

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE ROCK AND ROLL HALL OF FAME AND MUSEUM, INC TAX DEFERRED ANNUITY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1992</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1992</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE ROCK & ROLL HALL OF FAME AND MU</u> <u>1100 ROCK AND ROLL BLVD.</u> <u>CLEVELAND, OH 44114</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1520995</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-515-1219</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>712100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1520995</u>	2c Plan Sponsor's telephone number <u>216-515-1219</u>	2d Business code (see instructions) <u>712100</u>	
2b Employer Identification Number (EIN) <u>34-1520995</u>					
2c Plan Sponsor's telephone number <u>216-515-1219</u>					
2d Business code (see instructions) <u>712100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2018	LIZ PESCHGES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2018	LIZ PESCHGES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 178
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 146
a(2) Total number of active participants at the end of the plan year	6a(2) 167
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 35
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 152
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan THE ROCK AND ROLL HALL OF FAME AND MUSEUM, INC TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ROCK & ROLL HALL OF FAME AND MU	D Employer Identification Number (EIN) 34-1520995

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 60790	202	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 276091

c Additions: (1) Contributions deposited during the year	7c(1)	31944	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	4804	
(4) Transferred from separate account	7c(4)	36583	
(5) Other (specify below)	7c(5)	3752	

▶ LN INT, LN PRIN

(6) Total additions **7c(6)** 77083

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 353174

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	34	
(2) Administration charge made by carrier	7e(2)	221	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions **7e(5)** 255

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 352919

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan THE ROCK AND ROLL HALL OF FAME AND MUSEUM, INC TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ROCK & ROLL HALL OF FAME AND MU	D Employer Identification Number (EIN) 34-1520995	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 60 63 64 67 72	CONTRACT ADMINISTRATOR	6942	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

UBS FINANCIAL SERVICES INC.

13-2638166

(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?
70	CONSULTANT	0	Yes ☒ No ☐	Yes ☐ No ☒	26729	Yes ☐ No ☒

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

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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)

AMG FUNDS

06-1298481

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

BLACKROCK

22-6437098

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

COLUMBIA

56-0906609

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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)

FRANKLINTEMPLETON

13-3151768

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FRANKLINTEMPLETON

59-6865210

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JP MORGAN

13-3963293

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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)

JP MORGAN

26-3613641

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JP MORGAN

33-1043149

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

LEGG MASON

95-2705767

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

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)

LEGG MASON

52-1200960

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

NEUBERGER BERMAN

13-6068441

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

OPPENHEIMER

13-3867060

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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)

PGIM INVESTMENTS

13-2631108

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

SENTINEL INVESTMENTS

22-0966590

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

52-1151266

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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)

T. ROWE PRICE

52-2264646

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

56-2294396

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

20-0001631

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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)

T. ROWE PRICE

20-0001634

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

20-0001636

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

20-0001638

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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)

T. ROWE PRICE

51-0612044

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

52-0791372

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

TOUCHSTONE INVESTMENTS

31-0853808

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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)

VICTORY

31-6364605

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS FINANCIAL SERVICES INC.	70	26729
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	67 52 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAPITAL PRESERVATION ACCOUNT 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREM U.S. GOVT MNY MKT FD BARINGS 04-3212059	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM S&P 500 INDEX FDNORTHERN TRUST 04-3410047	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG MNGRS AMUNDI INTRM DUR GVT FD 06-1298481	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL JENNISON MID CAP GR FD 13-2631108	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN STRATEGIC INCOME FUND 13-3151768	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER INTERNATIONAL GR FUND 13-3867060	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN MID CAP VALUE FUND 13-3963293	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEUBERGER BERMAN SOCIALLY RESP FUND 13-6068441	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2010 FUND 20-0001631	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2020 FUND 20-0001634	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2030 FUND 20-0001636	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2040 FUND 20-0001638	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLOSED SENTINEL TOTAL RETURN B 22-0966590	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK EQUITY DIVIDEND FUND 22-6437098	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN LARGE CAP GROWTH FUND 26-3613641	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOUCHSTONE ACTIVE BOND FUND 31-0853808	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY SYCAMORE SM CO OPPTY FUND 31-6364605	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN STRATEGIC INCOME OPPS FD 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2050 FUND 51-0612044	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE NEW HORIZONS FUND 52-0791372	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2005 FUND 52-1151266	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2015 FUND 52-1151266	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2025 FUND 52-1151266	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2035 FUND 52-1151266	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2055 FUND 52-1151266	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE LARGE CAP GROWTH FUND 52-1200960	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2045 FUND 52-2264646	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA MID CAP INDEX FUND 56-0906609	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT BAL FUND 56-2294396	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND FUND 59-6865210	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMER FUNDS EUROPACIFIC GROWTH FUND 95-1411037	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WESTERN ASSET CORE PLUS BOND FUND 95-2705767	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMER FUNDS EUROPACIFIC GROWTH FUND 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMG FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG MNGRS AMUNDI INTRM DUR GVT FD 06-1298481	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK EQUITY DIVIDEND FUND 22-6437098	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA MID CAP INDEX FUND 56-0906609	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLINTEMPLETON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN STRATEGIC INCOME FUND 13-3151768	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLINTEMPLETON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND FUND	BASIS POINTS * PLAN ASSETS	
59-6865210		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN MID CAP VALUE FUND	BASIS POINTS * PLAN ASSETS	
13-3963293		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN LARGE CAP GROWTH FUND	BASIS POINTS * PLAN ASSETS	
26-3613641		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN STRATEGIC INCOME OPPS FD 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WESTERN ASSET CORE PLUS BOND FUND 95-2705767	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE LARGE CAP GROWTH FUND 52-1200960	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEUBERGER BERMAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEUBERGER BERMAN SOCIALLY RESP FUND 13-6068441	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPPENHEIMER	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER INTERNATIONAL GR FUND 13-3867060	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PGIM INVESTMENTS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL JENNISON MID CAP GR FD 13-2631108	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SENTINEL INVESTMENTS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLOSED SENTINEL TOTAL RETURN B	BASIS POINTS * PLAN ASSETS	
22-0966590		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2005 FUND	BASIS POINTS * PLAN ASSETS	
52-1151266		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2015 FUND	BASIS POINTS * PLAN ASSETS	
52-1151266		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT 2025 FUND 52-1151266		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 T. ROWE PRICE		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT 2035 FUND 52-1151266		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 T. ROWE PRICE		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT 2055 FUND 52-1151266		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT 2045 FUND 52-2264646		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 T. ROWE PRICE		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT BAL FUND 56-2294396		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 T. ROWE PRICE		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT 2010 FUND 20-0001631		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT 2020 FUND 20-0001634		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 T. ROWE PRICE		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT 2030 FUND 20-0001636		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 T. ROWE PRICE		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE RETIREMENT 2040 FUND 20-0001638		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE RETIREMENT 2050 FUND	BASIS POINTS * PLAN ASSETS	
51-0612044		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE NEW HORIZONS FUND	BASIS POINTS * PLAN ASSETS	
52-0791372		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TOUCHSTONE INVESTMENTS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOUCHSTONE ACTIVE BOND FUND	BASIS POINTS * PLAN ASSETS	
31-0853808		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VICTORY	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY SYCAMORE SM CO OPPTY FUND 31-6364605	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>THE ROCK AND ROLL HALL OF FAME AND MUSEUM, INC TAX DEFERRED ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ROCK & ROLL HALL OF FAME AND MU</u>	D Employer Identification Number (EIN) <u>34-1520995</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	80626	46717
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7698511	8831313
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	276091	352919
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8055228	9230949

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8055228	9230949
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	260859	
(B) Participants	2a(1)(B)	501907	
(C) Others (including rollovers)	2a(1)(C)	101196	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		863962
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3393	
(F) Other	2b(1)(F)	4688	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8081
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	467841	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		467841
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		943238
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2283122

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1100459	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1100459
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	720	
(3) Investment advisory and management fees	2i(3)	6222	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6942
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1107401

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1175721
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		16563
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan THE ROCK AND ROLL HALL OF FAME AND MUSEUM, INC TAX DEFERRED ANNUITY PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ROCK & ROLL HALL OF FAME AND MU		D Employer Identification Number (EIN) 34-1520995
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Financial Report
December 31, 2017

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Independent Auditor's Report

To the Plan Administrator
Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by State Street Bank and Trust Company (State Street) and Massachusetts Mutual Life Insurance Company (MassMutual), the custodians of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, and for the years then ended that the information provided to the Plan Administrator by the custodians is complete and accurate.

