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), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEW YORK METS EMPLOYEE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1988

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

STERLING METS, L.P.

CITI FIELD
FLUSHING, NY 11368

CITI FIELD
FLUSHING, NY 11368

2b Employer Identification Number (EIN) 11-2834957

2c Sponsor's telephone number 516-504-2189

2d Business code (see instructions) 711210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2012	ANNE PAWELCZAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2012	MARK PESKIN
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
STERLING METS, L.P.

CITI FIELD
FLUSHING, NY 11368

3b Administrator's EIN
11-2834957

3c Administrator's telephone number
516-504-2189

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**	381
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**	298
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	97
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	399
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	399
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	282
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
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:
2E 2F 2G 2J 2K 2T 3D 3H

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NEW YORK METS EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STERLING METS, L.P.

D Employer Identification Number (EIN)
11-2834957

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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 INSTITUTIONAL

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?
64 65 37 60	RECORDKEEPER	1200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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)

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT EQ INC A - AMERICAN CENTURY 44-0619208	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT GOVT BOND A - AMERICAN CENT 44-0619208	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMCENT INFL ADJ BD A - AMERICAN CEN 44-0619208	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD HEALTHCARE R4 - HARTFORD ADMIN 41-0679409	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY SCI & TECH A - WADDELL & REED S 43-1244426	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS BALANCED S - JANUS SERVICES L 43-1804048	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS OVERSEAS S - JANUS SERVICES L 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS BOND ADMIN - BOSTON FINANCIA 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERKINS MID CP VAL S - JANUS SERVIC 43-1804048	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM TOTAL RETURN A - BOSTON FINANCI 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG VALUE R4 - BOSTON FINANCI 04-2526037	0.25%

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NEW YORK METS EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STERLING METS, L.P.

D Employer Identification Number (EIN)
11-2834957

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)	0	18366
(2) Participant contributions	1b(2)	39134	43285
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1269201	1046010
(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)	406038	425933
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14071586	12480957
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	15785959	14014551
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15785959	14014551

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	449987	
	(B) Participants	2a(1)(B)	1326094	
	(C) Others (including rollovers)	2a(1)(C)	6712	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1782793
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	128	
	(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)	16463	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16591
	(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)	288208	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		288208
	(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)		

			(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)		
	(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)		-1180044
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		907548
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2584350	
	(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)		2584350
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		93337
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)	1269	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1269
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2678956
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		-1771408
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: DOUGLAS FREEMAN **(2)** EIN: 11-3415651

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.) **4a**		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.) **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? **4e**	X		18000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

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)

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NEW YORK METS EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STERLING METS, L.P.

D Employer Identification Number (EIN)
11-2834957

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

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):

Financial Statements

New York Mets
Employee Savings Plan

December 31, 2011

Douglas J. Freeman

CERTIFIED PUBLIC ACCOUNTANT

19 Livingston Avenue
Jericho, New York 11753
516.822.7478
DFreeCPA@OptOnLine.net

Independent Auditor's Report

The Administrator
New York Mets Employee Savings Plan

I was engaged to audit the accompanying statements of net assets available for benefits of New York Mets Employee Savings Plan as of December 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule of Assets (Held at End of Year) for the year ended December 31, 2011. These financial statements and the schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plan Administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to certain information itemized in Note 4, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, for the years ended December 31, 2011 and 2010 except for comparing the respective certified information with the related information included in the 2011 and 2010 financial statements and the supplemental schedule. I have been informed by the Plan Administrator that the Trustee holds certain Plan investment assets and execute certain investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's 2011 and 2010 financial statements that I did not audit, I am unable to, and do not, express an opinion on the accompanying 2011 and 2010 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, has been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

September 21, 2012

Statements of Net Assets Available For Benefits

New York Mets
Employee Savings Plan

December 31, 2011 and 2010

	2011	2010
Investments at fair value		
Mutual funds	$ 12,480,957	$ 14,071,586
Money market funds	1,046,010	1,269,201
	13,526,967	15,340,787
Receivables		
Participant contributions	43,285	39,134
Employer contributions	18,366	- 0 -
Participant loans	425,933	406,038
	487,584	445,172
Total assets	14,014,551	15,785,959
Total liabilities	- 0 -	- 0 -
Net assets available for benefits	$ 14,014,551	$ 15,785,959

