

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>NEW YORK METS EMPLOYEE SAVINGS PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>002</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>01/01/1988</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>002</u>	1c	Effective date of plan	<u>01/01/1988</u>			
1b	Three-digit plan number (PN) ▶	<u>002</u>								
1c	Effective date of plan	<u>01/01/1988</u>								
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STERLING METS, L.P.</u> <u>CITI FIELD</u> <u>41 SEAVER WAY</u> <u>FLUSHING, NY 11368</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>11-2834957</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>718-559-3054</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>711210</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>11-2834957</u>	2c	Plan Sponsor's telephone number	<u>718-559-3054</u>	2d	Business code (see instructions)	<u>711210</u>
2b	Employer Identification Number (EIN)	<u>11-2834957</u>								
2c	Plan Sponsor's telephone number	<u>718-559-3054</u>								
2d	Business code (see instructions)	<u>711210</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	HOLLY LINDVALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 574
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 425 6a(2) 442 6b 8 6c 129 6d 579 6e 0 6f 579 6g 540 6h 47
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2E 2G 2J 2K 2T 3D 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan NEW YORK METS EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STERLING METS, L.P.	D Employer Identification Number (EIN) 11-2834957

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

WELLS FARGO ADVISORS

48-1305000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	CONSULTANT	48012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	-31579	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF BALANCED R5 - AMERICAN FUNDS SE 95-2566717	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF EUROPAC GROWTH R5 - AMERICAN FU 95-2566717	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLK RK GLOBAL ALLOC I - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CRLN E SM CAP GR I - U.S. BANCORP P.O. BOX 701 MILWAUKEE, WI 53201	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN GROWTH ADV - FRANKLIN TEM 94-3167260	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
I O INTL SMMID CO Y - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM EQUITY INCOME R5 - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM LTD DUR BOND I - DST ASSET MAN 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.05%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM MID CAP GRTH R5 - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS BOND INST - DST ASSET MANAG 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MID CAP VALUE R4 - MFS SERVICE 04-2865649	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WA CORE BOND I - BNY MELLON INVEST P.O. BOX 9793 PROVIDENCE, RI 02940	0.15%

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan NEW YORK METS EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 STERLING METS, L.P.	D Employer Identification Number (EIN) 11-2834957	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	47775	150465
(2) Participant contributions.....	1b(2)	94338	121783
(3) Other.....	1b(3)	17454	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	12489	1886
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	422668	412668
(9) Value of interest in common/collective trusts	1c(9)	508627	448766
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	32173178	40021688
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	33276529	41157256

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	17454	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17454	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33259075	41157256
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1691253	
(B) Participants	2a(1)(B)	2787608	
(C) Others (including rollovers)	2a(1)(C)	334093	
(2) Noncash contributions	2a(2)	0	4812954
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	221	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	18816	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19037
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2119977	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2119977
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		20061
(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 companies (e.g., mutual funds)	2b(10)		5337735
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		12309764

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4359916	
(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)		4359916
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		35867
h Interest expense	2h		0
i 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)	15800	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15800
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4411583

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7898181
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: DOUGLAS J FREEMAN, CPA

(2) EIN: 11-3415651

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		19054
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		17500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>NEW YORK METS EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STERLING METS, L.P.</u>	D Employer Identification Number (EIN) <u>11-2834957</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

New York Mets Employee Savings Plan

12/31/2019

EIN: 11-2834957 Plan #: 002

Attachment to 2019 Form 5500 Schedule H

Part IV, Question 4a: Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late To Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) And Prohibited Transaction Exemption (PTE) 2002-51
Check Here If Late Participant Loan Repayments Are Included []	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	

\$ 19,054

\$ 19,054

See accompanying independent auditor's report.

Financial Statements

**New York Mets
Employee Savings Plan**

December 31, 2019

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New York Mets
Employee Savings Plan
December 31, 2019 and 2018

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Douglas J. Freeman

C E R T I F I E D P U B L I C A C C O U N T A N T

19 Livingston Avenue
Jericho, New York 11753
516.822.7478 (T)
516.650.5593 (M)
DouglasJFreeman@GMail.com

Independent Auditor's Report

The Administrator
New York Mets Employee Savings Plan

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of New York Mets Employee Savings Plan which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018; the related statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018; and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. However, because of the matter described in the Basis for Disclaimer of Opinion paragraph, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plan Administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 4 which was certified by Fidelity Management Trust Company, the Trustee of the Plan except for comparing such information with the related information included in the financial statements. I have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Report on Supplemental Schedules

The supplemental schedules as of the year ended December 31, 2019 as listed in the Table of Contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. They are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph herein, I do not express an opinion on the supplemental schedules referred to above.

