

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
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)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1960
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) NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC. 25 MAIN ST COOPERSTOWN, NY 13326
2b	Employer Identification Number (EIN) 15-0572877
2c	Plan Sponsor's telephone number 607-547-7200
2d	Business code (see instructions) 712100

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.	12/23/2024	SHILPA KETHARAJU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 (2021)
v. 210624

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	241
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)	79
a(2) Total number of active participants at the end of the plan year		6a(2)	80
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	161
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	3
f Total. Add lines 6d and 6e		6f	244
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	240
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 2T 2M			
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	
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) ☒ <u>1</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC.	D Employer Identification Number (EIN) 15-0572877

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
TIAA-CREF

(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
13-1624203	69345	328853	218	01/01/2021	12/31/2021

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	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(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
	(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
	(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
	(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	5996049
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	15265891

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 ▶

b	Balance at the end of the previous year	7b	5514515
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c	Additions: (1) Contributions deposited during the year	7c(1)	14085	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	191263	
	(4) Transferred from separate account.....	7c(4)	1191297	
	(5) Other (specify below)	7c(5)	10642	

▶ PLAN SERVICE CREDIT/LOAN INTEREST

(6) Total additions	7c(6)	1407287
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	6921802
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	107553	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	813944	
	(4) Other (specify below)	7e(4)	4256	

▶ PLAN LOAN/FEES

(5) Total deductions	7e(5)	925753
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5996049
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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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC.	D Employer Identification Number (EIN) 15-0572877	

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
TIAA
13-1624203
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017-3206

13-1624203

(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?
64	RECORDKEEPER	9858	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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:	KPMG	b EIN:	13-5565207
c Position:	AUDITOR		
d Address:	345 PARK AVE NEW YORK, NY 10154	e Telephone:	212-758-9700

Explanation: CHANGE IN AUDITOR

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC.				D Employer Identification Number (EIN) 15-0572877	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE					
b Name of sponsor of entity listed in (a): TIAA-CREF					
c EIN-PN 13-1624203-004		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1177242		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC.	D Employer Identification Number (EIN) 15-0572877	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
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)	81460	114029
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1029023	1177242
(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)	17145033	19803413
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5514515	5996049
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	23770031 27090733
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	23770031 27090733

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	431297
	(B) Participants	2a(1)(B)	275706
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	707003
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)	5488
	(F) Other	2b(1)(F)	191263
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	196751
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	406446
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	406446
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		180988
(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)		2385133
c Other income.....	2c		9917
d Total income. Add all income amounts in column (b) and enter total.....	2d		3886238
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	555004	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		555004
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		1328
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	9183	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	21	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		9204
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		565536
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3320702
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FUST CHARLES CHAMBERS LLP

(2) EIN: 16-1226221

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC. RETIREMENT 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>NATIONAL BASEBALL HALL OF FAME AND MUSEUM INC.</u>	D Employer Identification Number (EIN) <u>15-0572877</u>

Part I	Distributions
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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	<u>0</u>
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): <u>82-2826183</u>		
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.)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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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) 2021
v. 201209

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**NATIONAL BASEBALL HALL OF FAME AND
MUSEUM, INC. RETIREMENT PLAN**

Financial Statements and Supplemental Schedule

December 31, 2021 and 2020

**NATIONAL BASEBALL HALL OF FAME AND
MUSEUM, INC. RETIREMENT PLAN**

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INDEPENDENT AUDITOR'S REPORT

The Pension Committee and Participants
National Baseball Hall of Fame and Museum, Inc.
Retirement Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of National Baseball Hall of Fame and Museum, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of National Baseball Hall of Fame and Museum, Inc. Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

The Pension Committee and Participants
Page 2 of 5

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of National Baseball Hall of Fame and Museum, Inc. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(Continued)

The Pension Committee and Participants
Page 3 of 5

Auditor's Responsibilities for the Audit of the 2021 Financial Statements, Continued

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

(Continued)

The Pension Committee and Participants
Page 4 of 5

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

The Pension Committee and Participants
Page 5 of 5

Other Matters, Continued

Auditor's Report on the 2020 Financial Statements

The 2020 financial statements of National Baseball Hall of Fame and Museum, Inc. Retirement Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated October 1, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedule, and (b) the form and content of the information included in the financial statements and supplemental schedule other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Syracuse, New York
October 14, 2022

Fust Charles Chambers LLP

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments, at fair value	\$ 25,574,867	22,392,161
Fully benefit-responsive investment contracts, at contract value	1,401,837	1,296,410
Receivables:		
Employer contributions	2,127	16,354
Participant contribution	-	10,549
Notes receivable from participants	<u>114,029</u>	<u>81,460</u>
Total receivables	<u>116,156</u>	<u>108,363</u>
Total net assets available for benefits	<u>\$ 27,092,860</u>	<u>23,796,934</u>

See accompanying notes to financial statements.