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

Statements of Changes in Net Assets Available For Benefits

New York Mets
Employee Savings Plan

Years Ended December 31, 2011 and 2010

	2011	2010
Additions to net assets attributed to		
Contributions		
Employer	$ 449,987	$ 411,445
Participant deferrals	1,326,094	1,345,892
Participant rollovers	6,712	28,455
	1,782,793	1,785,792
Investment income (loss)		
Interest and dividends	304,799	259,363
Net appreciation (depreciation) in fair value of investments	(1,180,044)	1,318,760
	(875,245)	1,578,123
Total additions	907,548	3,363,915
Deductions from net assets attributed to		
Benefits paid to participants	2,584,350	1,312,092
Deemed distributions	93,337	- 0 -
Loan origination and other fees paid by participants	1,269	2,143
Administrative expenses	- 0 -	- 0 -
Total deductions	2,678,956	1,314,235
Net increase (decrease)	(1,771,408)	2,049,680
Net assets available for benefits - beginning of year	15,785,959	13,736,279
Net assets available for benefits - end of year	$ 14,014,551	$ 15,785,959

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

Note 1 Description of Plan

The following description of the New York Mets Employee Savings Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description, the Plan Document and the Adoption Agreement for a more complete description of the Plan's provisions.

General The Plan, established by Sterling Mets, L.P., is a defined contribution 401(k) plan covering all eligible employees employed by the employer or affiliate employers (together the "Employer") who have adopted the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Eligible employees exclude: those who are under age twenty one; those who are participants in the Major League Baseball Players Benefit Plan; those who are Minor League baseball players; those who are covered by collective bargaining agreements; and those, who are seasonal employees, or paid on a per-day or per-game basis, unless such person is credited with 1,000 hours of service in the twelve month period after becoming an employee, or in any Plan year thereafter.

Employee Contributions Each year, participants may authorize the Employer to withhold up to 100% (to a maximum of $16,500 in 2011 and 2010) of eligible compensation for contribution to the Plan. Participants over 50 years of age, may make an additional annual "catch up" contribution. The maximum annual catch-up contribution for 2011 and 2010 is $5,500. Participants may also contribute rollover amounts representing distributions or distributable amounts from other qualified retirement plans.

Employer Contributions The Employer is obligated to contribute half of the first 6% of eligible compensation that a participant contributes. Additional matching amounts may be contributed solely at the option of the Employer. Catch-up contributions are not eligible for Employer matching. Eligible compensation is statutorily limited to $245,000 in 2011 and 2010.

Forfeited Accounts Forfeitures of terminated participants' non-vested accounts are applied to reduce Employer contributions. Activity arising from forfeitures of terminated participants' non-vested account balances for the years ended December 31, 2011 and 2010 was:

	2011	2010
Forfeiture balance available - beginning of year	$ 23,000	$ 18,000
Increase arising from forfeitures of terminated participants' non-vested account balances	30,000	31,000
Amount used to reduce employer contributions	(23,000)	(26,000)
Forfeiture balance available - end of year	$ 30,000	$ 23,000

Participant Accounts Each participant's Plan account is credited with the participant's contributions and allocations of his or her Employer's contributions, plus any earnings thereon, and may be charged with an allocation of certain administrative expenses, if any. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested Plan account.

Note 1 Description of Plan (continued)

Vesting Participants are immediately 100% vested in their own contributions plus earnings thereon. Employer matching and discretionary contributions, and any earnings thereon, vest based on years of service. For these amounts, a participant becomes 100% vested, in 20% increments, over a period of one through five years of service.

Participant Loans Participants may borrow from their Plan accounts, in general, up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The minimum permitted loan is $1,000. Loans are collateralized by the balance in the participant's Plan account. Principal and interest is to be paid ratably through payroll deductions. Loan origination fees are charged directly to the participant's account.

