

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 6047(e), 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
		2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>MAJOR LEAGUE BASEBALL 401K PLAN AND TRUST</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>01/01/1997</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL</u> <u>245 PARK AVENUE</u> <u>NEW YORK, NY 10167-0002</u>	2b Employer Identification Number (EIN) <u>13-1665347</u> 2c Sponsor's telephone number <u>212-931-7800</u> 2d Business code (see instructions) <u>711210</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>DEBRA PARSONS</u>
	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 and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MAJOR LEAGUE BASEBALL 401K PLAN COMMITTEE 245 PARK AVENUE NEW YORK, NY 10167-0002	3b Administrator's EIN 13-1665347 3c Administrator's telephone number 212-931-7800
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	284
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	225
b Retired or separated participants receiving benefits.....	6b	71
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a , 6b , and 6c	6d	296
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	296
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
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 Characteristic Codes in the instructions:
 2G 2J

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MAJOR LEAGUE BASEBALL 401K PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL	D Employer Identification Number (EIN) 13-1665347	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIDELITY INVESTMENTS INST OPER COMP

P.O. BOX 770002
CINCINNATI, OH 45277-0027

04-2647786

(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?
24	RECORDKEEPER	9330	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 ☐

(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 ☐

(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
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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
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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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MAJOR LEAGUE BASEBALL 401K PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL	D Employer Identification Number (EIN) 13-1665347	

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

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)	709827	887832
(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)	613841	931036
(9) Value of interest in common/collective trusts.....	1c(9)	500050	679473
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15993463	23836220
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17817181	26334561

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17817181	26334561
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	2571334	
(C) Others (including rollovers)	2a(1)(C)	39092	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2610426

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5641	
(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)	39312	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		44953

(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)	465643	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		465643

(3) Rents	2b(3)		
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(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)		

		(a) Amount	(b) Total
2b (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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10586
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5700497
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8832105

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	368600	
(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)		368600
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9330	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9330
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		377930

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8454175
l Transfers of assets:			
(1) To this plan.....	2l(1)		63204
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: S DAVIS & ASSOCIATES, PA

(2) EIN: 65-0719690

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		17500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)
MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST	13-3933611	002

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 section 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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>MAJOR LEAGUE BASEBALL 401K PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL</u>	D Employer Identification Number (EIN) <u>13-1665347</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>04-6568107</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)
----------------	--

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	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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

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

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



S. DAVIS & ASSOCIATES, P.A.

Certified Public Accountants & Consultants

2521 Hollywood Boulevard
Hollywood, Florida 33020
(954) 927-5900
(954) 927-5927 Fax

160 NW 176th Street
Suite 400-I
Miami Gardens, FL 33169
(305) 628-1510
(305) 628-1595 Fax

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Major League Baseball 401(k) Plan and Trust

We have audited the accompanying statements of net assets available for benefits of Major League Baseball 401(k) Plan and Trust (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the years ended December 31, 2009 and 2008, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. This supplemental schedule of assets held at end of year as of December 31, 2009 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

S. Davis & Associates, P.A.

Hollywood, Florida
September 27, 2010

Member
Florida Institute of Certified Public Accountants
New York State Society of Certified Public Accountants
American Institute of Certified Public Accountants