In addition, certain annuity or custodial accounts may have been issued to current or former employees without the Plan Administrator's knowledge prior to January 1, 2009, therefore the Plan has not maintained accounting records and supporting documents relating to these accounts. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

Independent Auditor's Report (Continued)

Further, as described in Note 9, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts, if any, may have also been excluded from the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions, if any, are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Report on Supplementary Information

The supplemental schedules of assets (held at end of year) and delinquent contributions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

RSM US LLP

Cleveland, Ohio
August 10, 2018

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Mutual funds	\$ 8,831,313	\$ 7,698,511
Investment, at contract value:		
Group annuity contract	352,919	276,091
Total investments	9,184,232	7,974,602
Notes receivable from participants	46,717	87,333
Net assets available for benefits	\$ 9,230,949	\$ 8,061,935

See notes to financial statements.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 943,238	\$ 215,061
Interest and dividends	472,529	323,602
Total investment income	1,415,767	538,663
Interest income on notes receivable from participants	3,393	4,821
Contributions:		
Employer	260,859	272,496
Participant	501,907	437,261
Rollover	101,196	37,285
Total contributions	863,962	747,042
Total additions	2,283,122	1,290,526
Deductions:		
Benefits paid to participants	1,107,166	154,715
Administrative expenses	6,942	24,499
Total deductions	1,114,108	179,214
Net increase	1,169,014	1,111,312
Net assets available for benefits:		
Beginning	8,061,935	6,950,623
Ending	\$ 9,230,949	\$ 8,061,935

See notes to financial statements.

**The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan**

Notes to Financial Statements

Note 1. Description of Plan

The following description of The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is sponsored and administered by The Rock and Roll Hall of Fame and Museum, Inc. (the Plan Sponsor or Company). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a defined contribution plan covering all eligible employees of the Company. To be eligible to participate in employer non-elective contributions, the participant must have completed one-year of service with the Company but is not required to have employee elective deferrals withheld. One year of service is defined as having completed 1,000 hours of service within the Plan year.

Contributions: Eligible employees may make contributions to the Plan immediately upon hiring or upon the next Plan entrance date, as applicable. Each year, participants may contribute up to the maximum percentage of pretax annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants who attained age 50 before the end of the Plan year were eligible to contribute additional catch-up contributions. Contributions are subject to certain limitations.

In addition, the Plan Sponsor contributes, on behalf of eligible employees, a non-elective, safe harbor contribution equal to 3% of their eligible compensation. Upon written request from the employee, the Plan Sponsor will also contribute annually an amount equal to the participant's unused vacation time. Such contributions shall be limited to the compensatory value of the participant's unused vacation time for a minimum of five days and a maximum of ten days.

Participants accounts: Each participant's account is credited or charged with the participant's contributions and allocations of (a) the Company's contributions, (b) Plan earnings and (c) administrative expenses. Allocations are based on account balances or employee compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants immediately vest in their contributions plus actual earnings thereon. Participants become 100% vested in employer non-elective contributions upon meeting eligibility requirements to participate in such non-elective contributions.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of 50% of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with local prevailing rates at the time of the loan. Participants may not have more than one loan outstanding at any time. Principal and interest is paid ratably through scheduled payroll deductions.

Payment of benefits: Participants who have attained normal retirement age of 65 or the age of 59 ½ may withdrawal in cash all or part of their account as defined by the Plan. Participants under the age of 59 ½ may withdrawal all or part of their tax-deferred contributions only for reasons of extreme financial hardship as defined under federal law. Upon termination or separation of service a participant may receive a lump-sum amount equal to the value of their vested account balance.

Expenses: All expenses of maintaining the Plan are paid by the Plan or the Company, as determined by the Company.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of estimates: The preparation of the 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 net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Risks and uncertainties: The Plan invests, at the direction of the participants, in various investment securities as offered by the Plan. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through August 10, 2018, the date the financial statements were available to be issued.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by State Street and MassMutual

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the custodians and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

	2017	2016
Mutual funds (State Street)	\$ 8,831,313	\$ 7,698,511
Group annuity contract (MassMutual)	\$ 352,919	\$ 276,091
Notes receivable from participants (certified portion - MassMutual)	\$ 46,717	\$ 80,626

The custodians also certified to the completeness and accuracy of the following for the years ended December 31:

	2017	2016
Net appreciation in fair value of investments	\$ 943,238	\$ 215,061
Interest and dividends	\$ 472,529	\$ 323,602
Interest income on notes receivable	\$ 3,393	\$ 4,821

Note 4. Fair Value Measurements

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. In determining fair value, the Plan can use various methods including market, income and cost approaches. Based on these approaches, the Plan can utilize certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values.

The Plan's financial assets and liabilities carried at fair value include mutual funds, whose shares are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. These are classified and disclosed as Level 1 inputs. There are no Level 2 or Level 3 financial assets or liabilities. There also has been no changes or transfers between levels during 2017 and 2016.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

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 the Plan's assets measured at fair value at December 31:

	2017	2016
Mutual funds - Level 1	<u>\$ 8,831,313</u>	<u>\$ 7,698,511</u>

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

Note 5. Group Annuity Contract with Insurance Company

The Plan entered into a traditional investment contract with MassMutual. The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the traditional investment contract at December 31, 2017 and 2016 was \$352,919 and \$276,091, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be greater than 3.00% or less than 1.00%. Such interest rates are reviewed on a quarterly basis for resetting. The contract does permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that significantly affect the Plan's normal operations.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 5. Group Annuity Contract with Insurance Company (Continued)

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

Note 6. Related-Party Transactions

The Plan invests in mutual funds and group annuity contract managed by MassMutual. MassMutual is a custodian of the Plan, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to MassMutual amounted to \$6,942 and \$24,499 for the years ended December 31, 2017 and 2016, respectively.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has a right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants shall be 100% vested in their accounts and the trustee shall distribute account balances to participants in accordance with the Plan.

Note 8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. At December 31, 2017 and 2016, plan management has evaluated the Plan's tax position and concluded the Plan has taken no uncertain tax positions that would require recognition within the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2014.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 9. Excluded Contracts

There may have been certain annuity and custodial accounts issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009. As permitted by the United States Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, these annuity and custodial accounts, if any, have been excluded from the Plan's investments. In addition, investment income and distributions, if any, related to such potential accounts have also been excluded from the statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The plan administrator has not determined the amount of these excluded annuity and custodial accounts and the related income and distributions because records relating to these are not available or do not exist, but believes such amounts to not be material to the Plan's financial statements.

Note 10. Prohibited Transactions

During the year ended December 31, 2016, the Plan Sponsor failed to deposit \$16,563 of participant deferrals and loan repayments within the required time frame as prescribed by the United States Department of Labor (DOL). The DOL considers the late deposits to be prohibited non-exempt transactions. The Plan Sponsor remitted lost earnings for the late deposits on September 29, 2017, which were paid from their assets and not the assets of the Plan.

Note 11. Reconciliation of Financial Statements to Form 5500

Note receivables from participants are reported on the Form 5500 as participant loans and are considered to be plan investments while in the Plan's financial statements they are classified as receivables from participants. On Form 5500, the Plan recorded the fair value of \$87,333 for participant loans, less \$6,707 at December 31, 2016 and benefits paid to participants of \$1,107,166 less \$6,707 for the year ended December 31, 2017 for deemed distributions to participants in the prior year that are no longer assets of the plan.

