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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |                                                |                   |                                      |                     |                                            |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|--------------------------------------|---------------------|--------------------------------------------|---------------|
| <b>Part II</b>                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                        |                                                |                   |                                      |                     |                                            |               |
| <b>1a</b> Name of plan<br>MAJOR LEAGUE BASEBALL ENTERPRISES, INC 401K PLAN AND TRUST                                                                                                                                       | <table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ►</td> <td><u>002</u></td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td><u>01/01/1997</u></td> </tr> </table>                                                                                                          | <b>1b</b> Three-digit plan number (PN) ►       | <u>002</u>        | <b>1c</b> Effective date of plan     | <u>01/01/1997</u>   |                                            |               |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                   | <u>002</u>                                                                                                                                                                                                                                                                                            |                                                |                   |                                      |                     |                                            |               |
| <b>1c</b> Effective date of plan                                                                                                                                                                                           | <u>01/01/1997</u>                                                                                                                                                                                                                                                                                     |                                                |                   |                                      |                     |                                            |               |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br>MAJOR LEAGUE BASEBALL ENTERPRISES INC.<br><br>245 PARK AVENUE<br>31ST FLOOR<br>NEW YORK, NY 10167 | <table border="1"> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td><u>13-3933611</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number</td> <td><u>212-931-7800</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td><u>711210</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN) | <u>13-3933611</u> | <b>2c</b> Sponsor's telephone number | <u>212-931-7800</u> | <b>2d</b> Business code (see instructions) | <u>711210</u> |
| <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                             | <u>13-3933611</u>                                                                                                                                                                                                                                                                                     |                                                |                   |                                      |                     |                                            |               |
| <b>2c</b> Sponsor's telephone number                                                                                                                                                                                       | <u>212-931-7800</u>                                                                                                                                                                                                                                                                                   |                                                |                   |                                      |                     |                                            |               |
| <b>2d</b> 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.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/15/2012</u> | <u>ROBERT MANFRED</u>                                        |
|                  | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | 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 (2011)  
v.012611

|                                                                                                                                                                                                                  |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>MAJOR LEAGUE BASEBALL ENTERPRISES, INC 401K PLAN COMMITTEE<br><br>245 PARK AVENUE<br>31ST FLOOR<br>NEW YORK, NY 10167 | <b>3b</b> Administrator's EIN<br>13-3933611<br><br><b>3c</b> Administrator's telephone number<br>212-931-7800 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 201 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 138 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 1   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 60  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 199 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> |     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 199 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 199 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> |     |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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 2T 2E

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

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

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

**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)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2011</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                         |                                                             |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>MAJOR LEAGUE BASEBALL ENTERPRISES, INC 401K PLAN AND TRUST                     | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MAJOR LEAGUE BASEBALL ENTERPRISES INC. | <b>D</b> Employer Identification Number (EIN)<br>13-3933611 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVEST INST OPER CO INC P O BOX 770002<br>CINCINNATI, OH 45227                                           |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

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

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

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

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

FIDELITY INVEST INST OPER CO INC

P.O. BOX 770002  
CINCINNATI, OH 45227

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65 37               | TRUSTEE<br>RECORDKEEPER                                                                           | 6193                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

STATE STREET BANK &amp; TRUST CO

P.O. BOX 770002  
CINCINNATI, OH 45227

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 60                     | INVESTMENT<br>MANAGEMENT                                                                          | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BOSTON FINANCIAL DATA SERVICE INC

P.O. BOX 770002  
CINCINNATI, OH 45227

04-2526037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 60                     | INVESTMENT<br>MANAGEMENT                                                                          | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

MORGAN STANLEY SERVICES CO INC

P.O. BOX 770002  
CINCINNATI, OH 45227

13-3799749

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 60                        | INVESTMENT<br>MANAGEMENT                                                                                      | 0                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | 0                                                                                                                                                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |