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

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

A handwritten signature in black ink that reads "Douglas Freeman". The signature is written in a cursive, flowing style.

Jericho, New York
October 12, 2020

Statements of Net Assets Available For Benefits

**New York Mets
Employee Savings Plan**

December 31, 2019 and 2018

	2019	2018
Investments at fair value		
Money market account	\$ 1,886	\$ 12,489
Mutual funds	40,021,688	32,173,178
Common collective trust	448,766	508,627
	<u>40,472,340</u>	<u>32,694,294</u>
Receivables		
Participant contributions	121,783	94,338
Employer contributions	150,465	47,775
Notes receivable from participants	412,668	422,668
Other	- 0 -	17,454
	<u>684,916</u>	<u>582,235</u>
Total assets	<u>41,157,256</u>	<u>33,276,529</u>
Due to participants	- 0 -	17,454
Total liabilities	<u>- 0 -</u>	<u>17,454</u>
Net assets available for benefits	<u>\$ 41,157,256</u>	<u>\$ 33,259,075</u>

See accompanying Notes to Financial Statements
and Independent Auditor's Report.

Statements of Changes in Net Assets Available For Benefits

**New York Mets
Employee Savings Plan**

Years Ended December 31, 2019 and 2018

	2019	2018
Additions (subtractions) to net assets attributed to		
Investment activity		
Dividends and interest	\$ 2,128,389	\$ 2,636,888
Net appreciation (depreciation) in value of investments	5,349,605	(4,886,508)
	<u>7,477,994</u>	<u>(2,249,620)</u>
Contributions		
Employer	1,691,253	1,291,443
Participant deferrals	2,787,608	2,688,339
Participant rollovers	334,093	500,707
	<u>4,812,954</u>	<u>4,480,489</u>
Other		
Interest income - notes receivable from participants	18,816	17,090
Total additions	<u>12,309,764</u>	<u>2,247,959</u>
Deductions from net assets attributed to		
Benefits paid to participants	4,359,916	2,506,796
Deemed distributions	35,867	45,425
Administrative fees - net of recapture	15,800	1,585
Total deductions	<u>4,411,583</u>	<u>2,553,806</u>
Net increase (decrease)	7,898,181	(305,847)
Net assets available for benefits - beginning of year	<u>33,259,075</u>	<u>33,564,922</u>
Net assets available for benefits - end of year	<u>\$ 41,157,256</u>	<u>\$ 33,259,075</u>

See accompanying Notes to Financial Statements
and Independent Auditor's Report.

**New York Mets
Employees Retirement Plan**

December 31, 2019 and 2018

Note 1 Description of Plan

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

General The Plan, established by Sterling Mets, L.P., (the "Sponsor") is a defined contribution 401(k) plan covering all eligible employees employed by the employer or affiliate employers (together the "Employer" or "Administrator") that with the consent of the Sponsor have adopted the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Employer through an appointed group of individuals is responsible for the oversight of the Plan. The group determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligibility Eligible employees exclude: those who fail to meet the twelve consecutive months service requirement; those who are under age twenty one; those who are participants in the Major League Baseball Players Benefit Plan; those who are Minor League baseball players; those who are covered by collective bargaining agreements; and those, who are seasonal employees, or paid on a per-day or per-game basis, unless such person is credited with a minimum of 1,000 hours of service in the twelve-month period after becoming an employee, or in any Plan year thereafter. Eligible employees may elect to begin participation in the Plan as of the first day of the calendar month coinciding with or next following the date that the age and service eligibility requirements are met.

Employee Contributions Each year, participants may authorize the Employer to withhold up to 100% (to a maximum of \$19,000 in 2019 and \$18,500 in 2018) of eligible compensation for contribution to the Plan. Eligible compensation is statutorily limited to \$280,000 in 2019 and \$275,000 in 2018. Participants over 50 years of age may make an additional annual "catch up" contribution. The maximum annual catch up contribution for 2019 and 2018 is \$6,000. Participants also may contribute rollover amounts representing distributions or distributable amounts from other qualified retirement plans. Participants may elect to contribute all or a portion of their elective contributions to the Plan as pre-tax elective deferrals or after- tax Roth contributions.