Note 12. Subsequent Event

Subsequent to year end, State Street resigned as the sub-custodian for MassMutual, the Plan's third-party administrator. As a result, the Plan entered into a new custodial agreement with Reliance Trust Company effective June 11, 2018.

Supplemental Schedules

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Employer No. 34-1520995

Plan No. 001

Schedule H, Line 4(a) - Schedule of Delinquent Contributions

Year Ended December 31, 2017

Participant contributions transferred late to plan: \$16,563	Total that constitute prohibited non-exempt transactions			Total fully corrected under VFCP and PTE 2002-51
[X] Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	
2016	\$ -	\$ 16,563	\$ -	\$ 16,563

Participant contributions were remitted untimely during the year ended December 31, 2016. For the contributions corrected as indicated above, on September 29, 2017 the plan sponsor remitted lost earnings. These were paid from their assets and not from assets of the Plan.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Employer No. 34-1520995

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2017

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor or Similar	Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
		Mutual funds:	
	T. Rowe Price	T. Rowe Price Retirement 2030	\$ 2,343,041
	T. Rowe Price	T. Rowe Price Retirement 2025	811,660
	T. Rowe Price	T. Rowe Price Retirement 2035	594,100
	T. Rowe Price	T. Rowe Price Retirement 2045	472,381
*	Massachusetts Mutual Life Insurance Company	MM S&P 500 Index Fd	424,519
	T. Rowe Price	T. Rowe Price New Horizons	412,161
	BlackRock, Inc.	Blackrock Equity Dividend	404,188
	T. Rowe Price	T. Rowe Price Retirement 2040	323,891
	Neuberger Berman	Neuberger Berman Socially Responsive	319,880
	T. Rowe Price	T. Rowe Price Retirement 2020	311,005
	Columbia	Columbia Mid Cap Index Fund	302,273
	Capital Research and Management Co.	American Funds Europacific Growth	272,405
	Western Asset	Western Asset Cr Plus Bond Fd	271,616
	Legg Mason Asset Management	ClearBridge Large Cap Growth Fund	262,749
	T. Rowe Price	T. Rowe Price Retirement 2050	211,619
	AMG Funds	AMG Managers Interim Duration Govt Fund	210,204
	Oppenheimer Funds	Oppenheimer International Growth Fund	194,496
	Victory Capital Management, Inc.	Victory Small Company Opportunity	145,001
	J.P. Morgan Chase & Co.	J.P. Morgan Mid Cap Value	121,627
	Franklin Templeton Investments	Templeton Global Bond Fund	103,118
	Prudential Financial, Inc.	Prudential Jennison Mid Cap Growth	94,465
	T. Rowe Price	T. Rowe Price Retirement 2055	66,396
	T. Rowe Price	T. Rowe Price Retirement 2010	57,908
	J.P. Morgan Chase & Co.	J.P. Morgan Strategic Income Opportunities Fund	54,627
	Touchstone Securities	Touchstone Active Bond Fund	27,118
	T. Rowe Price	T. Rowe Price Retirement 2015	17,208
	T. Rowe Price	T. Rowe Price Retirement 2005	1,242
*	Massachusetts Mutual Life Insurance Company	MassMutual Premier Money Market	415
			<u>8,831,313</u>
		Group annuity contract:	
*	Massachusetts Mutual Life Insurance Company	Capital Preservation Account	352,919
*	Participant Loans	Loans bearing interest at 5.25% - 5.50% maturing through 2020	<u>46,717</u>
			<u>\$ 9,230,949</u>
*	Represents party-in-interest		

Note: The above information has been certified as complete and accurate by State Street Bank and Trust Company
and MassMutual Life Insurance Company, the custodians of the Plan.

A Name of Plan The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 The Rock & Roll Hall of Fame and M	D Employer Identification Number 341520995

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	352,919	352,919
*	MassMutual Premier	Holding Account - MF-G	0	415
*	JP Morgan	Mf-1307	0	0
*	JP Morgan	MF-1783	55,195	54,627
*	Legg Mason	MF-2285	267,821	271,616
*	AMG Funds	MF-2488	217,218	210,205
*	Sentinel Investments	MF-2520	0	0
*	Legg Mason	MF-3581	236,994	262,749
*	Touchstone Investments	MF-4020	27,137	27,118
*	MassMutual Select	MF-AX	396,113	424,519
*	Columbia	MF-B8	282,305	302,273
*	BlackRock	MF-CBG	376,316	404,188
*	Oppenheimer	MF-D6	158,170	194,496
*	Franklin/Templeton	MF-ES	0	0
*	T. Rowe Price	MF-IO	1,192	1,242
*	T. Rowe Price	MF-JO	16,445	17,208
*	T. Rowe Price	MF-KO	660,183	811,660
*	T. Rowe Price	MF-LO	459,888	594,100
*	T. Rowe Price	MF-MO	379,893	472,381
*	T. Rowe Price	MF-NO	57,374	66,396
*	JP Morgan	MF-QJ	109,205	121,627
*	Neuberger Berman	MF-SQ	179,411	319,880
*	T. Rowe Price	MF-ST	52,069	57,908
*	Prudential	MF-T	96,642	94,465
*	Franklin/Templeton	MF-UE	107,128	103,118
*	T. Rowe Price	MF-UT	180,624	211,619
*	American Funds	MF-VB	222,176	272,405
*	T. Rowe Price	MF-VT	265,236	311,005
*	T. Rowe Price	MF-WG	336,819	412,161
*	T. Rowe Price	MF-XT	1,850,503	2,343,041
*	Victory	MF-ZA	119,475	145,001
*	T. Rowe Price	MF-ZT	260,631	323,891
	Participant Loans	5.250000 - 5.500000	0	46,717

		US
A Name of Plan The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500 The Rock & Roll Hall of Fame and Museum	D Employer Identification Number 341520995	

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Funds	951411037		American Funds received estimated Investment Management Fees of 0.42% with respect to plan assets held in the Amer Funds EuroPacific Growth Fund (MR-VB).
AMG Funds	061298481		AMG Funds received estimated Investment Management Fees of 0.48% with respect to plan assets held in the AMG Mngrs Amundi Intrm Dur Gvt Fd (MR-2488).
BlackRock	226437098		BlackRock received estimated Investment Management Fees of 0.55% with respect to plan assets held in the BlackRock Equity Dividend Fund (MR-CBG).
Columbia	560906609		Columbia received estimated Investment Management Fees of 0.20% with respect to plan assets held in the Columbia Mid Cap Index Fund (MR-B8).
FranklinTempleton	596865210		FranklinTempleton received estimated Investment Management Fees of 0.51% with respect to plan assets held in the Templeton Global Bond Fund (MR-UE).
FranklinTempleton	133151768		FranklinTempleton received estimated Investment Management Fees of 0.52% with respect to plan assets held in the Franklin Strategic Income Fund (MR-ES).
JP Morgan	133963293		JP Morgan received estimated Investment Management Fees of 0.65% with respect to plan assets held in the JP Morgan Mid Cap Value Fund (MR-QJ).
JP Morgan	263613641		JP Morgan received estimated Investment Management Fees of 0.50% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1307).
JP Morgan	331043149		JP Morgan received estimated Investment Management Fees of 0.45% with respect to plan assets held in the JPMorgan Strategic Income Opps Fd (MR-1783).
Legg Mason	521200960		Legg Mason received estimated Investment Management Fees of 0.66% with respect to plan assets held in the ClearBridge Large Cap Growth Fund (MR-3581).
Legg Mason	952705767		Legg Mason received estimated Investment Management Fees of 0.40% with respect to plan assets held in the Western Asset Core Plus Bond Fund (MR-2285).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Templeton Global Bond Fund (MR-UE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Columbia Mid Cap Index Fund (MR-B8).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Templeton Global Bond Fund (MR-UE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the JP Morgan Mid Cap Value Fund (MR-QJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Columbia Mid Cap Index Fund (MR-B8).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Touchstone Active Bond Fund (MR-4020).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the JP Morgan Mid Cap Value Fund (MR-QJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Wrap Fees of 0.50% with respect to plan assets held in the Capital Preservation Account (60790CP).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Franklin Strategic Income Fund (MR-ES).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the Touchstone Active Bond Fund (MR-4020).