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,737,665	2,548,891
Dividends and interest	<u>556,606</u>	<u>372,608</u>
	<u>3,294,271</u>	<u>2,921,499</u>
Interest income on notes receivable from participants	<u>5,488</u>	<u>-</u>
Contributions:		
Employer	417,070	414,495
Participants	265,157	284,105
Rollovers	<u>-</u>	<u>27,233</u>
	<u>682,227</u>	<u>725,833</u>
Total additions	<u>3,981,986</u>	<u>3,647,332</u>
Deductions:		
Benefits paid to participants	556,332	543,151
Administrative expenses	<u>129,728</u>	<u>120,768</u>
Total deductions	<u>686,060</u>	<u>663,919</u>
Net increase	3,295,926	2,983,413
Net assets available for benefits:		
Beginning of year	<u>23,796,934</u>	<u>20,813,521</u>
End of year	<u>\$ 27,092,860</u>	<u>23,796,934</u>

See accompanying notes to financial statements.

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of Plan

The following description of the National Baseball Hall of Fame and Museum, Inc. Retirement Plan (the Plan) provides only general information. The complete terms of the Plan are provided in the Teachers Insurance and Annuity Association (TIAA) Employee Retirement Income Security Act of 1974 (ERISA) Specimen 403(b) Plan for Section 501 (c)(3) Tax-Exempt Organizations Adoption Agreement and related amendment (the Plan Document). Additional Plan information including eligibility, benefits, investment options, vesting provisions and effects of plan termination is included in the Plan Document and other materials distributed to participants.

(a) General

The Plan, as amended, is an employer-sponsored defined contribution plan established under Internal Revenue Code (IRC) Section 403(b) designed to provide retirement benefits to eligible employees of National Baseball Hall of Fame and Museum, Inc. The Plan is subject to the provisions of ERISA.

(b) Plan Administration

The Plan is sponsored and administered by the National Baseball Hall of Fame and Museum, Inc., (Plan administrator or the Museum). The Museum utilizes The Teachers Insurance and Annuity Association (TIAA), formerly known as Teachers Insurance and Annuity Association (TIAA) College Retirement Equities Fund (CREF), for trustee, custodial and recordkeeping services, included the holding, investing, and administration of Plan investment accounts pursuant to the terms of the Plan.

All employees of the Museum are eligible to participate in salary reduction contributions immediately upon employment with the Museum. With respect to employer discretionary nonelective contributions, employees are eligible to participate upon attaining age 21 and completing one year of service of 1,000 hours, as more fully described in the Plan Document.

NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN

Notes to Financial Statements

(1) Description of Plan, Continued

(c) Contributions

Each year, participants may contribute a percentage of their pre-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer contributions to the Plan represent discretionary nonelective contributions made by the Museum during, or after the plan year. If the Museum makes a contribution for a particular plan year after the close of that plan year, the Museum designates the plan year for which the contributions are made. An employee's share of any discretionary nonelective employer contributions is determined based on the employee's compensation as a ratio to the total compensation of eligible employees. The Museum discretionary contributions may be invested at the election of the participant in any of the Plan's investment options.

(d) Participant Accounts

Contributions made by the participants and the employer are reported to the Plan's trustee and custodian and are allocated to the respective participant's account. Each participant's account is credited with the participant's contributions, Museum discretionary contributions, and the allocation of investment earnings (losses). Investment earnings allocations are based on participant account balances.

Participants select the investments in which their contributions will be allocated by the Plan's record keeper. If a participant does not direct the contributions, they are invested in a target date retirement fund where the allocation strategy is consistent with the participant's projected date of retirement, based on the Plan's normal retirement age of 59½.