Employer Contributions The Employer is obligated to contribute a matching contribution equal to 50% of each participant's contribution. Participant contributions in excess of 6% of participant eligible compensation for the Plan year are excluded when calculating the required Employer matching contribution. Catch up contributions and rollover contributions are not eligible for Employer matching. In addition, for all eligible employees hired or rehired after January 1, 2016 the Employer is further obligated to contribute a fixed percentage employer contribution of 3% of eligible compensation. Additional amounts may be contributed to the Plan solely at the option of the Employer.

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

Vesting Participants are immediately 100% vested in their own contributions including any related earnings or losses. Employer matching, required 3% fixed percentage and discretionary contributions, including any earnings or losses thereon, vest based on years of service. For these amounts, a participant becomes 100% vested, in 20% increments, over a period of one through five years of service. Also, for these amounts, a participant becomes 100% vested upon normal retirement age 65, total disability, death, or termination or partial termination of the Plan. In general, a participant who terminates employment with the Employer before becoming fully vested in their Plan account balances will forfeit the unvested employer contributed portion of their account balances.

**New York Mets
Employees Retirement Plan**

December 31, 2019 and 2018

Note 1 Description of Plan (continued)

Forfeitures Forfeitures of the non-vested portion of terminated participants' Plan accounts may be applied to reduce Employer contributions or pay Plan administrative expenses. Activity arising from unallocated forfeitures of terminated participants' non-vested account balances for the years ended December 31, 2019 and 2018 was:

	2019	2018
Forfeiture balance available - beginning of year	\$ 17,000	\$ 33,000
Increase arising from forfeitures of terminated participants' non-vested account balances	138,000	73,000
Investment activity	1,000	1,000
Amount applied to reduce Employer contributions and pay administrative expenses	(75,000)	(90,000)
Forfeiture balance available - end of year	<u>\$ 81,000</u>	<u>\$ 17,000</u>

Notes Receivable from Participants Participants may borrow from their Plan accounts, in general, up to an amount equal to the lesser of \$50,000 or 50% of their vested account balances. The minimum permitted loan is \$1,000. Loans are collateralized by the balances in the participant's Plan accounts. Principal and interest are to be paid ratably by the participant through payroll deductions and are credited to the participant's Plan accounts. Loan origination fees, if any, are charged directly to the participant's accounts.

Hardship Distributions Participants may request a distribution of all or a portion of their vested Plan account balances in the event of certain defined financial hardships, provided such request is for at least \$500. Participants must first exhaust all other reasonably available resources before becoming eligible for hardship distributions.

In-service Distributions Participants who have attained age 59 ½ may request an in-service distribution of all or a portion of their vested Plan account balances, provided such request is for at least \$500.

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

Investment Options Upon enrollment in the Plan, participants may direct the investment of contributions made on their behalf and may transfer the investment of Plan account balances among approximately 35 investment options, primarily registered investment companies ("mutual funds"). The Employer, or its delegate, may add or subtract from the list of investment options from time to time. When employees direct their own Plan account investments, their Plan accounts are allocated earnings or losses reflective of their chosen investments. A participant's Plan account does not share in the investment performance of other participants' Plan accounts.

Plan Termination Although it has not expressed any intent to do so, the Employer has the right to discontinue its contributions and terminate the Plan subject to the provisions of ERISA and the Internal Revenue Code of 1986 as amended (the "Code"). Should the Plan terminate, participants would become 100% vested in all Plan accounts. Further, under some circumstances (such as a partial Plan termination caused by a significant reduction in Plan participants from one Plan year to the next), Plan participants with respect to whom a partial Plan termination occurs will become 100% vested in all their Plan accounts.

**New York Mets
Employees Retirement Plan**

December 31, 2019 and 2018

Note 2 Summary of Significant Accounting Policies

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

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

Investments are reported at fair value. The carrying value of other assets and liabilities approximates fair value because of the short-term nature of these items. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Attributes that are specific to an asset or liability, such as restrictions on the asset's sale, need to be considered when measuring fair value, if market participants would take those attributes into account when pricing the item. The Plan Administrator determines the Plan's valuation policies utilizing information provided by Fidelity Management Trust Company, the Trustee of the Plan. See Note 3 for a discussion of fair value measurements.

Participant contributions are recorded as they are withheld from participant wages. Employer contributions are recorded in the period in which the related participant contributions are due.

Participant contributions, if any, in excess of amounts allowed by the Internal Revenue Code are recorded as a liability payable to participants with a corresponding reduction to contributions. The Plan distributes excess contributions to the applicable participants prior to March 15 of the succeeding year.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. If a terminated participant ceases to make note repayments and the Plan Administrator deems the participant note to be in default, the participant note balance is reduced and a deemed distribution is recorded. No allowance for credit losses has been recorded as of December 31, 2019 or 2018.