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
EIN: 13-1665347 PN: 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Identity of Issue	Description of Investment	Cost	Current Value
PARTICIPANT – DIRECTED INVESTMENTS			
CASH EQUIVALENTS:			
* Fidelity Management and Research Company	Fidelity Retirement Money Market Fund, 887,832 shares	\$ 887,832	\$ 887,832
MUTUAL FUNDS			
Pacific Trust Management Company	PIMCO Total Return Fund, 303,043 shares	3,196,004	3,272,861
Morgan Stanley Investment Management	MSIF Small Company Growth B Fund, 184,757 shares	1,912,093	1,932,559
Morgan Stanley Investment Management	MSIF Emerging Markets Fund, 92,371 shares	2,055,103	2,087,591
Newberger Berman Management, Inc.	NB Partners Trust 185,905 shares	2,521,512	3,415,082
Wells Fargo Fund Management LLC	WFA Small Cap Val Z 5,473 shares	141,889	150,132
Wells Fargo Fund Management LLC	WFA Opportunity Investment, 9,374 shares	374,532	300,072
Janus Capital	Janus Balanced Fund, 86,839 shares	1,858,170	2,131,890
* Fidelity Management and Research Company	Fidelity Growth Company, 17,599 shares	1,055,577	1,213,981
* Fidelity Management and Research Company	Fidelity Value Fund, 1,263 shares	80,052	71,893
* Fidelity Management and Research Company	Fidelity Low Priced Stock Fund, 27,666 shares	954,829	883,666
* Fidelity Management and Research Company	Fidelity Equity Income II Fund, 28,251 shares	579,567	461,333
* Fidelity Management and Research Company	Fidelity Freedom Income Fund, 30,720 shares	334,813	329,933
* Fidelity Management and Research Company	Fidelity Mid-Cap Stock Fund, 37,713 shares	910,954	883,245

* Denotes a party-in-interest to the Plan

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
EIN: 13-1665347 PN: 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Identity of Issue	Description of Investment	Cost	Current Value
* Fidelity Management and Research Company	Fidelity Freedom 2025 Fund, 21,252 shares	230,929	220,810
* Fidelity Management and Research Company	Fidelity Freedom 2005 Fund, 798 shares	8,582	8,003
* Fidelity Management and Research Company	Fidelity Freedom 2000 Fund, 4,610 shares	54,062	52,330
* Fidelity Management and Research Company	Fidelity Freedom 2010 Fund, 46,494 shares	616,251	581,643
* Fidelity Management and Research Company	Fidelity Freedom 2020 Fund, 70,876 shares	944,666	889,499
* Fidelity Management and Research Company	Fidelity Freedom 2030 Fund, 85,318 shares	1,188,462	1,057,088
* Fidelity Management and Research Company	Fidelity Freedom 2040 Fund, 83,791 shares	689,635	599,946
* Fidelity Management and Research Company	Fidelity Freedom 2015 Fund, 34,976 shares	347,925	364,450
* Fidelity Management and Research Company	Fidelity Freedom 2035 Fund, 6,086 shares	57,993	62,442
* Fidelity Management and Research Company	Fidelity Freedom 2045 Fund, 8,669 shares	72,708	73,427
* Fidelity Management and Research Company	Fidelity Freedom 2050 Fund, 155 shares	1,111	1,297
* Fidelity Management and Research Company	Fidelity Managed Income Portfolio, 679,473 shares	679,473	679,473
* Fidelity Management and Research Company	Fidelity Diversified International Fund, 76,045 shares	2,149,734	2,129,267
* Fidelity Management and Research Company	Spartan US Equity Index Fund, 10,061 shares	396,264	396,704
American Beacon Advisors, Inc.	ABF Large CAP Val Investment 16,143 shares	277,807	265,076
PARTICIPANT LOANS			
Secured Receivable	4.25% - 9.25%		931,036
		<u>\$ 24,578,529</u>	<u>\$ 26,334,561</u>