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the BlackRock Equity Dividend Fund (MR-CBG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Franklin Strategic Income Fund (MR-ES).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.20% with respect to plan assets held in the Closed Sentinel Total Return B (MR-2520).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.30% with respect to plan assets held in the Prudential Jennison Mid Cap Gr Fd (MR-T).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price New Horizons Fund (MR-WG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the BlackRock Equity Dividend Fund (MR-CBG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Oppenheimer International Gr Fund (MR-D6).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1307).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement Bal Fund (MR-RT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the Victory Sycamore Sm Co Oppty Fund (MR-ZA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the Prudential Jennison Mid Cap Gr Fd (MR-T).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the Amer Funds EuroPacific Growth Fund (MR-VB).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-IO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-ST).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-JO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-VT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-KO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-XT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-LO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-ZT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-MO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-UT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-NO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement Bal Fund (MR-RT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1307).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Oppenheimer International Gr Fund (MR-D6).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Victory Sycamore Sm Co Oppty Fund (MR-ZA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.10% with respect to plan assets held in the Neuberger Berman Socially Resp Fund (MR-SQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Company		the ClearBridge Large Cap Growth Fund (MR-3581).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the JPMorgan Strategic Income Opps Fd (MR-1783).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM S&P 500 Index Fd(Northern Trust) (MR-AX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Western Asset Core Plus Bond Fund (MR-2285).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Management Fees of 1.30% with respect to plan assets held in the Capital Preservation Account (60790CP).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the Amer Funds EuroPacific Growth Fund (MR-VB).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-IO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-ST).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-JO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-VT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-KO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-XT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-LO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-ZT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-MO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-UT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-NO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the JPMorgan Strategic Income Opps Fd (MR-1783).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Neuberger Berman Socially Resp Fund (MR-SQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Western Asset Core Plus Bond Fund (MR-2285).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the ClearBridge Large Cap Growth Fund (MR-3581).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the AMG Mngrs Amundi Intrm Dur Gvt Fd (MR-2488).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Capital Preservation Account (60790CP).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the MM S&P 500 Index Fd(Northern Trust) (MR-AX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.09% with respect to plan assets held in the MM S&P 500 Index Fd(Northern Trust) (MR-AX).
Neuberger Berman	136068441	Neuberger Berman received estimated Investment Management Fees of 0.87% with respect to plan assets held in the Neuberger Berman Socially Resp Fund (MR-SQ).
Oppenheimer	133867060	Oppenheimer received estimated Investment Management Fees of 0.64% with respect to plan assets held in the Oppenheimer International Gr Fund (MR-D6).

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PGIM Investments	132631108	PGIM Investments received estimated Investment Management Fees of 0.56% with respect to plan assets held in the Prudential Jennison Mid Cap Gr Fd (MR-T).
Sentinel Investments	220966590	Sentinel Investments received estimated Investment Management Fees of 0.53% with respect to plan assets held in the Closed Sentinel Total Return B (MR-2520).
T. Rowe Price	520791372	T. Rowe Price received estimated Investment Management Fees of 0.64% with respect to plan assets held in the T. Rowe Price New Horizons Fund (MR-WG).
T. Rowe Price	562294396	T. Rowe Price received estimated Investment Management Fees of 0.56% with respect to plan assets held in the T. Rowe Price Retirement Bal Fund (MR-RT).
T. Rowe Price	200001631	T. Rowe Price received estimated Investment Management Fees of 0.57% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-ST).
T. Rowe Price	200001634	T. Rowe Price received estimated Investment Management Fees of 0.63% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-VT).
T. Rowe Price	200001636	T. Rowe Price received estimated Investment Management Fees of 0.69% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-XT).
T. Rowe Price	200001638	T. Rowe Price received estimated Investment Management Fees of 0.74% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-ZT).
T. Rowe Price	510612044	T. Rowe Price received estimated Investment Management Fees of 0.74% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-UT).
T. Rowe Price	521151266	T. Rowe Price received estimated Investment Management Fees of 0.58% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-IO).
T. Rowe Price	521151266	T. Rowe Price received estimated Investment Management Fees of 0.59% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-JO).
T. Rowe Price	521151266	T. Rowe Price received estimated Investment Management Fees of 0.67% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-KO).
T. Rowe Price	521151266	T. Rowe Price received estimated Investment Management Fees of 0.72% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-LO).
T. Rowe Price	521151266	T. Rowe Price received estimated Investment Management Fees of 0.74% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-NO).
T. Rowe Price	522264646	T. Rowe Price received estimated Investment Management Fees of 0.74% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-MO).
Touchstone Investments	310853808	Touchstone Investments received estimated Investment Management Fees of 0.40% with respect to plan assets held in the Touchstone Active Bond Fund (MR-4020).
Victory	316364605	Victory received estimated Investment Management Fees of 0.76% with respect to plan assets held in the Victory Sycamore Sm Co Oppty Fund (MR-ZA).



Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Financial Report
December 31, 2017

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Independent Auditor's Report

To the Plan Administrator
Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by State Street Bank and Trust Company (State Street) and Massachusetts Mutual Life Insurance Company (MassMutual), the custodians of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, and for the years then ended that the information provided to the Plan Administrator by the custodians is complete and accurate.

In addition, certain annuity or custodial accounts may have been issued to current or former employees without the Plan Administrator's knowledge prior to January 1, 2009, therefore the Plan has not maintained accounting records and supporting documents relating to these accounts. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

Independent Auditor's Report (Continued)

Further, as described in Note 9, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts, if any, may have also been excluded from the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions, if any, are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Report on Supplementary Information

The supplemental schedules of assets (held at end of year) and delinquent contributions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

RSM US LLP

Cleveland, Ohio
August 10, 2018

**The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan**

**Statements of Net Assets Available for Benefits
December 31, 2017 and 2016**

	2017	2016
Assets		
Investments, at fair value:		
Mutual funds	\$ 8,831,313	\$ 7,698,511
Investment, at contract value:		
Group annuity contract	352,919	276,091
Total investments	9,184,232	7,974,602
Notes receivable from participants	46,717	87,333
Net assets available for benefits	\$ 9,230,949	\$ 8,061,935

See notes to financial statements.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 943,238	\$ 215,061
Interest and dividends	472,529	323,602
Total investment income	1,415,767	538,663
Interest income on notes receivable from participants	3,393	4,821
Contributions:		
Employer	260,859	272,496
Participant	501,907	437,261
Rollover	101,196	37,285
Total contributions	863,962	747,042
Total additions	2,283,122	1,290,526
Deductions:		
Benefits paid to participants	1,107,166	154,715
Administrative expenses	6,942	24,499
Total deductions	1,114,108	179,214
Net increase	1,169,014	1,111,312
Net assets available for benefits:		
Beginning	8,061,935	6,950,623
Ending	\$ 9,230,949	\$ 8,061,935

See notes to financial statements.

**The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan**

Notes to Financial Statements

Note 1. Description of Plan

The following description of The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is sponsored and administered by The Rock and Roll Hall of Fame and Museum, Inc. (the Plan Sponsor or Company). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a defined contribution plan covering all eligible employees of the Company. To be eligible to participate in employer non-elective contributions, the participant must have completed one-year of service with the Company but is not required to have employee elective deferrals withheld. One year of service is defined as having completed 1,000 hours of service within the Plan year.