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

NEUBERGER BERMAN MANAGEMENT LLC

P.O. BOX 770002  
CINCINNATI, OH 45227

04-0025081

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 60                        | INVESTMENT<br>MANAGEMENT                                                                                      | 0                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | 0                                                                                                                                                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |

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

JANUS MANAGEMENT LLC

P.O. BOX 770002  
CINCINNATI, OH 45227

43-1804048

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 60                        | INVESTMENT<br>MANAGEMENT                                                                                      | 0                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | 0                                                                                                                                                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |

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

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

BOSTON FINANCIAL DATA SERVICE INC

P O BOX 770002  
CINCINNATI, OH 45277

04-2526037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 60                     | INVESTMENT MANAGEMENT                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BOSTON FINANCIAL DATA SERVICE INC

P O BOX 770002  
CINCINNATI, OH 45277

04-2526037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 60                     | INVESTMENT MANAGEMENT                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MORGAN STANLEY SERVICES CO INC

P O BOX 770002  
CINCINNATI, OH 45277

13-3799749

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 60                     | INVESTMENT MANAGEMENT                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

| (a) Enter service provider name as it appears on line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVEST INST OPER CO INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>STATE STREET BANK &amp; TRUST CO      P.O. BOX 770002<br/>CINCINNATI, OH 45227</p> <p>04-1867445</p> </div> <div style="width: 40%;"> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>PERCENT OF REVENUE SHARING - 0.40%.</p> </div> </div> |                                         |                                           |
| FIDELITY INVEST INST OPER CO INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>BOSTON FINANCIAL DATA SERVICE INC      P.O. BOX 770002<br/>CINCINNATI, OH 45227</p> <p>04-2526037</p> </div> <div style="width: 40%;"> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>PERCENT OF REVENUE SHARING - 0.26%</p> </div> </div> |                                         |                                           |
| FIDELITY INVEST INST OPER CO INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>MORGAN STANLEY SERVICES CO INC      P.O. BOX 770002<br/>CINCINNATI, OH 45227</p> <p>13-3799749</p> </div> <div style="width: 40%;"> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>PERCENT OF REVENUE SHARING - 0.35%</p> </div> </div>    |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVEST INST OPER CO INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>NEUBERGER BERMAN MANAGEMENT LLC    P.O. BOX 770002<br/>CINCINNATI, OH 45227</p> <p>04-0025081</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>PERCENT OF REVENUE SHARING - 0.40%</p> </div> </div>  |                                         |                                           |
| FIDELITY INVEST INST OPER CO INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>JANUS MANAGEMENT LLC    P.O. BOX 770002<br/>CINCINNATI, OH 45227</p> <p>43-1804048</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>PERCENT OF REVENUE SHARING - 0.50%</p> </div> </div>             |                                         |                                           |
| FIDELITY INVEST INST OPER CO INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>BOSTON FINANCIAL DATA SERVICE INC    P O BOX 770002<br/>CINCINNATI, OH 45277</p> <p>04-2526037</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>PERCENT OF REVENUE SHARING - 0.55%</p> </div> </div> |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVEST INST OPER CO INC                        | 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. |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BOSTON FIANCIAL DATA SERVICE INC<br>P O BOX 770002<br>CINCINNATI, OH 45277<br><br>04-2526037 | PERCENT OF REVENUE SHARING - 0.40%.                                                                                                                                |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVEST INST OPER CO INC                        | 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. |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGAN STANLEY SERVICE CO INC<br>P O BOX<br>CINCINNATI, OH 75277<br><br>13-3799749 | PERCENT OF REVENUE SHARING - .35%.                                                                                                                                 |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                       |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>MAJOR LEAGUE BASEBALL ENTERPRISES, INC 401K PLAN AND TRUST</u>                            | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MAJOR LEAGUE BASEBALL ENTERPRISES INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-3933611</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MANAGED INCOME PORTFOLIO