* Denotes a party-in-interest to the Plan

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
EIN: 13-1665347 PN: 002
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MUTUAL FUNDS			
Pacific Trust Management Company	PIMCO Total Return Fund, 303,043 shares	3,196,004	3,272,861
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Morgan Stanley Investment Management	MSIF Emerging Markets Fund, 92,371 shares	2,055,103	2,087,591
Newberger Berman Management, Inc.	NB Partners Trust 185,905 shares	2,521,512	3,415,082
Wells Fargo Fund Management LLC	WFA Small Cap Val Z 5,473 shares	141,889	150,132
Wells Fargo Fund Management LLC	WFA Opportunity Investment, 9,374 shares	374,532	300,072
Janus Capital	Janus Balanced Fund, 86,839 shares	1,858,170	2,131,890
* Fidelity Management and Research Company	Fidelity Growth Company, 17,599 shares	1,055,577	1,213,981
* Fidelity Management and Research Company	Fidelity Value Fund, 1,263 shares	80,052	71,893
* Fidelity Management and Research Company	Fidelity Low Priced Stock Fund, 27,666 shares	954,829	883,666
* Fidelity Management and Research Company	Fidelity Equity Income II Fund, 28,251 shares	579,567	461,333
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* Denotes a party-in-interest to the Plan

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
EIN: 13-1665347 PN: 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

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* Fidelity Management and Research Company	Fidelity Managed Income Portfolio, 679,473 shares	679,473	679,473
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* Fidelity Management and Research Company	Spartan US Equity Index Fund, 10,061 shares	396,264	396,704
American Beacon Advisors, Inc.	ABF Large CAP Val Investment 16,143 shares	277,807	265,076
PARTICIPANT LOANS			
Secured Receivable	4.25% - 9.25%		931,036
		<u>\$ 24,578,529</u>	<u>\$ 26,334,561</u>

* Denotes a party-in-interest to the Plan

Form 5500	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 6047(e), 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
Department of the Treasury Internal Revenue Service		2009
Department of Labor Employee Benefits Security Administration		This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation		

Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning _____ and ending _____		
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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; special extension (enter description) _____	☐ automatic extension; ☐ the DFVC program;

Basic Plan Information - enter all requested information		
1a Name of plan MAJOR LEAGUE BASEBALL 401K PLAN & TRUST	1b Three-digit plan number (PN) ▶	002
	1c Effective date of plan	01/01/1997
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL 245 PARK AVENUE NEW YORK NY 10167-0002	2b Employer Identification Number (EIN)	13-1665347
	2c Sponsor's telephone number	
	2d Business code (see instructions)	711210

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

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

SIGN HERE	<i>Robert D Manfred Jr</i>	10-12-10	ROBERT D MANFRED JR
	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	<i>Robert D Manfred Jr</i>	10-12-10	ROBERT D MANFRED JR
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3 a Plan administrator's name and address (If same as plan sponsor, enter "Same")
 MAJOR LEAGUE BASEBALL 401k PLAN
 COMMITTEE

245 PARK AVENUE
 NEW YORK NY 10167-0002

3b Administrator's EIN
 13-1665347

3c Administrator's telephone number
 212-931-7800

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year	5	284
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 7d)		
a Active participants	6a	225
b Retired or separated participants receiving benefits	6b	71
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a, 6b, and 6c	6d	296
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	296
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1

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

2G 2J

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

9 a 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

9 b 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) ☐ A (Insurance Information)
- (4) ☒ C (Service Provider Information)
- (5) ☒ D (DFE/Participating Plan Information)
- (6) ☐ G (Financial Transaction Schedules)

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
EIN: 13-1665347 PN: 002
AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2009 AND 2008

**MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2009 AND 2008**

TABLE OF CONTENTS

Independent Auditors' Report.....	1
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-9
Supplemental Schedule: *	
Schedule H (Form 5500) -- Line 4i - Schedule of Assets (Held at End of Year)	11-12

- * Other schedules required by Section 2520.103-1 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



S. DAVIS & ASSOCIATES, P.A.

Certified Public Accountants & Consultants

2521 Hollywood Boulevard
Hollywood, Florida 33020
(954) 927-5900
(954) 927-5927 Fax

160 NW 176th Street
Suite 400-I
Miami Gardens, FL 33169
(305) 628-1510
(305) 628-1595 Fax

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Major League Baseball 401(k) Plan and Trust

We have audited the accompanying statements of net assets available for benefits of Major League Baseball 401(k) Plan and Trust (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the years ended December 31, 2009 and 2008, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. This supplemental schedule of assets held at end of year as of December 31, 2009 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Hollywood, Florida
September 27, 2010

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Investments, at fair value	\$ 26,322,157	\$ 17,791,588
Total assets	<u>26,322,157</u>	<u>17,791,588</u>
Net assets reflecting investments at fair value	26,322,157	17,791,588
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	12,404	25,593
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 26,334,561</u></u>	<u><u>\$ 17,817,181</u></u>

See notes to financial statements.