Contributions: Eligible employees may make contributions to the Plan immediately upon hiring or upon the next Plan entrance date, as applicable. Each year, participants may contribute up to the maximum percentage of pretax annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants who attained age 50 before the end of the Plan year were eligible to contribute additional catch-up contributions. Contributions are subject to certain limitations.

In addition, the Plan Sponsor contributes, on behalf of eligible employees, a non-elective, safe harbor contribution equal to 3% of their eligible compensation. Upon written request from the employee, the Plan Sponsor will also contribute annually an amount equal to the participant's unused vacation time. Such contributions shall be limited to the compensatory value of the participant's unused vacation time for a minimum of five days and a maximum of ten days.

Participants accounts: Each participant's account is credited or charged with the participant's contributions and allocations of (a) the Company's contributions, (b) Plan earnings and (c) administrative expenses. Allocations are based on account balances or employee compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants immediately vest in their contributions plus actual earnings thereon. Participants become 100% vested in employer non-elective contributions upon meeting eligibility requirements to participate in such non-elective contributions.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of 50% of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with local prevailing rates at the time of the loan. Participants may not have more than one loan outstanding at any time. Principal and interest is paid ratably through scheduled payroll deductions.

Payment of benefits: Participants who have attained normal retirement age of 65 or the age of 59 ½ may withdrawal in cash all or part of their account as defined by the Plan. Participants under the age of 59 ½ may withdrawal all or part of their tax-deferred contributions only for reasons of extreme financial hardship as defined under federal law. Upon termination or separation of service a participant may receive a lump-sum amount equal to the value of their vested account balance.

Expenses: All expenses of maintaining the Plan are paid by the Plan or the Company, as determined by the Company.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of estimates: The preparation of the 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 net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Risks and uncertainties: The Plan invests, at the direction of the participants, in various investment securities as offered by the Plan. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through August 10, 2018, the date the financial statements were available to be issued.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by State Street and MassMutual

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the custodians and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

	2017	2016
Mutual funds (State Street)	\$ 8,831,313	\$ 7,698,511
Group annuity contract (MassMutual)	\$ 352,919	\$ 276,091
Notes receivable from participants (certified portion - MassMutual)	\$ 46,717	\$ 80,626

The custodians also certified to the completeness and accuracy of the following for the years ended December 31:

	2017	2016
Net appreciation in fair value of investments	\$ 943,238	\$ 215,061
Interest and dividends	\$ 472,529	\$ 323,602
Interest income on notes receivable	\$ 3,393	\$ 4,821

Note 4. Fair Value Measurements

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. In determining fair value, the Plan can use various methods including market, income and cost approaches. Based on these approaches, the Plan can utilize certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values.

The Plan's financial assets and liabilities carried at fair value include mutual funds, whose shares are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. These are classified and disclosed as Level 1 inputs. There are no Level 2 or Level 3 financial assets or liabilities. There also has been no changes or transfers between levels during 2017 and 2016.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

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 the Plan's assets measured at fair value at December 31:

	2017	2016
Mutual funds - Level 1	<u>\$ 8,831,313</u>	<u>\$ 7,698,511</u>

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

Note 5. Group Annuity Contract with Insurance Company

The Plan entered into a traditional investment contract with MassMutual. The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the traditional investment contract at December 31, 2017 and 2016 was \$352,919 and \$276,091, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be greater than 3.00% or less than 1.00%. Such interest rates are reviewed on a quarterly basis for resetting. The contract does permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that significantly affect the Plan's normal operations.

**The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan**

Notes to Financial Statements

Note 5. Group Annuity Contract with Insurance Company (Continued)

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

Note 6. Related-Party Transactions

The Plan invests in mutual funds and group annuity contract managed by MassMutual. MassMutual is a custodian of the Plan, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to MassMutual amounted to \$6,942 and \$24,499 for the years ended December 31, 2017 and 2016, respectively.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has a right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants shall be 100% vested in their accounts and the trustee shall distribute account balances to participants in accordance with the Plan.

Note 8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. At December 31, 2017 and 2016, plan management has evaluated the Plan's tax position and concluded the Plan has taken no uncertain tax positions that would require recognition within the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2014.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 9. Excluded Contracts

There may have been certain annuity and custodial accounts issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009. As permitted by the United States Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, these annuity and custodial accounts, if any, have been excluded from the Plan's investments. In addition, investment income and distributions, if any, related to such potential accounts have also been excluded from the statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The plan administrator has not determined the amount of these excluded annuity and custodial accounts and the related income and distributions because records relating to these are not available or do not exist, but believes such amounts to not be material to the Plan's financial statements.

Note 10. Prohibited Transactions

During the year ended December 31, 2016, the Plan Sponsor failed to deposit \$16,563 of participant deferrals and loan repayments within the required time frame as prescribed by the United States Department of Labor (DOL). The DOL considers the late deposits to be prohibited non-exempt transactions. The Plan Sponsor remitted lost earnings for the late deposits on September 29, 2017, which were paid from their assets and not the assets of the Plan.

Note 11. Reconciliation of Financial Statements to Form 5500

Note receivables from participants are reported on the Form 5500 as participant loans and are considered to be plan investments while in the Plan's financial statements they are classified as receivables from participants. On Form 5500, the Plan recorded the fair value of \$87,333 for participant loans, less \$6,707 at December 31, 2016 and benefits paid to participants of \$1,107,166 less \$6,707 for the year ended December 31, 2017 for deemed distributions to participants in the prior year that are no longer assets of the plan.

Note 12. Subsequent Event

Subsequent to year end, State Street resigned as the sub-custodian for MassMutual, the Plan's third-party administrator. As a result, the Plan entered into a new custodial agreement with Reliance Trust Company effective June 11, 2018.

Supplemental Schedules

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Employer No. 34-1520995

Plan No. 001

Schedule H, Line 4(a) - Schedule of Delinquent Contributions

Year Ended December 31, 2017

Participant contributions transferred late to plan: \$16,563	Total that constitute prohibited non-exempt transactions			Total fully corrected under VFCP and PTE 2002-51
[X] Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	
2016	\$ -	\$ 16,563	\$ -	\$ 16,563

Participant contributions were remitted untimely during the year ended December 31, 2016. For the contributions corrected as indicated above, on September 29, 2017 the plan sponsor remitted lost earnings. These were paid from their assets and not from assets of the Plan.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Employer No. 34-1520995

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2017

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor or Similar	Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
		Mutual funds:	
	T. Rowe Price	T. Rowe Price Retirement 2030	\$ 2,343,041
	T. Rowe Price	T. Rowe Price Retirement 2025	811,660
	T. Rowe Price	T. Rowe Price Retirement 2035	594,100
	T. Rowe Price	T. Rowe Price Retirement 2045	472,381
*	Massachusetts Mutual Life Insurance Company	MM S&P 500 Index Fd	424,519
	T. Rowe Price	T. Rowe Price New Horizons	412,161
	BlackRock, Inc.	Blackrock Equity Dividend	404,188
	T. Rowe Price	T. Rowe Price Retirement 2040	323,891
	Neuberger Berman	Neuberger Berman Socially Responsive	319,880
	T. Rowe Price	T. Rowe Price Retirement 2020	311,005
	Columbia	Columbia Mid Cap Index Fund	302,273
	Capital Research and Management Co.	American Funds Europacific Growth	272,405
	Western Asset	Western Asset Cr Plus Bond Fd	271,616
	Legg Mason Asset Management	ClearBridge Large Cap Growth Fund	262,749
	T. Rowe Price	T. Rowe Price Retirement 2050	211,619
	AMG Funds	AMG Managers Interim Duration Govt Fund	210,204
	Oppenheimer Funds	Oppenheimer International Growth Fund	194,496
	Victory Capital Management, Inc.	Victory Small Company Opportunity	145,001
	J.P. Morgan Chase & Co.	J.P. Morgan Mid Cap Value	121,627
	Franklin Templeton Investments	Templeton Global Bond Fund	103,118
	Prudential Financial, Inc.	Prudential Jennison Mid Cap Growth	94,465
	T. Rowe Price	T. Rowe Price Retirement 2055	66,396
	T. Rowe Price	T. Rowe Price Retirement 2010	57,908
	J.P. Morgan Chase & Co.	J.P. Morgan Strategic Income Opportunities Fund	54,627
	Touchstone Securities	Touchstone Active Bond Fund	27,118
	T. Rowe Price	T. Rowe Price Retirement 2015	17,208
	T. Rowe Price	T. Rowe Price Retirement 2005	1,242
*	Massachusetts Mutual Life Insurance Company	MassMutual Premier Money Market	415
			<u>8,831,313</u>
		Group annuity contract:	
*	Massachusetts Mutual Life Insurance Company	Capital Preservation Account	352,919
*	Participant Loans	Loans bearing interest at 5.25% - 5.50% maturing through 2020	<u>46,717</u>
			<u><u>\$ 9,230,949</u></u>
*	Represents party-in-interest		