(e) Vesting

Participants are vested immediately in their contributions, Museum discretionary contributions, and investment returns on the contributions.

NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN

Notes to Financial Statements

(1) Description of Plan, Continued

(f) Payments of Benefits and Withdrawals

Upon termination of service (retirement, death or disability), participants may elect to leave their account balance in the Plan or receive a distribution in the form of installments or a lump sum payment.

Participants may not withdraw any of their pretax contributions or any of the Museum's contributions while actively employed or prior to attaining age 59½ (normal retirement age) except in the event of serious financial hardship and subject to potential penalties, as defined.

(g) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. Loan terms range from two to five years. Loans are secured by the balance in the participant's account and bear interest commensurate with local prevailing rates as determined by the Plan.

(h) Loans to Participants

Plan loans are available to participants through TIAA, subject to certain limitations. Plan loans are issued directly from the funds owned by TIAA and loan proceeds are not removed from a participant's account balance. Because the Plan loan relationship is between TIAA and the participant, loans are not considered to be Plan assets. A portion of a participant's account balance is reserved, or held in collateral, as TIAA Traditional Annuity investments, to cover the loan amount for the period of time the loan is outstanding. For active loans, 110% of the outstanding loan amount is set aside to serve as collateral for the loan and is reflected in the statements of assets available for benefits. See note 9 for discussion of the TIAA Traditional Annuity. Investments underlying defaulted loan balances are reflected in the statements of assets available for benefits until a distribution event occurs. Plan loans outstanding at December 31, 2021 and 2020, were \$18,577 and \$65,837, respectively.

(i) Administrative Expenses

The expenses associated with the investment management and related administration of the Plan are paid out of the assets of the Plan. As provided by the Plan Document, the Museum may pay for certain expenses. During the year ended December 31, 2021 and 2020, TIAA reduced Plan net assets available for benefits by \$129,728 and \$120,768, respectively, to cover Plan investment management and related administrative expenses. The Museum paid other administration expenses on behalf of the Plan.

NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN

Notes to Financial Statements

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

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

(b) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investments in mutual funds and variable annuities are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 9 for discussion of fair value measurements.

As described in note 9, certain types of TIAA Traditional Annuities that are fully benefit-responsive, are stated at contract value. The remaining types of TIAA Traditional Annuities are not fully benefit-responsive and are stated at fair value.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) Payment of Benefits

Benefit payments are recorded when paid.

(e) Subsequent Events

The Plan has evaluated subsequent events through October 14, 2022, the date on which the financial statements were available to be issued.

(f) Reclassifications

Certain amounts in the 2020 financial statements have been reclassified to conform to the 2021 presentation.

NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN

Notes to Financial Statements

(3) Certified Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA – required supplementary schedule, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, and dividends and interest for the years ended December 31, 2021 and 2020, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA (the trustee of the Plan).

(4) Tax Exempt Status

The Plan has been established using a volume submitter plan designed and maintained by the Plan's third-party administrator. The Internal Revenue Service (IRS) has determined and informed the volume submitter sponsor by a letter dated January 1, 2019, that the volume submitter plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

(5) Plan Termination

The Museum intends to continue the Plan indefinitely; however, the Plan is voluntary on the part of the Museum, and they reserve the right to modify or terminate the Plan at any time. In the event of Plan termination, subject to conditions set forth in the Plan and by ERISA, the Plan provides that its assets shall be distributed to the participants and beneficiaries of the Plan.

(6) Related-Party and Party-in-Interest Transactions

Certain Plan investments are shares or units of investment funds managed by TIAA, the Plan's trustee, custodian, and record keeper, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$120,524 and \$113,776 for the years ended December 31, 2021 and 2020, respectively, and are reported as administrative expenses in the statements of changes in net assets available for benefits.

NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN

Notes to Financial Statements

(7) Risks and Uncertainties

Investment securities, in general, 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 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.

(8) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN

Notes to Financial Statements

(8) Fair Value Measurements, Continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

TIAA Traditional Annuity - Investments in TIAA Traditional Annuity RA, which are not fully benefit-responsive, are contract-based, therefore observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs. The fair value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Liquidity restrictions apply to RA contracts that could impact the value realized upon exiting the contract. Specifically, the TIAA annuity contract does not allow lump-sum cash withdrawals, and transfers must be spread out in ten annual installments.