Payment of Benefits On termination of service due to death, disability or retirement, a participant generally may elect to defer distribution, or receive either a lump sum amount or installments equal to the vested value in his or her account.

Tax Status The Internal Revenue Service has issued an advisory letter to the sponsor of the prototype plan adopted by Sterling Mets, L.P. opining that the form of the prototype plan and related trust are designed in accordance with applicable tax qualification and tax exemption sections of the Internal Revenue Code. The prototype plan has been amended since receiving the advisory letter. Sterling Mets, L.P., as sponsoring employer (the "Company"), has not sought to apply for its own determination letter with regard to the tax qualification of the Plan. The Company, as sponsoring employer, believes that the Plan is designed and currently is being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Investment Options Upon enrollment in the Plan, participants may direct the investment of contributions made on their behalf and may transfer Plan account balances among approximately 30 investment options, primarily registered investment companies ("mutual funds"). The Company may add or subtract from the list of investment options from time to time. When employees direct their own Plan account investments, their Plan accounts are allocated earnings or losses reflective of their chosen investments. A participant's Plan account does not share in the investment performance of other participants' Plan accounts.

Plan Termination Although Sterling Mets, L.P. has not expressed any intent to do so, the Employer has the right to discontinue its contributions and terminate the Plan subject to the provisions of ERISA. Should the Plan terminate, participants will become 100% vested in all Plan accounts.

Note 2 Summary of Significant Accounting Policies

The financial statements of the Plan are prepared using the accrual method of accounting.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires the Plan administrator to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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 3 for a discussion of fair value measurements.

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as deemed distributions.

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

Benefits are recorded when paid.

Mutual fund and money market fund expenses, including investment management and advisory services, are charges against the respective investment vehicle assets and are reflected in the respective investment's share/unit value and dividends.

Certain operating and administrative expenses are absorbed by the Employer, and to that extent, are not reflected in these financial statements.

Certain amounts, classifications and disclosures included in the prior year financial statements, have been restated to conform to the presentation of the current year.

Note 3 Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

Note 3 Fair Value Measurements (continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs are those that are observable, either directly or indirectly, for the asset or liability other than quoted prices included in Level 1. Level 3 inputs have the lowest priority. These inputs, which are unobservable, are used for fair value measurement only when observable inputs are not available. Thus, these inputs apply when there is little or no market activity for the asset or liability at the measurement date.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were used by the Plan.

Level 1 Fair Value Measurements - The fair value of money market funds and mutual funds is based on year-end quoted net asset values of the shares held by the Plan, as certified by the Trustee. (See Note 4.) Gains and losses, realized and unrealized, included in changes in net assets available for benefits for the years ended December 31, 2011 and 2010, are reported in net appreciation (depreciation) in fair value of investments.

Note 4 Investments

The December 31, 2011 and 2010 Statements of Net Assets Available for Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2011 and 2010, and the related accompanying notes to financial statements were prepared in part or entirely from information certified by Fidelity Management Trust Company, the Trustee of the Plan, for the years ended December 31, 2011 and 2010, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. The information certified includes: at December 31, 2011 and 2010, investments of $13,526,967 and $15,340,787, respectively; and related investment income (loss) of ($875,245) and $1,578,123 for the years ended December 31, 2011 and 2010, respectively.

Investments representing 5% or more of the Plan's net assets at December 31, 2011 and 2010 are:

	2011	2010
Fidelity Advisor New Insights Fund - Class A	$ 3,583,051	$ 4,225,526
Fidelity Prime (money market) Fund	1,046,010	1,269,201
Janus Balanced Fund Class S	1,320,983	1,606,902
Janus Overseas Fund Class S	1,122,140	1,886,940
PIMCO Total Return CL A	1,253,010	1,135,729
Thornburg Value Fund Class R4	1,298,487	1,452,553
	$ 9,623,681	$ 11,576,851

Note 5 Related Party Transactions

Various investments of the Plan are in shares of mutual funds, money market funds and collective trusts. These investment vehicles may pay fees for investment advisory services, management or similar services, both to their own related mutual fund family umbrella companies and to other service providers, some of whom may do business with the Plan, the Employer, the Trustee, the Custodian and the investment advisor.