Note: The above information has been certified as complete and accurate by State Street Bank and Trust Company
and MassMutual Life Insurance Company, the custodians of the Plan.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Financial Report
December 31, 2017

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Independent Auditor's Report

To the Plan Administrator
Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by State Street Bank and Trust Company (State Street) and Massachusetts Mutual Life Insurance Company (MassMutual), the custodians of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, and for the years then ended that the information provided to the Plan Administrator by the custodians is complete and accurate.

In addition, certain annuity or custodial accounts may have been issued to current or former employees without the Plan Administrator's knowledge prior to January 1, 2009, therefore the Plan has not maintained accounting records and supporting documents relating to these accounts. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

Independent Auditor's Report (Continued)

Further, as described in Note 9, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts, if any, may have also been excluded from the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions, if any, are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Report on Supplementary Information

The supplemental schedules of assets (held at end of year) and delinquent contributions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

RSM US LLP

Cleveland, Ohio
August 10, 2018

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Mutual funds	\$ 8,831,313	\$ 7,698,511
Investment, at contract value:		
Group annuity contract	352,919	276,091
Total investments	9,184,232	7,974,602
Notes receivable from participants	46,717	87,333
Net assets available for benefits	\$ 9,230,949	\$ 8,061,935

See notes to financial statements.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 943,238	\$ 215,061
Interest and dividends	472,529	323,602
Total investment income	1,415,767	538,663
Interest income on notes receivable from participants	3,393	4,821
Contributions:		
Employer	260,859	272,496
Participant	501,907	437,261
Rollover	101,196	37,285
Total contributions	863,962	747,042
Total additions	2,283,122	1,290,526
Deductions:		
Benefits paid to participants	1,107,166	154,715
Administrative expenses	6,942	24,499
Total deductions	1,114,108	179,214
Net increase	1,169,014	1,111,312
Net assets available for benefits:		
Beginning	8,061,935	6,950,623
Ending	\$ 9,230,949	\$ 8,061,935

See notes to financial statements.

**The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan**

Notes to Financial Statements

Note 1. Description of Plan

The following description of The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is sponsored and administered by The Rock and Roll Hall of Fame and Museum, Inc. (the Plan Sponsor or Company). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a defined contribution plan covering all eligible employees of the Company. To be eligible to participate in employer non-elective contributions, the participant must have completed one-year of service with the Company but is not required to have employee elective deferrals withheld. One year of service is defined as having completed 1,000 hours of service within the Plan year.

Contributions: Eligible employees may make contributions to the Plan immediately upon hiring or upon the next Plan entrance date, as applicable. Each year, participants may contribute up to the maximum percentage of pretax annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants who attained age 50 before the end of the Plan year were eligible to contribute additional catch-up contributions. Contributions are subject to certain limitations.

In addition, the Plan Sponsor contributes, on behalf of eligible employees, a non-elective, safe harbor contribution equal to 3% of their eligible compensation. Upon written request from the employee, the Plan Sponsor will also contribute annually an amount equal to the participant's unused vacation time. Such contributions shall be limited to the compensatory value of the participant's unused vacation time for a minimum of five days and a maximum of ten days.

Participants accounts: Each participant's account is credited or charged with the participant's contributions and allocations of (a) the Company's contributions, (b) Plan earnings and (c) administrative expenses. Allocations are based on account balances or employee compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants immediately vest in their contributions plus actual earnings thereon. Participants become 100% vested in employer non-elective contributions upon meeting eligibility requirements to participate in such non-elective contributions.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of 50% of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with local prevailing rates at the time of the loan. Participants may not have more than one loan outstanding at any time. Principal and interest is paid ratably through scheduled payroll deductions.

Payment of benefits: Participants who have attained normal retirement age of 65 or the age of 59 ½ may withdrawal in cash all or part of their account as defined by the Plan. Participants under the age of 59 ½ may withdrawal all or part of their tax-deferred contributions only for reasons of extreme financial hardship as defined under federal law. Upon termination or separation of service a participant may receive a lump-sum amount equal to the value of their vested account balance.

Expenses: All expenses of maintaining the Plan are paid by the Plan or the Company, as determined by the Company.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of estimates: The preparation of the 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 net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Risks and uncertainties: The Plan invests, at the direction of the participants, in various investment securities as offered by the Plan. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through August 10, 2018, the date the financial statements were available to be issued.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by State Street and MassMutual

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the custodians and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

	2017	2016
Mutual funds (State Street)	\$ 8,831,313	\$ 7,698,511
Group annuity contract (MassMutual)	\$ 352,919	\$ 276,091
Notes receivable from participants (certified portion - MassMutual)	\$ 46,717	\$ 80,626

The custodians also certified to the completeness and accuracy of the following for the years ended December 31:

	2017	2016
Net appreciation in fair value of investments	\$ 943,238	\$ 215,061
Interest and dividends	\$ 472,529	\$ 323,602
Interest income on notes receivable	\$ 3,393	\$ 4,821

Note 4. Fair Value Measurements

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. In determining fair value, the Plan can use various methods including market, income and cost approaches. Based on these approaches, the Plan can utilize certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values.

The Plan's financial assets and liabilities carried at fair value include mutual funds, whose shares are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. These are classified and disclosed as Level 1 inputs. There are no Level 2 or Level 3 financial assets or liabilities. There also has been no changes or transfers between levels during 2017 and 2016.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

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 the Plan's assets measured at fair value at December 31:

	2017	2016
Mutual funds - Level 1	<u>\$ 8,831,313</u>	<u>\$ 7,698,511</u>

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

Note 5. Group Annuity Contract with Insurance Company

The Plan entered into a traditional investment contract with MassMutual. The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the traditional investment contract at December 31, 2017 and 2016 was \$352,919 and \$276,091, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be greater than 3.00% or less than 1.00%. Such interest rates are reviewed on a quarterly basis for resetting. The contract does permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that significantly affect the Plan's normal operations.

**The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan**

Notes to Financial Statements

Note 5. Group Annuity Contract with Insurance Company (Continued)

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

Note 6. Related-Party Transactions

The Plan invests in mutual funds and group annuity contract managed by MassMutual. MassMutual is a custodian of the Plan, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to MassMutual amounted to \$6,942 and \$24,499 for the years ended December 31, 2017 and 2016, respectively.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has a right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants shall be 100% vested in their accounts and the trustee shall distribute account balances to participants in accordance with the Plan.

Note 8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. At December 31, 2017 and 2016, plan management has evaluated the Plan's tax position and concluded the Plan has taken no uncertain tax positions that would require recognition within the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2014.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 9. Excluded Contracts

There may have been certain annuity and custodial accounts issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009. As permitted by the United States Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, these annuity and custodial accounts, if any, have been excluded from the Plan's investments. In addition, investment income and distributions, if any, related to such potential accounts have also been excluded from the statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The plan administrator has not determined the amount of these excluded annuity and custodial accounts and the related income and distributions because records relating to these are not available or do not exist, but believes such amounts to not be material to the Plan's financial statements.