TIAA Real Estate Fund - The TIAA Real Estate Fund generally invests in real estate properties and real estate-related investments. The account's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Underlying real estate holdings are valued principally using external appraisals. Underlying securities are generally priced using values obtained from independent pricing sources.

CREF Funds - The accounts invest principally in equity securities, fixed income instruments and short-term investments in accordance with each portfolio's investment objectives. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing.

TIAA-CREF Mutual Funds - The TIAA-CREF mutual funds invest principally in equity securities, fixed income instruments, and short-term instruments in accordance with each fund's investment objectives. TIAA-CREF mutual funds are registered mutual funds.

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

(8) Fair Value Measurements, Continued

The following table summarizes the Plan's investments at December 31, 2021 that are measured at fair value on a recurring basis as well as the redemption and notification provisions based on the fair value hierarchy, where applicable:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>	<u>Redemption frequency</u>	<u>Notice in days</u>
TIAA-CREF mutual funds	\$ 1,934,834	-	-	1,934,834	Daily	1
Other mutual funds	4,614,969	-	-	4,614,969	Daily	1
CREF variable annuities	13,253,610	-	-	13,253,610	Daily	1
TIAA Real Estate Fund	-	1,177,242	-	1,177,242	Quarterly	1
TIAA Traditional Annuity Contracts	-	-	4,594,212	4,594,212	Note 9	N/A
Investments at fair value	<u>\$ 19,803,413</u>	<u>1,177,242</u>	<u>4,594,212</u>	<u>25,574,867</u>		

The following table summarizes the valuation of the Plan's investments measured under the fair value hierarchy as of December 31, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>	<u>Redemption frequency</u>	<u>Notice in days</u>
TIAA-CREF mutual funds	\$ 1,645,259	-	-	1,645,259	Daily	1
Other mutual funds	3,522,686	-	-	3,522,686	Daily	1
CREF variable annuities	11,977,088	-	-	11,977,088	Daily	1
TIAA Real Estate Fund	-	1,029,023	-	1,029,023	Quarterly	1
TIAA Traditional Annuity Contracts	-	-	4,218,105	4,218,105	Note 9	N/A
Investments at fair value	<u>\$ 17,145,033</u>	<u>1,029,023</u>	<u>4,218,105</u>	<u>22,392,161</u>		

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

(8) Fair Value Measurements, Continued

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the Accounting Standards Codification (ASC) 820 fair value hierarchy at December 31, 2021:

<u>Type</u>	<u>Fair value</u>	<u>Principal valuation technique</u>	<u>Significant unobservable inputs</u>	<u>Range</u>
TIAA Traditional Annuity Contracts - RA	\$ 4,594,212	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3% - 4.45%

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the ASC 820 fair value hierarchy at December 31, 2020:

<u>Type</u>	<u>Fair value</u>	<u>Principal valuation technique</u>	<u>Significant unobservable inputs</u>	<u>Range</u>
TIAA Traditional Annuity Contracts - RA	\$ 4,299,565	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3% - 4.45%

The following table sets forth a summary of purchases, sales and transfers of the Plan's Level 3 investments for the year ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Purchases	\$ 10,106	11,444
Sales	(95,248)	(77,846)
Transfers, net	227,302	58,304

NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN

Notes to Financial Statements

(9) Fully Benefit-Responsive Investment Contracts at Contract Value

The TIAA Traditional Annuity is a guaranteed fixed annuity contract available as an investment option to Plan participants. The contract is fully and unconditionally guaranteed by TIAA. The Traditional Annuity is offered through a variety of contract types, including Retirement Annuity (RA) and Supplemental Retirement Annuity (SRA), which provide certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement.

When participants choose to allocate a portion of their retirement savings to the RA and SRA annuity contracts during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, are guaranteed by TIAA's claims-paying ability. The RA and SRA annuity contracts also provide the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for the RA and SRA annuity contracts. Additional interest is not guaranteed for future years. The crediting interest rate was between 2.00% and 3.00% as of December 31, 2021 and 2020.

Under the terms of the RA annuity contract, lump-sum cash withdrawals are not allowed, and transfers must be spread over a period of 10 annual installments. All other withdrawals and transfers from the RA annuity contracts must be spread over a period of 10 annual installments (or five annual installments for withdrawals after termination of employment through election of a five-year fixed-period annuity), and thus considered nonbenefit responsive. Under the terms of the SRA annuity contract, there are no liquidity restrictions.