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>04-3022712-024</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>212177</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                |                                                                        |            |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>       |                                                                        |            |
| <b>A</b> Name of plan<br><u>MAJOR LEAGUE BASEBALL ENTERPRISES, INC 401K PLAN AND TRUST</u>                     | <b>B</b> Three-digit plan number (PN) ►                                | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MAJOR LEAGUE BASEBALL ENTERPRISES INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>13-3933611</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 634873                | 709255          |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 173415                | 203404          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 125269                | 212178          |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 12327827              | 12188351        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 13261384              | 13313188        |

**Liabilities**

|                                                                           |           |   |  |
|---------------------------------------------------------------------------|-----------|---|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 |  |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 13261384 | 13313188 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1081956    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 3630       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1085586   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 68         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 7898       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 7966      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 311759     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 311759    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) | 0          |           |
| (B) Other .....                                                                                   | 2b(5)(B) | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B).....                   | 2b(5)(C) |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | 2b(6)    |            | 1763      |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | 2b(7)    |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | 2b(8)    |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | 2b(9)    |            | 0         |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | 2b(10)   |            | -1149728  |
| <b>c</b> Other income.....                                                                        | 2c       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | 257346    |

**Expenses**

|                                                                                            |       |        |        |
|--------------------------------------------------------------------------------------------|-------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 182658 |        |
| (2) To insurance carriers for the provision of benefits .....                              | 2e(2) | 0      |        |
| (3) Other .....                                                                            | 2e(3) | 0      |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                               | 2e(4) |        | 182658 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |        | 1206   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |        | 0      |
| <b>h</b> Interest expense.....                                                             | 2h    |        | 0      |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) | 0      |        |
| (2) Contract administrator fees .....                                                      | 2i(2) | 0      |        |
| (3) Investment advisory and management fees .....                                          | 2i(3) | 0      |        |
| (4) Other .....                                                                            | 2i(4) | 6213   |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                        | 2i(5) |        | 6213   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 190077 |

**Net Income and Reconciliation**

|                                                                |       |  |        |
|----------------------------------------------------------------|-------|--|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 67269  |
| <b>l</b> Transfers of assets:                                  |       |  |        |
| (1) To this plan.....                                          | 2l(1) |  |        |
| (2) From this plan .....                                       | 2l(2) |  | -15465 |

**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, P.A.

(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   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 17500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |          |

- 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)

MAJOR LEAGUE BASEBALL 401K TRUST AND PLAN

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| 13-1665347   | 334         |
|              |             |
|              |             |
|              |             |
|              |             |

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC.  
401(K) PLAN AND TRUST  
EIN: 13-3933611 PN: 002  
AUDITED FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE  
DECEMBER 31, 2011 AND 2010**



**S. DAVIS & ASSOCIATES, P.A.**

Certified Public Accountants & Consultants

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC.**  
**401(K) PLAN AND TRUST**  
**AUDITED FINANCIAL STATEMENTS**  
**AND SUPPLEMENTAL SCHEDULE**  
**DECEMBER 31, 2011 AND 2010**

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- \* 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**

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## **INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator  
Major League Baseball Enterprises, Inc. 401(k) Plan and Trust

We have audited the accompanying statements of net assets available for benefits of Major League Baseball Enterprises, Inc. 401(k) Plan and Trust (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years ended December 31, 2011 and 2010. 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 audits 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, 2011 and 2010, and the changes in net assets available for benefits for the years ended December 31, 2011 and 2010, 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 financial statements taken as a whole. The supplemental schedule of assets held at end of year as of December 31, 2011 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial

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American Institute of Certified Public Accountants

## INDEPENDENT AUDITORS' REPORT – Continued

statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*S. Davis & Associates, P.A.*