Note 10. Prohibited Transactions

During the year ended December 31, 2016, the Plan Sponsor failed to deposit \$16,563 of participant deferrals and loan repayments within the required time frame as prescribed by the United States Department of Labor (DOL). The DOL considers the late deposits to be prohibited non-exempt transactions. The Plan Sponsor remitted lost earnings for the late deposits on September 29, 2017, which were paid from their assets and not the assets of the Plan.

Note 11. Reconciliation of Financial Statements to Form 5500

Note receivables from participants are reported on the Form 5500 as participant loans and are considered to be plan investments while in the Plan's financial statements they are classified as receivables from participants. On Form 5500, the Plan recorded the fair value of \$87,333 for participant loans, less \$6,707 at December 31, 2016 and benefits paid to participants of \$1,107,166 less \$6,707 for the year ended December 31, 2017 for deemed distributions to participants in the prior year that are no longer assets of the plan.

Note 12. Subsequent Event

Subsequent to year end, State Street resigned as the sub-custodian for MassMutual, the Plan's third-party administrator. As a result, the Plan entered into a new custodial agreement with Reliance Trust Company effective June 11, 2018.

Supplemental Schedules

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Employer No. 34-1520995

Plan No. 001

Schedule H, Line 4(a) - Schedule of Delinquent Contributions

Year Ended December 31, 2017

Participant contributions transferred late to plan: \$16,563	Total that constitute prohibited non-exempt transactions			Total fully corrected under VFCP and PTE 2002-51
[X] Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	
2016	\$ -	\$ 16,563	\$ -	\$ 16,563

Participant contributions were remitted untimely during the year ended December 31, 2016. For the contributions corrected as indicated above, on September 29, 2017 the plan sponsor remitted lost earnings. These were paid from their assets and not from assets of the Plan.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Employer No. 34-1520995

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2017

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor or Similar	Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
		Mutual funds:	
	T. Rowe Price	T. Rowe Price Retirement 2030	\$ 2,343,041
	T. Rowe Price	T. Rowe Price Retirement 2025	811,660
	T. Rowe Price	T. Rowe Price Retirement 2035	594,100
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*	Massachusetts Mutual Life Insurance Company	MM S&P 500 Index Fd	424,519
	T. Rowe Price	T. Rowe Price New Horizons	412,161
	BlackRock, Inc.	Blackrock Equity Dividend	404,188
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	Neuberger Berman	Neuberger Berman Socially Responsive	319,880
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	Columbia	Columbia Mid Cap Index Fund	302,273
	Capital Research and Management Co.	American Funds Europacific Growth	272,405
	Western Asset	Western Asset Cr Plus Bond Fd	271,616
	Legg Mason Asset Management	ClearBridge Large Cap Growth Fund	262,749
	T. Rowe Price	T. Rowe Price Retirement 2050	211,619
	AMG Funds	AMG Managers Interim Duration Govt Fund	210,204
	Oppenheimer Funds	Oppenheimer International Growth Fund	194,496
	Victory Capital Management, Inc.	Victory Small Company Opportunity	145,001
	J.P. Morgan Chase & Co.	J.P. Morgan Mid Cap Value	121,627
	Franklin Templeton Investments	Templeton Global Bond Fund	103,118
	Prudential Financial, Inc.	Prudential Jennison Mid Cap Growth	94,465
	T. Rowe Price	T. Rowe Price Retirement 2055	66,396
	T. Rowe Price	T. Rowe Price Retirement 2010	57,908
	J.P. Morgan Chase & Co.	J.P. Morgan Strategic Income Opportunities Fund	54,627
	Touchstone Securities	Touchstone Active Bond Fund	27,118
	T. Rowe Price	T. Rowe Price Retirement 2015	17,208
	T. Rowe Price	T. Rowe Price Retirement 2005	1,242
*	Massachusetts Mutual Life Insurance Company	MassMutual Premier Money Market	415
			<u>8,831,313</u>
		Group annuity contract:	
*	Massachusetts Mutual Life Insurance Company	Capital Preservation Account	352,919
*	Participant Loans	Loans bearing interest at 5.25% - 5.50% maturing through 2020	<u>46,717</u>
			<u>\$ 9,230,949</u>
*	Represents party-in-interest		

Note: The above information has been certified as complete and accurate by State Street Bank and Trust Company
and MassMutual Life Insurance Company, the custodians of the Plan.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Financial Report
December 31, 2017

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Independent Auditor's Report

To the Plan Administrator
Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by State Street Bank and Trust Company (State Street) and Massachusetts Mutual Life Insurance Company (MassMutual), the custodians of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, and for the years then ended that the information provided to the Plan Administrator by the custodians is complete and accurate.

In addition, certain annuity or custodial accounts may have been issued to current or former employees without the Plan Administrator's knowledge prior to January 1, 2009, therefore the Plan has not maintained accounting records and supporting documents relating to these accounts. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

Independent Auditor's Report (Continued)

Further, as described in Note 9, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts, if any, may have also been excluded from the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions, if any, are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Report on Supplementary Information

The supplemental schedules of assets (held at end of year) and delinquent contributions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

RSM US LLP

Cleveland, Ohio
August 10, 2018

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Mutual funds	\$ 8,831,313	\$ 7,698,511
Investment, at contract value:		
Group annuity contract	352,919	276,091
Total investments	9,184,232	7,974,602
Notes receivable from participants	46,717	87,333
Net assets available for benefits	\$ 9,230,949	\$ 8,061,935

See notes to financial statements.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 943,238	\$ 215,061
Interest and dividends	472,529	323,602
Total investment income	1,415,767	538,663
Interest income on notes receivable from participants	3,393	4,821
Contributions:		
Employer	260,859	272,496
Participant	501,907	437,261
Rollover	101,196	37,285
Total contributions	863,962	747,042
Total additions	2,283,122	1,290,526
Deductions:		
Benefits paid to participants	1,107,166	154,715
Administrative expenses	6,942	24,499
Total deductions	1,114,108	179,214
Net increase	1,169,014	1,111,312
Net assets available for benefits:		
Beginning	8,061,935	6,950,623
Ending	\$ 9,230,949	\$ 8,061,935

See notes to financial statements.

**The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan**

Notes to Financial Statements

Note 1. Description of Plan

The following description of The Rock and Roll Hall of Fame and Museum, Inc. Tax Deferred Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is sponsored and administered by The Rock and Roll Hall of Fame and Museum, Inc. (the Plan Sponsor or Company). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a defined contribution plan covering all eligible employees of the Company. To be eligible to participate in employer non-elective contributions, the participant must have completed one-year of service with the Company but is not required to have employee elective deferrals withheld. One year of service is defined as having completed 1,000 hours of service within the Plan year.

Contributions: Eligible employees may make contributions to the Plan immediately upon hiring or upon the next Plan entrance date, as applicable. Each year, participants may contribute up to the maximum percentage of pretax annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants who attained age 50 before the end of the Plan year were eligible to contribute additional catch-up contributions. Contributions are subject to certain limitations.

In addition, the Plan Sponsor contributes, on behalf of eligible employees, a non-elective, safe harbor contribution equal to 3% of their eligible compensation. Upon written request from the employee, the Plan Sponsor will also contribute annually an amount equal to the participant's unused vacation time. Such contributions shall be limited to the compensatory value of the participant's unused vacation time for a minimum of five days and a maximum of ten days.

Participants accounts: Each participant's account is credited or charged with the participant's contributions and allocations of (a) the Company's contributions, (b) Plan earnings and (c) administrative expenses. Allocations are based on account balances or employee compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants immediately vest in their contributions plus actual earnings thereon. Participants become 100% vested in employer non-elective contributions upon meeting eligibility requirements to participate in such non-elective contributions.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of 50% of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with local prevailing rates at the time of the loan. Participants may not have more than one loan outstanding at any time. Principal and interest is paid ratably through scheduled payroll deductions.