Investments in TIAA Traditional Annuity RA, which are not fully benefit-responsive, are stated at fair value. Investments in TIAA Traditional Annuity SRA, which are fully benefit-responsive, are stated at contract value. TIAA Traditional Annuity - Investments in TIAA Traditional Annuity SRA, which are fully benefit-responsive, are recorded at contract value. These contracts provide for full participant-directed liquidity. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statements of changes in net assets available for benefits.

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

(10) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of certain financial statement amounts to the Form 5500 as of and for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Total receivables per the financial statements	\$ 2,127	26,903
Less employer and participant contribution receivables	<u>(2,127)</u>	<u>(26,903)</u>
Total receivables per the Form 5500	<u>\$ -</u>	<u>-</u>
	<u>2021</u>	<u>2020</u>
Total employer contributions per financial statements	\$ 417,070	414,495
Less employer contribution receivables at end of year	(2,127)	(16,354)
Plus employer contribution receivables at beginning of year	<u>16,354</u>	<u>15,496</u>
Total employer contribution per Form 5500	<u>\$ 431,297</u>	<u>413,637</u>
	<u>2021</u>	<u>2020</u>
Total participant contributions per financial statements	\$ 265,157	284,105
Less participant contribution receivables at end of year	-	(10,549)
Plus employer contribution receivables at beginning of year	<u>10,549</u>	<u>11,927</u>
Total participant contribution per Form 5500	<u>\$ 275,706</u>	<u>285,483</u>

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

(10) Reconciliation of Financial Statements to Form 5500, Continued

	<u>2021</u>	<u>2020</u>
Total investment income per financial statements	\$ 3,299,759	2,921,499
Less eligible indirect fees and expenses	<u>(120,524)</u>	<u>(113,776)</u>
Total investment income per Form 5500	<u>\$ 3,179,235</u>	<u>2,807,723</u>
	<u>2021</u>	<u>2020</u>
Total deductions per financial statements	\$ 686,060	663,919
Less eligible indirect fees and expenses	<u>(120,524)</u>	<u>(113,776)</u>
Total expenses per Form 5500	<u>\$ 565,536</u>	<u>550,143</u>

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0572877

December 31, 2021

(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
*	TIAA Traditional Fully Benefit-Responsive	Annuity contracts	**	\$ 1,298,990
*	TIAA Traditional Fully Benefit-Responsive 2	Annuity contracts	**	102,847
*	TIAA Traditional Non Fully Benefit-Responsive	Annuity contracts	**	4,409,646
*	TIAA Traditional Non Fully Benefit-Responsive 2	Annuity contracts	**	179,450
*	Plan Loan Default Fund	Annuity contracts	**	5,116
*	TIAA Real Estate	Pooled separate account - 2,287 units	**	1,177,242
*	CREF Stock R1	Mutual Fund, 9,738 shares	**	7,533,197
*	CREF Money Market R1	Mutual Fund, 7,821 shares	**	206,039
*	CREF Social Choice R1	Mutual Fund, 1,269 shares	**	435,491
*	CREF Bond Market R1	Mutual Fund, 4,936 shares	**	690,319
*	CREF Global Equities R1	Mutual Fund, 6,205 shares	**	1,763,576
*	CREF Growth R1	Mutual Fund, 3,201 shares	**	1,270,783
*	CREF Equity Index R1	Mutual Fund, 1,688 shares	**	683,017
*	CREF Inflation-Linked Bond R1	Mutual Fund, 8,170 shares	**	671,188
*	TIAA Access Lifecycle 2015 T 4	Mutual Fund, 343 shares	**	18,564
*	TIAA Access Lifecycle 2020 T 4	Mutual Fund, 61 shares	**	3,402
*	TIAA Access Lifecycle 2030 T 4	Mutual Fund, 308 shares	**	18,474
*	TIAA Access Lifecycle 2045 T 4	Mutual Fund, 16 shares	**	1,075
*	TIAA Access Lifecycle 2050 T 4	Mutual Fund, 563 shares	**	37,698
*	TIAA Access Core Bond Plus T 4	Mutual Fund, 267 shares	**	11,561
*	TIAA Access Equity Index T 4	Mutual Fund, 1 share	**	81

