,029.50
74340XBM2	PROLOGIS LP 2.250% 04/15/2030 DD 02/18/20	500,000.000	423,970.00	437,350.00	13,380.00
74340XCJ8	PROLOGIS LP 5.000% 03/15/2034 DD 01/25/24	300,000.000	286,632.00	293,253.00	6,621.00
756109AX2	REALTY INCOME CORP 3.250% 01/15/2031 DD 05/08/20	1,500,000.000	1,325,460.00	1,354,395.00	28,935.00
857477CP6	STATE STREET CORP 4.330% 10/22/2027 DD 10/22/24	1,340,000.000	1,340,000.00	1,332,000.20	(7,999.80)
89236TLZ6	TOYOTA MOTOR CREDIT CORP 5.100% 03/21/2031 DD 03/21/24	600,000.000	593,328.00	601,848.00	8,520.00
91159HJN1	US BANCORP VAR RT 06/12/2034 DD 06/12/23	600,000.000	596,844.00	611,970.00	15,126.00
92348KAS2	VERIZON MASTER TRUST 4 A 3.400% 11/20/2028 DD 05/25/22	1,850,000.000	1,808,302.73	1,842,026.50	33,723.77
94106LBY4	WASTE MANAGEMENT INC 4.950% 07/03/2031 DD 07/03/24	600,000.000	597,060.00	600,696.00	3,636.00
95000U3F8	WELLS FARGO & CO VAR RT 07/25/2034 DD 07/25/23	650,000.000	637,357.50	648,999.00	11,641.50
95000U3L5	WELLS FARGO & CO VAR RT 04/22/2028 DD 04/22/24	675,000.000	675,000.00	686,191.50	11,191.50
<b>TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED</b>			<b>39,340,315.03</b>	<b>39,989,712.99</b>	<b>649,397.96</b>

CORPORATE DEBT INSTRUMENTS

02582JJV3	*AMERICAN EXPRESS CREDIT AC 3 A 3.750% 08/15/2027 DD 08/16/22	1,850,000.000	1,810,326.17	1,841,471.50	31,145.33
02665WEB3	AMERICAN HONDA FINANCE CORP 2.250% 01/12/2029 DD 01/13/22	625,000.000	546,931.25	563,856.25	16,925.00
05522RDE5	*BA CREDIT CARD TRUST A1 A1 3.530% 11/15/2027 DD 06/16/22	1,850,000.000	1,810,109.38	1,841,490.00	31,380.62
125523CT5	CIGNA GROUP/THE 5.000% 05/15/2029 DD 02/13/24	650,000.000	635,700.00	649,629.50	13,929.50
12664QAB0	CNH EQUIPMENT TRUST 2023- A A2 5.340% 09/15/2026 DD 04/25/23	277,383.505	276,830.90	277,613.73	782.83
14040HDC6	CAPITAL ONE FINANCIAL CORP VAR RT 10/30/2031 DD 11/01/23	500,000.000	541,785.00	552,165.00	10,380.00
22822VAR2	CROWN CASTLE INC 3.300% 07/01/2030 DD 04/03/20	575,000.000	496,455.00	522,399.00	25,944.00
25278XAY5	DIAMONDBACK ENERGY INC 5.150% 01/30/2030 DD 04/18/24	650,000.000	637,468.00	651,228.50	13,760.50
25389JAU0	DIGITAL REALTY TRUST LP 3.600% 07/01/2029 DD 06/14/19	575,000.000	519,374.50	543,961.50	24,587.00
29278NAG8	ENERGY TRANSFER LP 5.250% 04/15/2029 DD 01/15/19	650,000.000	637,416.00	652,210.00	14,794.00
30161NBj9	EXELON CORP 5.150% 03/15/2028 DD 02/21/23	650,000.000	640,607.50	653,828.50	13,221.00
35137LAH8	FOX CORP 4.709% 01/25/2029 DD 01/25/20	500,000.000	483,095.00	494,200.00	11,105.00
361448BP7	GATX CORP 5.400% 03/15/2027 DD 03/01/24	500,000.000	498,660.00	505,675.00	7,015.00
36265WAD5	*GM FINANCIAL CONSUMER AUT 3 A3 3.640% 04/16/2027 DD 07/13/22	1,101,746.424	1,083,584.83	1,097,405.54	13,820.71
379930AD2	GM FINANCIAL CONSUMER AUT 4 A3 5.780% 08/16/2028 DD 10/11/23	355,000.000	358,439.06	360,999.50	2,560.44
43815QAC1	HONDA AUTO RECEIVABLES 20 3 A3 5.410% 02/18/2028 DD 08/22/23	1,000,000.000	1,002,031.25	1,009,960.00	7,928.75
47789QAC4	*JOHN DEERE OWNER TRUST 20 B A3 0.520% 03/16/2026 DD 07/21/21	189,083.848	184,201.65	188,142.21	3,940.56
49456BAP6	KINDER MORGAN INC 4.300% 03/01/2028 DD 03/01/18	500,000.000	479,315.00	490,645.00	11,330.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NFL PLYER CSH BL PNC - NF2F10010002