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

Benefits are recorded when paid.

Mutual fund, money market fund and common collective trust expenses, including investment management and advisory services, are charges against the respective investment vehicle assets and are reflected in the respective investment's share/unit value, dividends and net appreciation or (depreciation) in value of investments.

Certain operating and administrative expenses are absorbed by the Employer and, to that extent, are not reflected in these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

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

Note 3 Fair Value Plan Investment Measurements

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels.

Level 1 inputs consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date. Level 1 inputs have the highest priority.

Level 2 inputs include:

- quoted prices for similar, but not identical, assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets (i.e., markets in which there are few transactions for the asset or liability, the prices are not current, price quotations vary substantially, either over time or among market makers, or in which little information is publicly available, for example, a principal-to-principal market);
- inputs other than quoted prices that are observable for the assets or liabilities; and
- inputs that are derived principally from, or corroborated by, observable market data, either 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 have the lowest priority. Level 3 inputs, which are unobservable and significant, are used for fair value measurement only when observable inputs are not available. Thus, these inputs apply when there is little or no market activity for the asset or liability at the measurement date.

The assets' or liabilities' 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

Appropriate valuation techniques based on the available inputs are used to measure the fair value of the Plan's investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Level 1 Fair Value Measurements - The fair value of all Plan investments in money market funds and mutual funds is based on year-end quoted net asset values of the shares held by the Plan, on the active market on which the funds are traded, as certified by the Trustee. (See Note 4.) The Plan's investments in money market funds and mutual funds are deemed to be actively traded.

Level 2 Fair Value Measurements - The Plan's investment in the common collective trust ("CCT") is valued at the net asset value ("NAV") of units held. The NAV is based on the fair value of the underlying investments held by the CCT less its liabilities. CCT units held in participant accounts may be redeemed on a daily basis to fund participant benefit payments and other participant initiated withdrawals. In unusual market conditions the CCT trustee may impose restrictions on redemptions of units. Plan level liquidations such as those arising from a termination of the Plan, require notice and could result in redemption restrictions for up to 12 months.

Level 3 Fair Value Measurements - No level 3 inputs were used by the Plan.

**New York Mets
Employees Retirement Plan**

December 31, 2019 and 2018

Note 3 Fair Value Measurements (continued)

For the years ended December 31, 2019 and 2018 there were no transfers among levels 1, 2 or 3.

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

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	Level 1	Level 2	Level 3	Total
<u>2019</u>				
Money Market	\$ 1,886	\$	\$	1,886
Mutual Funds	40,021,688			40,021,688
Common collective trust		448,766		448,766
Total investments at fair value	<u>\$ 40,023,574</u>	<u>\$ 448,766</u>	<u>\$</u>	<u>\$ 40,472,340</u>
<u>2018</u>				
Money Market	\$ 12,489	\$	\$	12,489
Mutual Funds	32,173,178			32,173,178
Common collective trust		508,627		508,627
Total investments at fair value	<u>\$ 32,185,667</u>	<u>\$ 508,627</u>	<u>\$</u>	<u>\$ 32,694,294</u>

Note 4 Information Prepared and Certified by Trustee

The December 31, 2019 and 2018 Statements of Net Assets Available for Benefits, the investment and participant loan activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018, and the related accompanying notes to financial statements were prepared in part or entirely from information certified by Fidelity Management Trust Company, the Trustee of the Plan, for the years ended December 31, 2019 and 2018, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes at December 31, 2019 and 2018:

	2019	2018
Investments	\$ 40,472,340	\$ 32,694,294
Notes receivable from participants - 3.50% - 5.50% (2019) and 3.25% - 5.00% (2018)	412,668	422,668
Appreciation (depreciation) in value of investments		
Mutual funds	5,337,735	(4,881,413)
Common collective trusts	11,870	(5,095)
	<u>5,349,605</u>	<u>(4,886,508)</u>
Dividends and interest		
Money market funds	221	149
Mutual funds	2,119,977	2,631,056
Common collective trusts	8,191	5,683
	<u>2,128,389</u>	<u>2,636,888</u>
Interest - notes receivable from participants	<u>18,816</u>	<u>17,090</u>

**New York Mets
Employees Retirement Plan**

December 31, 2019 and 2018

Note 5 Parties in Interest and Related Party Transactions

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

Certain investments of the Plan are in shares (or units) of mutual funds, money market funds and common collective trusts. These investment vehicles may pay fees for investment advisory services, management or similar services, both to their own related mutual fund family umbrella companies and to other service providers, some of which may do business with the Plan, the Employer, the Plan Administrator, the Trustee, the custodian or the investment advisor. These transactions qualify as exempt party in interest transactions. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as exempt party-in-interest transactions.