Hollywood, Florida  
September 27, 2012

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2011 AND 2010**

|                                                                                                   | <u>2011</u>          | <u>2010</u>          |
|---------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                                                                     |                      |                      |
| Investments, at fair value                                                                        | \$ 13,115,149        | \$ 13,088,996        |
| <b>Receivables</b>                                                                                |                      |                      |
| Notes receivable from participants                                                                | 203,404              | 173,415              |
| <b>Total receivables</b>                                                                          | 203,404              | 173,415              |
| <b>Total assets</b>                                                                               | <u>13,318,553</u>    | <u>13,262,411</u>    |
| <b>Liabilities</b>                                                                                |                      |                      |
| Excess contributions payable                                                                      | 75,842               |                      |
| <b>Total liabilities</b>                                                                          | <u>75,842</u>        |                      |
| Net assets reflecting investments at fair value                                                   | 13,242,711           | 13,262,411           |
| Adjustment from fair value to contract value for fully<br>benefit-responsive investment contracts | (5,365)              | (1,027)              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                                                          | <u>\$ 13,237,346</u> | <u>\$ 13,261,384</u> |

See notes to financial statements.

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2011 and 2010**

|                                                              | <u>2011</u>          | <u>2010</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                |                      |                      |
| <b>INVESTMENT INCOME</b>                                     |                      |                      |
| Net (depreciation) appreciation in fair value of investments | \$ (1,149,724)       | \$ 1,437,004         |
| Interest and dividends                                       | <u>313,586</u>       | <u>204,446</u>       |
| <b>Total investment (loss) income</b>                        | <u>(836,138)</u>     | <u>1,641,450</u>     |
| Interest income on notes receivable from participants        | <u>7,898</u>         | <u>9,403</u>         |
| <b>CONTRIBUTIONS</b>                                         |                      |                      |
| Participants' contributions                                  | 1,081,956            | 1,028,254            |
| Rollover                                                     | <u>3,630</u>         | <u>77,228</u>        |
| <b>Total contributions</b>                                   | <u>1,085,586</u>     | <u>1,105,482</u>     |
| <b>Total additions</b>                                       | <u>257,346</u>       | <u>2,756,335</u>     |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>             |                      |                      |
| Benefits paid to participants                                | 183,864              | 485,004              |
| Corrective distributions                                     | 75,842               |                      |
| Administrative expenses                                      | <u>6,213</u>         | <u>6,057</u>         |
| <b>Total deductions</b>                                      | <u>265,919</u>       | <u>491,061</u>       |
| <b>CHANGE IN NET ASSETS AVAILABE FOR BENEFITS</b>            | (8,573)              | 2,265,274            |
| <b>TRANSFER OF ASSETS (FROM) TO THIS PLAN</b>                | (15,465)             | 2,361                |
| <b>NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR</b>  | <u>13,261,384</u>    | <u>10,993,749</u>    |
| <b>NET ASETS AVAILABLE FOR BENEIFTS, END OF YEAR</b>         | <u>\$ 13,237,346</u> | <u>\$ 13,261,384</u> |

See notes to financial statements.

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011 AND 2010**

**NOTE 1 - SUMMARY DESCRIPTION OF THE PLAN**

Effective as of January 1, 1991, Major League Baseball Enterprises, Inc. (the "Plan Sponsor") adopted Major League Baseball Enterprises, Inc. 401(k) Plan (the "Plan"). The Plan was amended and restated effective April 5, 2010.

The following description of the Plan provides only general information. More complete information and a description of the Plan may be found in the Summary Plan Description covering the provisions of participation, contribution, vesting and benefit payments. The Summary Plan Description is published subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The following is a summary of provisions of the Plan.

**General**

The Plan is a defined contribution plan providing benefits for all employees who are eligible to participate under the terms of the Plan. The Plan is subject to the provisions of ERISA.

**Contributions**

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 2011 and 2010 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 2011 and 2010 plan years.

**Participant Accounts**

Each participant's account is credited with the participant's contribution and credited or debited with investment earnings or losses (as applicable) and administrative expenses, if any. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

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 account balances.

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**DECEMBER 31, 2011 AND 2010**

**NOTE 1 - SUMMARY DESCRIPTION OF THE PLAN - Continued**

**Notes Receivable From Participants**

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. Only one outstanding loan is permitted at a time.