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net appreciation (depreciation) in fair value of investments	\$ 5,700,140	\$ (10,034,850)
Interest and dividends	482,229	1,059,910
Interest income on participants' loans	39,312	33,829
Total investment income (loss)	<u>6,221,681</u>	<u>(8,941,111)</u>
CONTRIBUTIONS		
Employers' contribution		2,478
Participants' contributions	2,571,334	2,523,810
Rollover	39,092	523,636
Total contributions	<u>2,610,426</u>	<u>3,049,924</u>
Total additions (reductions)	<u>8,832,107</u>	<u>(5,891,187)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	368,600	610,763
Administrative expenses	9,331	8,878
Total deductions	<u>377,931</u>	<u>619,641</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	8,454,176	(6,510,828)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	17,817,181	24,326,853
TRANSFER OF ASSETS TO THIS PLAN	63,204	1,156
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 26,334,561</u>	<u>\$ 17,817,181</u>

See notes to financial statements.

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - SUMMARY DESCRIPTION OF THE PLAN

The Major League Baseball 401(k) Plan and Trust (the "Plan") is a defined contribution plan which provides benefits for all eligible employees, as defined. Prior to 1997, Major League Baseball Properties, Inc. ("Properties") was sponsor and sole participant of the Plan. In January 1997, the Plan was amended and restated to reflect the Office of the Commissioner of Baseball ("Office of the Commissioner" or "Sponsor") as having assumed sponsorship of the Plan. Effective January 1997, the employees of the Office of Commissioner, The Arizona Fall League, Inc., The National League of Professional Baseball Clubs, The American League of Professional Baseball Club and the Major League Scouting Bureau became eligible to participate in the Plan. Effective January 2008, Major League Baseball Blue, Inc. became a participating employer in the Plan. The Plan is subject to the provisions of the Employees Retirement Income Security Act of 1974 ("ERISA").

Effective April 19, 2001, the Sponsor of the Plan changed the Plan's investment manager and trustee to Fidelity Investments Institutional Services Company, Inc. and Fidelity Management Trust, respectively (collectively "Fidelity"). The Plan offers twenty-nine investment options in which the participants may invest their contributions and an allocation of both the employer contributions, if any, and Plan earnings.

Plan participants may make pre-tax contributions from their salaries of up to 50% of eligible compensation. Participant pre-tax contributions are subject to the limitations of Internal Revenue Code Section 402(g) of \$16,500 for 2009 and \$15,500 for 2008 plan years. An employee who attained age 50 or is projected to attain age 50 before the close of the calendar year may make pre-tax contribution up to an additional amount of \$5,500 for 2009 and \$5,000 for 2008 plan years. The Plan currently provides the employer the option to make annual contributions to the Plan in the form of cash, securities or other property as determined by the employer. The employer made a contribution to the Plan during 2008.

Participants' vested account balances are payable on retirement. The normal retirement age under the Plan is 65. Payments are permitted prior to that age in the case of disability, death or termination of employment. Participants are always 100% vested in their deferral, qualified non-elective employer and rollover contributions.

Upon termination of employment, participants forfeit their non-vested balance (if any).

The Sponsor has the right under the Plan to amend, alter or terminate the Plan at any time. In the event of the Plan's termination, Plan provisions require that the net assets of the Plan become fully vested and be distributed to the participants according to their individual account balance.