Through arrangements with the Trustee, the Plan recaptures fees from mutual funds. Activity within the unallocated recapture account for the years ended December 31, 2019 and 2018 was:

	2019	2018
Unallocated recapture balance available - beginning of year	\$ 12,000	\$ 11,000
Earnings recaptured from mutual funds	38,000	47,000
Amounts offset against Plan expenses	(48,000)	(46,000)
Unallocated recapture balance available - end of year	<u>\$ 2,000</u>	<u>\$ 12,000</u>

Note 6 Risks, Concentrations and Uncertainties

Future Employer contributions to the Plan are subject to risk arising from concentration in, and financial capacity of, the sources providing those contributions.

Benefits provided by the Plan are not insured by the Pension Benefit Guaranty Corporation under ERISA. Also, the Plan's investments are not equivalent to bank deposits and are not insured or guaranteed by the FDIC. Further, all of the Plan's investments are exposed to various risks, such as interest rate and foreign exchange rate fluctuation, market volatility and credit risk. Accordingly, it is at least reasonably possible in the near term that risks would materially affect future amounts reported in the Statements of Net Assets Available for Benefits, and in the Statements of Changes in Net Assets Available for Benefits; and consequently impact participants' Plan account balances, including vested account values at retirement date or upon another distributable event.

Plan investments may directly or indirectly invest in securities with contractual cash flows. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers, a lack of a secondary market and changes in interest rates. Also see Note 3.

**New York Mets
Employees Retirement Plan**

December 31, 2019 and 2018

Note 7 Tax Status

The Internal Revenue Service has issued an advisory letter dated March 31, 2014 to the sponsoring organization of the pre-approved plan adopted by the Employer opining that the form of the pre-approved plan and related trust are designed in accordance with applicable tax qualification and tax exemption sections of the Code. The pre-approved plan and related trust have been amended since receiving the advisory letter. The Employer is not required, and has not sought, to apply for its own determination letter with regard to the tax qualification of the Plan. The Employer believes that the Plan is designed and currently is being operated in compliance with the applicable requirements of the Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to examinations by taxing authorities for years before 2016. The application of tax laws and regulations to many types of transactions is susceptible to varying interpretations and accordingly, amounts and disclosures reported in the financial statements could be changed at a later date upon final determinations by the taxing authorities.

Note 8 Subsequent Events

Management has evaluated subsequent events through October 12, 2020, the date on which the financial statements were available to be issued and has determined that all material subsequent events or transactions that would require recognition or disclosure have been included in the financial statements.

The extent of the impact of the COVID-19 outbreak on the financial performance of the Plan's investments will depend on future developments, including the duration and severity of the outbreak and its impact on the financial markets and the overall economy, all of which are uncertain and cannot be predicted. If the financial markets or the overall economy are impacted for an extended period, the Plan's investment results could be materially adversely affected.

Also, a prolonged widespread epidemic could adversely impact global economies and financial markets resulting in an economic downturn that could disrupt the Plan Employer's revenue stream. Such disruptions have adversely affected the Employer's profitability, cash flows, financial results and have influenced the Employer's Plan contributions.

Effective May 8, 2020, the Plan was amended changing the fixed Employer match (Note 1) to a discretionary match. In June 2020 the discretionary match was suspended.

Supplemental Information

New York Mets Employee Savings Plan

12/31/2019

EIN: 11-2834957 Plan #: 002

Attachment to 2019 Form 5500 Schedule H

Part IV, Question 4a: Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late To Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) And Prohibited Transaction Exemption (PTE) 2002-51
Check Here If Late Participant Loan Repayments Are Included []	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	

\$ 19,054

\$ 19,054

See accompanying independent auditor's report.