**Payment of Benefits**

On termination of service due to death, disability or retirement, a participant with an account balance of \$1,000 or less will have the account balance automatically distributed. Participants with account balances that exceed \$1,000 must consent in writing to receive the distribution from the Plan.

**Plan Termination**

The Plan 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 be distributed to the participants according to their individual account balance.

**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.

As described in the Accounting Standards Codification, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, 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, such as the stable value fund, 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

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**DECEMBER 31, 2011 AND 2010**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

**Basis of Accounting - Continued**

Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts to reflect the 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 accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price at which an asset would be sold or the amount that would be paid to transfer a liability in an arms-length 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.

**Notes Receivable From Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the governing documents.

**Payment of Benefits**

Benefits are recorded when paid.

**Operating Expenses**

All expenses of maintaining the Plan are paid by the Office of the Commissioner.

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**DECEMBER 31, 2011 AND 2010**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

**Subsequent Events**

The Plan has evaluated subsequent events through September 27, 2012, 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 at 2011 and 2010:

|                                         | <u>2011</u>  | <u>2010</u>  |
|-----------------------------------------|--------------|--------------|
| PIMCO Total Return Fund                 | \$ 1,050,523 | \$ 1,018,652 |
| Fidelity Retirement Money Market        | 709,256      |              |
| MSIF Small Company Growth Fund          | 1,835,708    | 2,048,634    |
| NB Partners Trust                       | 2,020,420    | 2,295,799    |
| Fidelity Diversified International Fund | 1,063,534    | 1,175,596    |
| MSIF Emerging Market Fund               |              | 714,835      |
| Janus Balanced Fund                     | 790,761      | 762,240      |

During 2011 and 2010, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) in value by (\$1,149,724) and appreciated in value by \$1,437,004, respectively, for mutual funds.

**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, which

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**DECEMBER 31, 2011 AND 2010**

**NOTE 4 – FAIR VALUE MEASUREMENTS - Continued**

includes a hierarchy for data used in valuation techniques measuring 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, 2011 and 2010.

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.

Common collective trust: Valued at the market price of the underlying securities and the value of the investment contract.

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 ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**DECEMBER 31, 2011 AND 2010**

**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, 2011 and 2010:

**Assets at Fair Value as of December 31, 2011**

|                                  | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>  |
|----------------------------------|----------------|----------------|----------------|---------------|
| Mutual funds:                    |                |                |                |               |
| Fixed income funds               | \$ 1,087,294   |                |                | \$ 1,087,294  |
| Balanced funds                   | 790,761        |                |                | 790,761       |
| Equity funds                     | 7,866,909      |                |                | 7,866,909     |
| Asset allocation/Lifestyle funds | 2,443,387      |                |                | 2,443,387     |
| Total mutual funds               | 12,188,351     |                |                | 12,188,351    |
| Money market portfolio           | 709,255        |                |                | 709,255       |
| Common collective trust          |                | \$ 217,543     |                | 217,543       |
| Total assets at fair value       | \$ 12,897,606  | \$ 217,543     |                | \$ 13,115,149 |

**Assets at Fair Value as of December 31, 2010**

|                                  | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>  |
|----------------------------------|----------------|----------------|----------------|---------------|
| Mutual funds:                    |                |                |                |               |
| Fixed income funds               | \$ 1,018,651   |                |                | \$ 1,018,651  |
| Balanced funds                   | 762,240        |                |                | 762,240       |
| Equity funds                     | 8,442,917      |                |                | 8,442,917     |
| Asset allocation/Lifestyle funds | 2,104,019      |                |                | 2,104,019     |
| Total mutual funds               | 12,327,827     |                |                | 12,327,827    |
| Money market portfolio           | 634,873        |                |                | 634,873       |
| Common collective trust          |                | \$ 126,296     |                | 126,296       |
| Total assets at fair value       | \$ 12,962,700  | \$ 126,296     |                | \$ 13,088,996 |