01/01/2024 - 12/31/2024

NFL PLAYER CASH BALANCE PLAN

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
548661DY0	LOWE'S COS INC 1.700% 10/15/2030 DD 10/22/20	400,000.000	318,316.00	334,616.00	16,300.00
55336VAK6	MPLX LP 4.125% 03/01/2027 DD 02/10/17	600,000.000	578,340.00	591,132.00	12,792.00
56585ABH4	MARATHON PETROLEUM CORP 4.700% 05/01/2025 DD 04/27/20	750,000.000	742,080.00	749,160.00	7,080.00
68389XBV6	ORACLE CORP 2.950% 04/01/2030 DD 04/01/20	400,000.000	346,460.00	361,300.00	14,840.00
842400HU0	SOUTHERN CALIFORNIA EDISON CO 5.300% 03/01/2028 DD 03/02/23	350,000.000	348,467.00	354,007.50	5,540.50
842587DH7	SOUTHERN CO/THE 1.750% 03/15/2028 DD 02/26/21	700,000.000	609,308.00	635,040.00	25,732.00
871829BL0	SYSCO CORP 5.950% 04/01/2030 DD 04/02/20	350,000.000	356,863.50	364,584.50	7,721.00
92343VER1	VERIZON COMMUNICATIONS INC 4.329% 09/21/2028 DD 06/21/18	625,000.000	598,918.75	613,262.50	14,343.75
92866EAB5	VOLKSWAGEN AUTO LEASE TR A A2A 5.400% 12/21/2026 DD 03/27/24	1,439,434.409	1,438,422.31	1,446,574.00	8,151.69
961214DF7	WESTPAC BANKING CORP VAR RT 11/23/2031 DD 11/23/16	600,000.000	575,934.00	590,616.00	14,682.00
<b>TOTAL CORPORATE DEBT INSTRUMENTS</b>			<b>18,555,440.05</b>	<b>18,937,173.23</b>	<b>381,733.18</b>
<b>REGISTERED INVESTMENT COMPANIES</b>					
996197802	INVESCO STIT GOV & AGENCY 1901	2,182,134.160	2,182,134.16	2,182,134.16	0.00
<b>TOTAL REGISTERED INVESTMENT COMPANIES</b>			<b>2,182,134.16</b>	<b>2,182,134.16</b>	<b>0.00</b>
<b>GRAND TOTAL</b>			<b>123,929,763.61</b>	<b>125,677,319.31</b>	<b>1,747,555.70</b>

0.00 C

1,747,555.70 I

NFL Player Cash Balance Plan

EIN/PN: 99-1250131/001

**Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases**

**Charges**

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**As of 01/01/2024**

<b>Type</b>	<b>Date</b>	<b>Initial Years</b>	<b>Original Amount</b>	<b>Annual Payment</b>	<b>Remaining Years</b>	<b>Outstanding Balance</b>
EL	January 1, 2024	15	\$216,073	\$18,969	15	\$216,073
<b>Total Amortization Charges:</b>				\$18,969		\$216,073

**Credits**

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**As of 01/01/2024**

<b>Type</b>	<b>Date</b>	<b>Initial Years</b>	<b>Original Amount</b>	<b>Annual Payment</b>	<b>Remaining Years</b>	<b>Outstanding Balance</b>
None						
<b>Total Amortization Credits:</b>				\$0		\$0