The Plan includes a loan provision whereby active Plan participants may borrow up to a maximum of 50% of their vested account balance, not to exceed \$50,000. Amounts borrowed must be repaid with interest through regular payroll deductions over a period not to exceed five years for periodic loans and 20 years for loans used to purchase a primary residence.

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS - Continued
DECEMBER 31, 2009 AND 2008

NOTE 1 - SUMMARY DESCRIPTION OF THE PLAN - Continued

The foregoing description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements are presented in accordance with the American Institute of Certified Public Accountants (AICPA) Accounting Standards Codification 962. Separate fund disclosures are not required in the financial statement or related disclosures for plans with participant-directed investments. The investments held by the Plan are participant-directed.

Basis of Accounting

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS- Continued
DECEMBER 31, 2009 AND 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Subsequent Events

The Plan has evaluated subsequent events through September 27, 2010, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The Plan offers participants a directed investment program whereby each investment opportunity offers the participant a different investment strategy. Effective April 19, 2001, contributions received may be invested in specified funds and accounts established and maintained by Fidelity.

The following table presents investments that represent 5% or more of the Plan's net assets available for benefits at 2009 and 2008:

	<u>2009</u>	<u>2008</u>
NB Partners Trust	\$ 3,415,082	\$ 2,053,062
MSIF Small Company Growth Fund	1,932,559	1,306,145
Janus Advisor Balanced Fund		1,619,725
PIMCO Total Return Adm.	3,272,861	2,350,620
Fidelity Diversified International Fund	2,129,267	1,564,711
MSIF Emerging Market Fund	2,087,591	1,277,413
Janus Balanced Fund	2,131,890	

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS - Continued
DECEMBER 31, 2009 AND 2008

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The 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 in active markets;
 - ❖ quoted prices for identical or similar assets or liabilities in inactive markets;
 - ❖ inputs other than quoted prices that are observable for the asset or liability;
 - ❖ 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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, 2009 and 2008.

Money market portfolio: Valued at amortized cost which approximates fair value.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Participants' loans: Valued at amortized cost, which approximates fair value.

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

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS- Continued
DECEMBER 31, 2009 AND 2008

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market portfolio	\$ 887,832			\$ 887,832
Mutual funds	23,836,220	\$ 667,069		24,503,289
Participants' loans			\$ 931,036	931,036
Total assets at fair value	<u>\$ 24,724,052</u>	<u>\$ 667,069</u>	<u>\$ 931,036</u>	<u>\$ 26,322,157</u>

Assets at Fair Value as of December 31, 2008

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market portfolio	\$ 709,827			\$ 709,827
Mutual funds	15,993,463	\$ 474,457		16,467,920
Participants' loans			\$ 613,841	613,841
Total assets at fair value	<u>\$ 16,703,290</u>	<u>\$ 474,457</u>	<u>\$ 613,841</u>	<u>\$ 17,791,588</u>

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009.

Level 3 Assets Year Ended December 31, 2009

	<u>Participants' loans</u>
Balance, beginning of year	\$ 613,841
Purchases, sales, issuances, and settlements (net)	317,195
Balance, end of year	<u>\$ 931,036</u>

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS - Continued
DECEMBER 31, 2009 AND 2008

NOTE 5 - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated April 24, 1998, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and therefore, the related trust is exempt from taxation. The Plan has been amended and restated in its entirety since receiving the determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator has indicated that it will take the necessary steps, if any, to maintain the Plan's qualified status.

NOTE 6 - ADMINISTRATIVE EXPENSES

Legal and accounting fees, as well as all other administrative expenses, except for certain asset management expenses relating to the maintenance of the Plan, have been paid by the Office of the Commissioner.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Fidelity Management and Research Company, an affiliate of the Trustee.

NOTE 8 - RISKS AND UNCERTAINTIES

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

Subsequent to year end, the financial markets have been subject to considerable volatility. Accordingly, the value of investments held, as reflected in these financial statements, may be affected.