Certain officers and employees of the Employer are named fiduciaries of the Plan. They are considered "parties in interest" pursuant to definitions within ERISA and the Internal Revenue Code. In general, individuals and companies that do business with the Plan also may be defined as parties in interest. Parties in interest may be restricted in their ability to be involved in transactions with the Plan and Plan fiduciaries.

Note 6 Risks and Uncertainties

Future Employer contributions to the Plan are subject to risk arising from concentration in the sources providing those contributions.

Benefits provided by the plan are not insured by the Pension Benefit Guaranty Corporation under ERISA. Also, the Plan's investments are not equivalent to bank deposits and are not insured or guaranteed by the FDIC. Further, all of the Plan's investments are exposed to various risks, such as interest rate fluctuation, market volatility and credit risk. Accordingly it is at least reasonably possible in the near term, that risks would materially affect future amounts reported in the statements of net assets available for benefits, and in the statement of changes in net assets available for benefits; and consequently impact participants' Plan account balances, including vested account values at retirement date.

Note 7 Income Taxes

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize tax liabilities or assets if the Plan has taken uncertain tax positions that more likely than not, would not be sustained upon examination of the applicable governmental authorities. The Plan Administrator believes there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability, or asset, or disclosure in the financial statements.

The Plan's income tax returns are subject to examination by taxing authorities. With few exceptions, the Company is no longer subject to examinations by taxing authorities for years before 2008. The application of tax laws and regulations to many types of transactions is susceptible to varying interpretations, and accordingly, amounts and disclosures reported in the financial statements could be changed at a later date upon final determinations by the taxing authorities.

Note 8 Subsequent Events

Management has evaluated subsequent events through September 21, 2012, the date on which the financial statements were available to be issued.

DRAFT
09-06-12

Supplemental Information

New York Mets Employee Savings Plan

12/31/2011
EIN: 11-2834957 Plan #: 002
Attachment to 2011 Form 5500 Schedule H
Part IV, Question 4(i): Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lesser or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AM CENT EQ INC A	Mutual Fund		$ 415,689.30
	AM CENT GOVT BOND A	Mutual Fund		4,019.22
	AMCENT INFL ADJ BD A	Mutual Fund		329,696.15
	FA ASSET MGR 20% A	Mutual Fund		18,331.37
	FA ASSET MGR 40% A	Mutual Fund		133,564.58
	FA ASSET MGR 50% A	Mutual Fund		7,428.61
	FA ASSET MGR 70% A	Mutual Fund		19,445.43
	FA ASSET MGR 85% A	Mutual Fund		1,106.12
	FA FREEDOM 2005 A	Mutual Fund		6,504.24
	FA FREEDOM 2015 A	Mutual Fund		1,213.74
	FA FREEDOM 2020 A	Mutual Fund		33,498.85
	FA FREEDOM 2025 A	Mutual Fund		78,659.56
	FA FREEDOM 2030 A	Mutual Fund		94,283.17
	FA FREEDOM 2035 A	Mutual Fund		99,832.15
	FA FREEDOM 2040 A	Mutual Fund		43,281.35
	FA FREEDOM 2045 A	Mutual Fund		47,874.71
	FA FREEDOM 2050 A	Mutual Fund		26,940.77
	FA FREEDOM INC A	Mutual Fund		3,036.86
	FA GOLD A	Mutual Fund		102,670.89
	FA GOV INCOME A	Mutual Fund		20,516.94
	FA HEALTH CARE A	Mutual Fund		97,262.06
	FA INTL DISCOVERY A	Mutual Fund		240,786.65
	FA MID CAP II A	Mutual Fund		450,280.39
	FA NEW INSIGHTS A	Mutual Fund		3,583,050.87
	FA SMALL CAP A	Mutual Fund		101,502.78
	FA SMALL CAP VAL A	Mutual Fund		56,652.06
	FA STRAT INCOME A	Mutual Fund		83,440.39
	FA TECHNOLOGY A	Mutual Fund		368,072.23
	FID PRIME FUND	Money Market Fund		1,046,010.24
	HTFD HEALTHCARE R4	Mutual Fund		330,332.52
	INVS INTL SM CO A	Mutual Fund		404,485.89
	INVS MDCP CORE EQ A	Mutual Fund		49,720.16
	IVY SCI & TECH A	Mutual Fund		314.35
	JANUS BALANCED S	Mutual Fund		1,320,982.71
	JANUS OVERSEAS S	Mutual Fund		1,122,140.34
	LOOMIS BOND ADMIN	Mutual Fund		30,721.53
	PERKINS MID CP VAL S	Mutual Fund		202,120.69
	PIM TOTAL RETURN A	Mutual Fund		1,253,010.15
	THORNBURG VALUE R4	Mutual Fund		1,298,487.37
	Total Investments			13,526,967.39
	PARTICIPANT LOANS	3.25% - 10.25%		425,932.79
	Total Investments and Loans (Held At End of Year)			$13,952,900.18