**NOTE 5 - TAX STATUS**

The IRS has determined and informed the Plan Sponsor by a letter dated April 24, 1998, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is a Fidelity volume submitter plan that the IRS pre-approved on March 31, 2008. Because the Plan does not deviate from the pre-approved language, the Plan Sponsor may rely on the advisory letter the IRS issued to Fidelity approving the Plan's design. The Plan administrator and the Plan's tax counsel believe that the Plan is currently being operated and has been operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**DECEMBER 31, 2011 AND 2010**

**NOTE 5 - TAX STATUS - Continued**

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

**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 - TRANSACTIONS WITH PARTY-IN-INTEREST**

Certain plan investments are shares of mutual funds managed by Fidelity Management and Research Company, an affiliate of the Trustee. Fees paid by the Plan for the investment management services amounted to \$6,213 and \$6,057 for the years ended December 31, 2011 and 2010, respectively.

**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 changes 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.

**NOTE 9 – CORRECTIVE DISTRIBUTIONS**

Corrective distributions of \$75,842 for the plan year ended December 31, 2011 represents refunds to certain highly compensated active participants of excess deferral contributions necessary to satisfy the relevant nondiscrimination provisions of the Plan and the Internal Revenue Code. This amount is also included in the Plan's Statement of Net Assets Available for Benefits as Excess Contributions Payable at December 31, 2011.

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**DECEMBER 31, 2011 AND 2010**

**NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits and changes in net assets available for benefits per the financial statements to Form 5500:

|                                                                | <u>December 31, 2011</u> | <u>December 31, 2010</u> |
|----------------------------------------------------------------|--------------------------|--------------------------|
| Net assets available for benefits per the financial statements | \$ 13,237,346            | \$ 13,261,384            |
| Excess contributions payable                                   | <u>75,842</u>            |                          |
| Net assets available for benefits per the Form 5500            | <u>\$ 13,313,188</u>     | <u>\$ 13,261,384</u>     |

  

|                                                                                       | <u>Year ended<br/>December 31, 2011</u> | <u>Year ended<br/>December 31, 2010</u> |
|---------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| (Decrease) increase in net assets available for benefits per the financial statements | \$ (8,573)                              | \$ 2,265,274                            |
| Corrective distribution                                                               | <u>75,842</u>                           |                                         |
| Increase in net assets available for benefits per the Form 5500                       | <u>\$ 67,269</u>                        | <u>\$ 2,265,274</u>                     |

## **SUPPLEMENTAL SCHEDULE**

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**EIN: 13-3933611 PN: 002**  
**SCHEDULE H, LINE 4i: - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2011**

| <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,<br>709,255 shares  | \$ 709,255  | \$ 709,255           |
| STABLE VALUE FUND:                         |                                                           |             |                      |
| * Fidelity Management and Research Company | Fidelity Managed Income Portfolio,<br>212,177 shares      | 212,177     | 212,177              |
| MUTUAL FUNDS:                              |                                                           |             |                      |
| Pacific Trust Management Company           | PIMCO Total Return Fund,<br>96,644 shares                 | 1,036,956   | 1,050,523            |
| Morgan Stanley Investment Management       | MSIF Small Company Growth Fund,<br>155,568 shares         | 1,626,124   | 1,835,708            |
| Morgan Stanley Investment Management       | MSIF Emerging Markets Fund,<br>25,427 shares              | 542,887     | 539,050              |
| Wells Fargo Fund Management LLC            | WFA Opportunity Investment,<br>1,238 shares               | 49,597      | 44,729               |
| Wells Fargo Fund Management LLC            | WFA Small Cap Val Investment,<br>5,009 shares             | 140,739     | 149,465              |
| Janus Capital                              | Janus Balanced Fund,<br>32,302 shares                     | 717,992     | 790,761              |
| * Fidelity Management and Research Company | Fidelity Growth Company,<br>7,726 shares                  | 562,753     | 624,977              |
| * Fidelity Management and Research Company | Fidelity Value Fund<br>654 shares                         | 44,603      | 41,485               |
| * Fidelity Management and Research Company | Fidelity Low Priced Stock Fund,<br>13,198 shares          | 464,487     | 471,547              |
| * Fidelity Management and Research Company | Fidelity Equity Income II Fund,<br>11,403 shares          | 227,683     | 198,408              |
| * Fidelity Management and Research Company | Fidelity Diversified International Fund,<br>41,675 shares | 1,140,485   | 1,063,534            |
| * Fidelity Management and Research Company | Fidelity Mid-Cap Stock Fund,<br>18,059 shares             | 448,459     | 481,447              |