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0572877

December 31, 2021

(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
*	TIAA Access Growth & Income T 4	Mutual Fund, 74 shares	**	8,334
*	TIAA Access Intl Equity T 4	Mutual Fund, 5,354 shares	**	202,963
*	TIAA Access Lg-Cap Gr T 4	Mutual Fund, 45 shares	**	6,404
*	TIAA Access Lg-Cap Val T 4	Mutual Fund, 1,601 shares	**	100,354
*	TIAA Access Mid-Cap Gr T 4	Mutual Fund, 250 shares	**	25,085
*	TIAA Access Mid-Cap Val T 4	Mutual Fund, 1,185 shares	**	78,879
*	TIAA Access Real Est Secs T 4	Mutual Fund, 1,841 shares	**	114,400
*	TIAA Access Sm-Cap B1 Idx T 4	Mutual Fund, 1,555 shares	**	121,531
*	TIAA Access Quant Sml Cp Eq T 4	Mutual Fund, 506 shares	**	39,522
*	TIAA Access Social Ch Eq T 4	Mutual Fund, 80 shares	**	7,676
*	TIAA Access Lifecycle 2055 T 4	Mutual Fund, 291 shares	**	19,654
*	TIAA Access Lifecycle 2060 T 4	Mutual Fund, 407 shares	**	19,383
*	TIAA-CREF Bond Index-Inst	Mutual Fund, 6,826 shares	**	76,106
*	TIAA-CREF Intl Eq Idx-Inst	Mutual Fund, 11,921 shares	**	272,747
*	TIAA-CREF S&P 500 Idx-Inst	Mutual Fund, 11,389 shares	**	593,277
*	TIAA-CREF Sm-Cap B1 Idx-Inst	Mutual Fund, 6,367 shares	**	163,250
*	AM FDS Cap Wrld GRW AND INC R6	Mutual Fund, 1,095 shares	**	69,690
*	American EuroPac Growth R6	Mutual Fund, 1,890 shares	**	122,371
*	Delaware Small Cap Value R6	Mutual Fund, 449 shares	**	36,636
*	Dodge & Cox Income Fund	Mutual Fund, 15,930 shares	**	223,975
*	Invesco Equally Wghed SP500 R6	Mutual Fund, 1,241 shares	**	98,982

**NATIONAL BASEBALL HALL OF FAME AND MUSEUM, INC.
RETIREMENT PLAN**

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

Plan No. 001

Employer Identification No. 15-0572877

December 31, 2021

(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
*	Delaware Ivy Mid Cap Growth R6	Mutual Fund, 7,059 shares	**	302,041
*	PIMCO Real Return Inst Class	Mutual Fund, 9,085 shares	**	111,925
*	Pioneer Strategic Income CI K	Mutual Fund, 12,099 shares	**	130,433
*	American Washington Mut Inv R6	Mutual Fund, 8,680 shares	**	471,586
*	T. Rowe Price Blue Chip Gr I	Mutual Fund, 1,268 shares	**	226,036
*	T. Rowe Price Retire 2040 Fund	Mutual Fund, 7,802 shares	**	255,579
*	T. Rowe Price Retire 2050 Fund	Mutual Fund, 18,381 shares	**	358,247
*	T. Rowe Price Retire 2010 Fund	Mutual Fund, 787 shares	**	13,797
*	T. Rowe Price Retire 2020 Fund	Mutual Fund, 36,166 shares	**	803,248
*	T. Rowe Price Retire 2030 Fund	Mutual Fund, 34,086 shares	**	1,004,867
*	T. Rowe Price Retirement 2060	Mutual Fund, 9,163 shares	**	151,557
*	Vanguard Selected Value Inv	Mutual Fund, 7,452 shares	**	228,413
*	Participant Loans	Interest rates ranging from 4.25% to 6.25%	-	114,029
				<u>\$ 27,090,733</u>

* A party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investments.

See accompanying independent auditor's report.