Financial Statements

New York Mets
Employee Savings Plan

December 31, 2011

Douglas J. Freeman

CERTIFIED PUBLIC ACCOUNTANT

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516.822.7478
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Independent Auditor's Report

The Administrator
New York Mets Employee Savings Plan

I was engaged to audit the accompanying statements of net assets available for benefits of New York Mets Employee Savings Plan as of December 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule of Assets (Held at End of Year) for the year ended December 31, 2011. These financial statements and the schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plan Administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to certain information itemized in Note 4, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, for the years ended December 31, 2011 and 2010 except for comparing the respective certified information with the related information included in the 2011 and 2010 financial statements and the supplemental schedule. I have been informed by the Plan Administrator that the Trustee holds certain Plan investment assets and execute certain investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's 2011 and 2010 financial statements that I did not audit, I am unable to, and do not, express an opinion on the accompanying 2011 and 2010 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, has been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

September 21, 2012

Statements of Net Assets Available For Benefits

New York Mets
Employee Savings Plan

December 31, 2011 and 2010

	2011	2010
Investments at fair value		
Mutual funds	$ 12,480,957	$ 14,071,586
Money market funds	1,046,010	1,269,201
	13,526,967	15,340,787
Receivables		
Participant contributions	43,285	39,134
Employer contributions	18,366	- 0 -
Participant loans	425,933	406,038
	487,584	445,172
Total assets	14,014,551	15,785,959
Total liabilities	- 0 -	- 0 -
Net assets available for benefits	$ 14,014,551	$ 15,785,959

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

Statements of Changes in Net Assets Available For Benefits

New York Mets
Employee Savings Plan

Years Ended December 31, 2011 and 2010

	2011	2010
Additions to net assets attributed to		
Contributions		
Employer	$ 449,987	$ 411,445
Participant deferrals	1,326,094	1,345,892
Participant rollovers	6,712	28,455
	1,782,793	1,785,792
Investment income (loss)		
Interest and dividends	304,799	259,363
Net appreciation (depreciation) in fair value of investments	(1,180,044)	1,318,760
	(875,245)	1,578,123
Total additions	907,548	3,363,915
Deductions from net assets attributed to		
Benefits paid to participants	2,584,350	1,312,092
Deemed distributions	93,337	- 0 -
Loan origination and other fees paid by participants	1,269	2,143
Administrative expenses	- 0 -	- 0 -
Total deductions	2,678,956	1,314,235
Net increase (decrease)	(1,771,408)	2,049,680
Net assets available for benefits - beginning of year	15,785,959	13,736,279
Net assets available for benefits - end of year	$ 14,014,551	$ 15,785,959

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

Note 1 Description of Plan

The following description of the New York Mets Employee Savings Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description, the Plan Document and the Adoption Agreement for a more complete description of the Plan's provisions.