Payment of benefits: Participants who have attained normal retirement age of 65 or the age of 59 ½ may withdrawal in cash all or part of their account as defined by the Plan. Participants under the age of 59 ½ may withdrawal all or part of their tax-deferred contributions only for reasons of extreme financial hardship as defined under federal law. Upon termination or separation of service a participant may receive a lump-sum amount equal to the value of their vested account balance.

Expenses: All expenses of maintaining the Plan are paid by the Plan or the Company, as determined by the Company.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of estimates: The preparation of the 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 net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Risks and uncertainties: The Plan invests, at the direction of the participants, in various investment securities as offered by the Plan. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through August 10, 2018, the date the financial statements were available to be issued.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by State Street and MassMutual

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the custodians and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

	2017	2016
Mutual funds (State Street)	\$ 8,831,313	\$ 7,698,511
Group annuity contract (MassMutual)	\$ 352,919	\$ 276,091
Notes receivable from participants (certified portion - MassMutual)	\$ 46,717	\$ 80,626

The custodians also certified to the completeness and accuracy of the following for the years ended December 31:

	2017	2016
Net appreciation in fair value of investments	\$ 943,238	\$ 215,061
Interest and dividends	\$ 472,529	\$ 323,602
Interest income on notes receivable	\$ 3,393	\$ 4,821

Note 4. Fair Value Measurements

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. In determining fair value, the Plan can use various methods including market, income and cost approaches. Based on these approaches, the Plan can utilize certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values.

The Plan's financial assets and liabilities carried at fair value include mutual funds, whose shares are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. These are classified and disclosed as Level 1 inputs. There are no Level 2 or Level 3 financial assets or liabilities. There also has been no changes or transfers between levels during 2017 and 2016.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

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 the Plan's assets measured at fair value at December 31:

	2017	2016
Mutual funds - Level 1	<u>\$ 8,831,313</u>	<u>\$ 7,698,511</u>

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

Note 5. Group Annuity Contract with Insurance Company

The Plan entered into a traditional investment contract with MassMutual. The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the traditional investment contract at December 31, 2017 and 2016 was \$352,919 and \$276,091, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be greater than 3.00% or less than 1.00%. Such interest rates are reviewed on a quarterly basis for resetting. The contract does permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that significantly affect the Plan's normal operations.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 5. Group Annuity Contract with Insurance Company (Continued)

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

Note 6. Related-Party Transactions

The Plan invests in mutual funds and group annuity contract managed by MassMutual. MassMutual is a custodian of the Plan, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to MassMutual amounted to \$6,942 and \$24,499 for the years ended December 31, 2017 and 2016, respectively.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has a right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants shall be 100% vested in their accounts and the trustee shall distribute account balances to participants in accordance with the Plan.

Note 8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. At December 31, 2017 and 2016, plan management has evaluated the Plan's tax position and concluded the Plan has taken no uncertain tax positions that would require recognition within the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2014.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Notes to Financial Statements

Note 9. Excluded Contracts

There may have been certain annuity and custodial accounts issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009. As permitted by the United States Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, these annuity and custodial accounts, if any, have been excluded from the Plan's investments. In addition, investment income and distributions, if any, related to such potential accounts have also been excluded from the statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The plan administrator has not determined the amount of these excluded annuity and custodial accounts and the related income and distributions because records relating to these are not available or do not exist, but believes such amounts to not be material to the Plan's financial statements.

Note 10. Prohibited Transactions

During the year ended December 31, 2016, the Plan Sponsor failed to deposit \$16,563 of participant deferrals and loan repayments within the required time frame as prescribed by the United States Department of Labor (DOL). The DOL considers the late deposits to be prohibited non-exempt transactions. The Plan Sponsor remitted lost earnings for the late deposits on September 29, 2017, which were paid from their assets and not the assets of the Plan.

Note 11. Reconciliation of Financial Statements to Form 5500

Note receivables from participants are reported on the Form 5500 as participant loans and are considered to be plan investments while in the Plan's financial statements they are classified as receivables from participants. On Form 5500, the Plan recorded the fair value of \$87,333 for participant loans, less \$6,707 at December 31, 2016 and benefits paid to participants of \$1,107,166 less \$6,707 for the year ended December 31, 2017 for deemed distributions to participants in the prior year that are no longer assets of the plan.

Note 12. Subsequent Event

Subsequent to year end, State Street resigned as the sub-custodian for MassMutual, the Plan's third-party administrator. As a result, the Plan entered into a new custodial agreement with Reliance Trust Company effective June 11, 2018.

Supplemental Schedules

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Employer No. 34-1520995

Plan No. 001

Schedule H, Line 4(a) - Schedule of Delinquent Contributions

Year Ended December 31, 2017

Participant contributions transferred late to plan: \$16,563	Total that constitute prohibited non-exempt transactions			Total fully corrected under VFCP and PTE 2002-51
[X] Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	
2016	\$ -	\$ 16,563	\$ -	\$ 16,563

Participant contributions were remitted untimely during the year ended December 31, 2016. For the contributions corrected as indicated above, on September 29, 2017 the plan sponsor remitted lost earnings. These were paid from their assets and not from assets of the Plan.

The Rock and Roll Hall of Fame and Museum, Inc.
Tax Deferred Annuity Plan

Employer No. 34-1520995

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2017

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor or Similar	Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
		Mutual funds:	
	T. Rowe Price	T. Rowe Price Retirement 2030	\$ 2,343,041
	T. Rowe Price	T. Rowe Price Retirement 2025	811,660
	T. Rowe Price	T. Rowe Price Retirement 2035	594,100
	T. Rowe Price	T. Rowe Price Retirement 2045	472,381
*	Massachusetts Mutual Life Insurance Company	MM S&P 500 Index Fd	424,519
	T. Rowe Price	T. Rowe Price New Horizons	412,161
	BlackRock, Inc.	Blackrock Equity Dividend	404,188
	T. Rowe Price	T. Rowe Price Retirement 2040	323,891
	Neuberger Berman	Neuberger Berman Socially Responsive	319,880
	T. Rowe Price	T. Rowe Price Retirement 2020	311,005
	Columbia	Columbia Mid Cap Index Fund	302,273
	Capital Research and Management Co.	American Funds Europacific Growth	272,405
	Western Asset	Western Asset Cr Plus Bond Fd	271,616
	Legg Mason Asset Management	ClearBridge Large Cap Growth Fund	262,749
	T. Rowe Price	T. Rowe Price Retirement 2050	211,619
	AMG Funds	AMG Managers Interim Duration Govt Fund	210,204
	Oppenheimer Funds	Oppenheimer International Growth Fund	194,496
	Victory Capital Management, Inc.	Victory Small Company Opportunity	145,001
	J.P. Morgan Chase & Co.	J.P. Morgan Mid Cap Value	121,627
	Franklin Templeton Investments	Templeton Global Bond Fund	103,118
	Prudential Financial, Inc.	Prudential Jennison Mid Cap Growth	94,465
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	T. Rowe Price	T. Rowe Price Retirement 2010	57,908
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	Touchstone Securities	Touchstone Active Bond Fund	27,118
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	T. Rowe Price	T. Rowe Price Retirement 2005	1,242
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			<u>8,831,313</u>
		Group annuity contract:	
*	Massachusetts Mutual Life Insurance Company	Capital Preservation Account	352,919
*	Participant Loans	Loans bearing interest at 5.25% - 5.50% maturing through 2020	<u>46,717</u>
			<u>\$ 9,230,949</u>
*	Represents party-in-interest		

Note: The above information has been certified as complete and accurate by State Street Bank and Trust Company
and MassMutual Life Insurance Company, the custodians of the Plan.