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

Name of Plan:

► National Baseball Hall of Fame and Museum Retirement Plan

Employer Identification Number:► 15-0572877

For plan year (beginning/ending):► 1/1/2021 to 12/31/2021

Plan number:► 001

(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
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 1,298,989.79
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 4,409,647.28
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$ 102,847.52
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		\$ 179,450.43
*	College Retirement Equities Fund variable annuities	Plan Loan Default Fund		\$ 5,113.67
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$ 7,533,197.08
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 206,038.76
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$ 435,490.89
*	College Retirement Equities Fund variable annuities	CREF Bond Market R1		\$ 690,319.29
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 1,763,576.28
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 1,270,782.80
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$ 683,016.78
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 671,187.73
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 1,177,242.20
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond Plus T4		\$ 11,561.12
*	College Retirement Equities Fund variable annuities	TIAA Access Equity Index T4		\$ 80.56
*	College Retirement Equities Fund variable annuities	TIAA Access Growth & Income T4		\$ 8,334.29
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity T4		\$ 202,962.63
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Gr T4		\$ 6,404.33
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val T4		\$ 100,354.37
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2015 T4		\$ 18,564.12
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2020 T4		\$ 3,402.27
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2030 T4		\$ 18,473.67
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2045 T4		\$ 1,074.75
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2050 T4		\$ 37,697.55
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Gr T4		\$ 25,085.07
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Val T4		\$ 78,878.65
*	College Retirement Equities Fund variable annuities	TIAA Access Real Est Secs T4		\$ 114,400.07
*	College Retirement Equities Fund variable annuities	TIAA Access Sm-Cap BI Idx T4		\$ 121,530.56
*	College Retirement Equities Fund variable annuities	TIAA Access Quant Sml Cp Eq T4		\$ 39,522.22
*	College Retirement Equities Fund variable annuities	TIAA Access Social Ch Eq T4		\$ 7,675.69
*	College Retirement Equities Fund variable annuities	TIAA-CREF Bond Index-Inst		\$ 76,105.70
*	College Retirement Equities Fund variable annuities	TIAA-CREF Intl Eq Idx-Inst		\$ 272,747.27
*	College Retirement Equities Fund variable annuities	TIAA-CREF S&P 500 Idx-Inst		\$ 593,277.31
*	College Retirement Equities Fund variable annuities	TIAA-CREF Sm-Cap BI Idx-Inst		\$ 163,250.36
	College Retirement Equities Fund variable annuities	AM FDS Cap Wrld GRW AND INC R6		\$ 69,690.13
	College Retirement Equities Fund variable annuities	American EuroPac Growth R6		\$ 122,371.06
	College Retirement Equities Fund variable annuities	Dodge & Cox Income Fund		\$ 223,975.33
	College Retirement Equities Fund variable annuities	PIMCO Real Return Inst Class		\$ 111,924.94
	College Retirement Equities Fund variable annuities	T. Rowe Price Retire 2040 Fund		\$ 255,578.61
	College Retirement Equities Fund variable annuities	T. Rowe Price Retire 2050 Fund		\$ 358,247.04
	College Retirement Equities Fund variable annuities	Vanguard Selected Value Inv		\$ 228,413.54
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2060 T4		\$ 19,383.17
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2055 T4		\$ 19,653.98
	College Retirement Equities Fund variable annuities	T. Rowe Price Retire 2010 Fund		\$ 13,797.08
	College Retirement Equities Fund variable annuities	T. Rowe Price Retire 2020 Fund		\$ 803,247.92
	College Retirement Equities Fund variable annuities	T. Rowe Price Retire 2030 Fund		\$ 1,004,866.93
	College Retirement Equities Fund variable annuities	T Rowe Price Retirement 2060		\$ 151,556.96
	College Retirement Equities Fund variable annuities	Pioneer Strategic Income CI K		\$ 130,432.54
	College Retirement Equities Fund variable annuities	Invesco Equally Wghd SP500 R6		\$ 98,981.86
	College Retirement Equities Fund variable annuities	T. Rowe Price Blue Chip Gr I		\$ 226,035.92
	College Retirement Equities Fund variable annuities	Delaware Ivy Mid Cap Growth R6		\$ 302,041.26
	College Retirement Equities Fund variable annuities	Delaware Small Cap Value R6		\$ 36,636.31
	College Retirement Equities Fund variable annuities	MFS Value Fund Class R6		\$ 471,586.05
	College Retirement Equities Fund variable annuities	Participant Loan Fund		\$ 114,029.31
	Total			\$ 27,090,733