General The Plan, established by Sterling Mets, L.P., is a defined contribution 401(k) plan covering all eligible employees employed by the employer or affiliate employers (together the "Employer") who have adopted the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Eligible employees exclude: those who are under age twenty one; those who are participants in the Major League Baseball Players Benefit Plan; those who are Minor League baseball players; those who are covered by collective bargaining agreements; and those, who are seasonal employees, or paid on a per-day or per-game basis, unless such person is credited with 1,000 hours of service in the twelve month period after becoming an employee, or in any Plan year thereafter.

Employee Contributions Each year, participants may authorize the Employer to withhold up to 100% (to a maximum of $16,500 in 2011 and 2010) of eligible compensation for contribution to the Plan. Participants over 50 years of age, may make an additional annual "catch up" contribution. The maximum annual catch-up contribution for 2011 and 2010 is $5,500. Participants may also contribute rollover amounts representing distributions or distributable amounts from other qualified retirement plans.

Employer Contributions The Employer is obligated to contribute half of the first 6% of eligible compensation that a participant contributes. Additional matching amounts may be contributed solely at the option of the Employer. Catch-up contributions are not eligible for Employer matching. Eligible compensation is statutorily limited to $245,000 in 2011 and 2010.

Forfeited Accounts Forfeitures of terminated participants' non-vested accounts are applied to reduce Employer contributions. Activity arising from forfeitures of terminated participants' non-vested account balances for the years ended December 31, 2011 and 2010 was:

	2011	2010
Forfeiture balance available - beginning of year	$ 23,000	$ 18,000
Increase arising from forfeitures of terminated participants' non-vested account balances	30,000	31,000
Amount used to reduce employer contributions	(23,000)	(26,000)
Forfeiture balance available - end of year	$ 30,000	$ 23,000

Participant Accounts Each participant's Plan account is credited with the participant's contributions and allocations of his or her Employer's contributions, plus any earnings thereon, and may be charged with an allocation of certain administrative expenses, if any. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested Plan account.

Note 1 Description of Plan (continued)

Vesting Participants are immediately 100% vested in their own contributions plus earnings thereon. Employer matching and discretionary contributions, and any earnings thereon, vest based on years of service. For these amounts, a participant becomes 100% vested, in 20% increments, over a period of one through five years of service.

Participant Loans Participants may borrow from their Plan accounts, in general, up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The minimum permitted loan is $1,000. Loans are collateralized by the balance in the participant's Plan account. Principal and interest is to be paid ratably through payroll deductions. Loan origination fees are charged directly to the participant's account.

Payment of Benefits On termination of service due to death, disability or retirement, a participant generally may elect to defer distribution, or receive either a lump sum amount or installments equal to the vested value in his or her account.

Tax Status The Internal Revenue Service has issued an advisory letter to the sponsor of the prototype plan adopted by Sterling Mets, L.P. opining that the form of the prototype plan and related trust are designed in accordance with applicable tax qualification and tax exemption sections of the Internal Revenue Code. The prototype plan has been amended since receiving the advisory letter. Sterling Mets, L.P., as sponsoring employer (the "Company"), has not sought to apply for its own determination letter with regard to the tax qualification of the Plan. The Company, as sponsoring employer, believes that the Plan is designed and currently is being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Investment Options Upon enrollment in the Plan, participants may direct the investment of contributions made on their behalf and may transfer Plan account balances among approximately 30 investment options, primarily registered investment companies ("mutual funds"). The Company may add or subtract from the list of investment options from time to time. When employees direct their own Plan account investments, their Plan accounts are allocated earnings or losses reflective of their chosen investments. A participant's Plan account does not share in the investment performance of other participants' Plan accounts.

Plan Termination Although Sterling Mets, L.P. has not expressed any intent to do so, the Employer has the right to discontinue its contributions and terminate the Plan subject to the provisions of ERISA. Should the Plan terminate, participants will become 100% vested in all Plan accounts.