\*Denotes a party-in-interest to the Plan

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
**EIN: 13-3933611 PN: 002**  
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**December 31, 2011**

| <u>Identity of Issue</u>                   | <u>Description of Investment</u>              | <u>Cost</u>          | <u>Current Value</u> |
|--------------------------------------------|-----------------------------------------------|----------------------|----------------------|
| * Fidelity Management and Research Company | Fidelity Freedom Income Fund,<br>2,717 shares | 29,808               | 30,542               |
| * Fidelity Management and Research Company | Fidelity Freedom 2000 Fund,<br>11,511 shares  | 129,731              | 136,753              |
| * Fidelity Management and Research Company | Fidelity Freedom 2010 Fund,<br>2,154 shares   | 28,055               | 28,217               |
| * Fidelity Management and Research Company | Fidelity Freedom 2020 Fund,<br>25,277 shares  | 344,621              | 331,632              |
| * Fidelity Management and Research Company | Fidelity Freedom 2030 Fund,<br>36,299 shares  | 490,133              | 466,073              |
| * Fidelity Management and Research Company | Fidelity Freedom 2040 Fund,<br>85,482 shares  | 653,749              | 629,147              |
| * Fidelity Management and Research Company | Fidelity Freedom 2045 Fund,<br>12,317 shares  | 109,082              | 107,032              |
| * Fidelity Management and Research Company | Fidelity Freedom 2025 Fund,<br>11,235 shares  | 121,040              | 121,449              |
| * Fidelity Management and Research Company | Fidelity Freedom 2035 Fund,<br>24,577 shares  | 263,636              | 259,289              |
| * Fidelity Management and Research Company | Fidelity Freedom 2015 Fund,<br>15,934 shares  | 173,347              | 174,158              |
| * Fidelity Management and Research Company | Fidelity Freedom 2050 Fund,<br>9,040 shares   | 82,060               | 77,204               |
| * Fidelity Management and Research Company | Fidelity Freedom 2005 Fund,<br>7,784 shares   | 82,893               | 81,892               |
| Newberger Berman Management, Inc.          | NB Partners Trust,<br>108,102 shares          | 1,554,268            | 2,020,420            |
| American Beacon Advisors, Inc.             | ABF Large CAP Val Investment,<br>4,964 shares | 80,535               | 87,566               |
| * Fidelity Management and Research Company | Spartan 500 Index Fund,<br>6,878 shares       | 286,456              | 306,001              |
| * Fidelity Management and Research Company | Spartan Extended Market Index,<br>44 shares   | 1,538                | 1,548                |
| * Fidelity Management and Research Company | Spartan International Index,<br>34 shares     | 1,126                | 1,023                |
| * Fidelity Management and Research Company | Spartan US Bond Index,<br>3,122 shares        | 36,614               | 36,772               |
| <b>PARTICIPANT LOANS</b>                   |                                               |                      |                      |
| Secured Receivable                         | 4.25% - 9.25%                                 | 0                    | 203,404              |
|                                            |                                               | <u>\$ 12,392,889</u> | <u>\$ 13,313,188</u> |

\*Denotes a party-in-interest to the Plan

**MAJOR LEAGUE BASEBALL ENTERPRISES, INC. 401(K) PLAN AND TRUST**  
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| <b>PARTICIPANT LOANS</b>                   |                                               |                      |                      |
| Secured Receivable                         | 4.25% - 9.25%                                 | 0                    | 203,404              |
|                                            |                                               | <u>\$ 12,392,889</u> | <u>\$ 13,313,188</u> |

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