SUPPLEMENTAL SCHEDULE

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
EIN: 13-1665347 PN: 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
PARTICIPANT – DIRECTED INVESTMENTS			
CASH EQUIVALENTS:			
* Fidelity Management and Research Company	Fidelity Retirement Money Market Fund, 887,832 shares	\$ 887,832	\$ 887,832
MUTUAL FUNDS			
Pacific Trust Management Company	PIMCO Total Return Fund, 303,043 shares	3,196,004	3,272,861
Morgan Stanley Investment Management	MSIF Small Company Growth B Fund, 184,757 shares	1,912,093	1,932,559
Morgan Stanley Investment Management	MSIF Emerging Markets Fund, 92,371 shares	2,055,103	2,087,591
Newberger Berman Management, Inc.	NB Partners Trust 185,905 shares	2,521,512	3,415,082
Wells Fargo Fund Management LLC	WFA Small Cap Val Z 5,473 shares	141,889	150,132
Wells Fargo Fund Management LLC	WFA Opportunity Investment, 9,374 shares	374,532	300,072
Janus Capital	Janus Balanced Fund, 86,839 shares	1,858,170	2,131,890
* Fidelity Management and Research Company	Fidelity Growth Company, 17,599 shares	1,055,577	1,213,981
* Fidelity Management and Research Company	Fidelity Value Fund, 1,263 shares	80,052	71,893
* Fidelity Management and Research Company	Fidelity Low Priced Stock Fund, 27,666 shares	954,829	883,666
* Fidelity Management and Research Company	Fidelity Equity Income II Fund, 28,251 shares	579,567	461,333
* Fidelity Management and Research Company	Fidelity Freedom Income Fund, 30,720 shares	334,813	329,933
* Fidelity Management and Research Company	Fidelity Mid-Cap Stock Fund, 37,713 shares	910,954	883,245

* Denotes a party-in-interest to the Plan

MAJOR LEAGUE BASEBALL 401(K) PLAN AND TRUST
EIN: 13-1665347 PN: 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
* Fidelity Management and Research Company	Fidelity Freedom 2025 Fund, 21,252 shares	230,929	220,810
* Fidelity Management and Research Company	Fidelity Freedom 2005 Fund, 798 shares	8,582	8,003
* Fidelity Management and Research Company	Fidelity Freedom 2000 Fund, 4,610 shares	54,062	52,330
* Fidelity Management and Research Company	Fidelity Freedom 2010 Fund, 46,494 shares	616,251	581,643
* Fidelity Management and Research Company	Fidelity Freedom 2020 Fund, 70,876 shares	944,666	889,499
* Fidelity Management and Research Company	Fidelity Freedom 2030 Fund, 85,318 shares	1,188,462	1,057,088
* Fidelity Management and Research Company	Fidelity Freedom 2040 Fund, 83,791 shares	689,635	599,946
* Fidelity Management and Research Company	Fidelity Freedom 2015 Fund, 34,976 shares	347,925	364,450
* Fidelity Management and Research Company	Fidelity Freedom 2035 Fund, 6,086 shares	57,993	62,442
* Fidelity Management and Research Company	Fidelity Freedom 2045 Fund, 8,669 shares	72,708	73,427
* Fidelity Management and Research Company	Fidelity Freedom 2050 Fund, 155 shares	1,111	1,297
* Fidelity Management and Research Company	Fidelity Managed Income Portfolio, 679,473 shares	679,473	679,473
* Fidelity Management and Research Company	Fidelity Diversified International Fund, 76,045 shares	2,149,734	2,129,267
* Fidelity Management and Research Company	Spartan US Equity Index Fund, 10,061 shares	396,264	396,704
American Beacon Advisors, Inc.	ABF Large CAP Val Investment 16,143 shares	277,807	265,076
PARTICIPANT LOANS			
Secured Receivable	4.25% - 9.25%		931,036
		<u>\$ 24,578,529</u>	<u>\$ 26,334,561</u>

* Denotes a party-in-interest to the Plan