Note 2 Summary of Significant Accounting Policies

The financial statements of the Plan are prepared using the accrual method of accounting.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires the Plan administrator to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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 3 for a discussion of fair value measurements.

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as deemed distributions.

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

Benefits are recorded when paid.

Mutual fund and money market fund expenses, including investment management and advisory services, are charges against the respective investment vehicle assets and are reflected in the respective investment's share/unit value and dividends.

Certain operating and administrative expenses are absorbed by the Employer, and to that extent, are not reflected in these financial statements.

Certain amounts, classifications and disclosures included in the prior year financial statements, have been restated to conform to the presentation of the current year.

Note 3 Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

Note 3 Fair Value Measurements (continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs are those that are observable, either directly or indirectly, for the asset or liability other than quoted prices included in Level 1. Level 3 inputs have the lowest priority. These inputs, which are unobservable, are used for fair value measurement only when observable inputs are not available. Thus, these inputs apply when there is little or no market activity for the asset or liability at the measurement date.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were used by the Plan.

Level 1 Fair Value Measurements - The fair value of money market funds and mutual funds is based on year-end quoted net asset values of the shares held by the Plan, as certified by the Trustee. (See Note 4.) Gains and losses, realized and unrealized, included in changes in net assets available for benefits for the years ended December 31, 2011 and 2010, are reported in net appreciation (depreciation) in fair value of investments.

Note 4 Investments

The December 31, 2011 and 2010 Statements of Net Assets Available for Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2011 and 2010, and the related accompanying notes to financial statements were prepared in part or entirely from information certified by Fidelity Management Trust Company, the Trustee of the Plan, for the years ended December 31, 2011 and 2010, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. The information certified includes: at December 31, 2011 and 2010, investments of $13,526,967 and $15,340,787, respectively; and related investment income (loss) of ($875,245) and $1,578,123 for the years ended December 31, 2011 and 2010, respectively.

Investments representing 5% or more of the Plan's net assets at December 31, 2011 and 2010 are:

	2011	2010
Fidelity Advisor New Insights Fund - Class A	$ 3,583,051	$ 4,225,526
Fidelity Prime (money market) Fund	1,046,010	1,269,201
Janus Balanced Fund Class S	1,320,983	1,606,902
Janus Overseas Fund Class S	1,122,140	1,886,940
PIMCO Total Return CL A	1,253,010	1,135,729
Thornburg Value Fund Class R4	1,298,487	1,452,553
	$ 9,623,681	$ 11,576,851

Note 5 Related Party Transactions

Various investments of the Plan are in shares of mutual funds, money market funds and collective trusts. These investment vehicles may pay fees for investment advisory services, management or similar services, both to their own related mutual fund family umbrella companies and to other service providers, some of whom may do business with the Plan, the Employer, the Trustee, the Custodian and the investment advisor.

Certain officers and employees of the Employer are named fiduciaries of the Plan. They are considered "parties in interest" pursuant to definitions within ERISA and the Internal Revenue Code. In general, individuals and companies that do business with the Plan also may be defined as parties in interest. Parties in interest may be restricted in their ability to be involved in transactions with the Plan and Plan fiduciaries.

Note 6 Risks and Uncertainties

Future Employer contributions to the Plan are subject to risk arising from concentration in the sources providing those contributions.

Benefits provided by the plan are not insured by the Pension Benefit Guaranty Corporation under ERISA. Also, the Plan's investments are not equivalent to bank deposits and are not insured or guaranteed by the FDIC. Further, all of the Plan's investments are exposed to various risks, such as interest rate fluctuation, market volatility and credit risk. Accordingly it is at least reasonably possible in the near term, that risks would materially affect future amounts reported in the statements of net assets available for benefits, and in the statement of changes in net assets available for benefits; and consequently impact participants' Plan account balances, including vested account values at retirement date.

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	Total Investments			13,526,967.39
	PARTICIPANT LOANS	3.25% - 10.25%		425,932.79
	Total Investments and Loans (Held At End of Year)			$13,952,900.18