New York Mets Employee Savings Plan

12/31/2019

EIN: 11-2834957 Plan #: 002

Attachment to 2019 Form 5500 Schedule H

Part IV, Question 4i: Schedule of Assets (Held At End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lesser or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost **	Current Value
	AF BALANCED R5	Mutual Fund	\$	920,524.27
	AF EUROPAC GROWTH R5	Mutual Fund		893,335.97
	BLKRK GLOBAL ALLOC I	Mutual Fund		838,022.96
	CRLN E SM CAP GR I	Mutual Fund		454,325.04
*	FA FREEDOM 2005 I	Mutual Fund		93,800.99
*	FA FREEDOM 2010 I	Mutual Fund		70,190.70
*	FA FREEDOM 2015 I	Mutual Fund		409,375.17
*	FA FREEDOM 2020 I	Mutual Fund		2,742,380.41
*	FA FREEDOM 2025 I	Mutual Fund		3,202,534.57
*	FA FREEDOM 2030 I	Mutual Fund		1,253,539.43
*	FA FREEDOM 2035 I	Mutual Fund		3,731,470.63
*	FA FREEDOM 2040 I	Mutual Fund		3,811,163.95
*	FA FREEDOM 2045 I	Mutual Fund		2,933,505.17
*	FA FREEDOM 2050 I	Mutual Fund		2,668,193.50
*	FA FREEDOM 2055 I	Mutual Fund		1,802,907.67
*	FA FREEDOM 2060 I	Mutual Fund		1,131,616.62
*	FA FREEDOM 2065 I	Mutual Fund		190.90
*	FA FREEDOM INC I	Mutual Fund		2,566,914.35
*	FA SM CAP VAL I	Mutual Fund		597,558.50
*	FA STABLE VALUE I	Common Collective Trust		448,765.79
*	FID 500 INDEX	Mutual Fund		2,639,194.78
*	FID GOVT MMKT	Money Market		1,885.86
*	FID INTL INDEX	Mutual Fund		122,475.39
*	FID MID CAP IDX	Mutual Fund		329,807.36
*	FID SM CAP IDX	Mutual Fund		252,159.69
*	FID US BOND IDX	Mutual Fund		199,099.22
	FRANKLIN GROWTH ADV	Mutual Fund		1,401,026.12
	I O INTL SMIMID CO Y	Mutual Fund		699,418.55
	JPM EQUITY INCOME R5	Mutual Fund		776,348.60
	JPM LTD DUR BOND I	Mutual Fund		353,988.78
	JPM MID CAP GRTH R5	Mutual Fund		775,043.95
	LOOMIS BOND INST	Mutual Fund		664,558.27
	MFS MID CAP VALUE R4	Mutual Fund		762,407.33
	WA CORE BOND I	Mutual Fund		924,609.21
	Total Investments			40,472,339.70
*	PARTICIPANT LOANS	3.50% - 5.00%		412,668.48
	Total Investments and Loans (Held At End of Year)		\$	40,885,008.18

* Party in interest to the Plan

** All investments are Participant directed and therefore cost disclosure is not required.

See accompanying independent auditor's report.

New York Mets Employee Savings Plan

12/31/2019

EIN: 11-2834957 Plan #: 002

Attachment to 2019 Form 5500 Schedule H

Part IV, Question 4i: Schedule of Assets (Held At End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lesser or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost **	Current Value
	AF BALANCED R5	Mutual Fund	\$	920,524.27
	AF EUROPAC GROWTH R5	Mutual Fund		893,335.97
	BLKRK GLOBAL ALLOC I	Mutual Fund		838,022.96
	CRLN E SM CAP GR I	Mutual Fund		454,325.04
*	FA FREEDOM 2005 I	Mutual Fund		93,800.99
*	FA FREEDOM 2010 I	Mutual Fund		70,190.70
*	FA FREEDOM 2015 I	Mutual Fund		409,375.17
*	FA FREEDOM 2020 I	Mutual Fund		2,742,380.41
*	FA FREEDOM 2025 I	Mutual Fund		3,202,534.57
*	FA FREEDOM 2030 I	Mutual Fund		1,253,539.43
*	FA FREEDOM 2035 I	Mutual Fund		3,731,470.63
*	FA FREEDOM 2040 I	Mutual Fund		3,811,163.95
*	FA FREEDOM 2045 I	Mutual Fund		2,933,505.17
*	FA FREEDOM 2050 I	Mutual Fund		2,668,193.50
*	FA FREEDOM 2055 I	Mutual Fund		1,802,907.67
*	FA FREEDOM 2060 I	Mutual Fund		1,131,616.62
*	FA FREEDOM 2065 I	Mutual Fund		190.90
*	FA FREEDOM INC I	Mutual Fund		2,566,914.35
*	FA SM CAP VAL I	Mutual Fund		597,558.50
*	FA STABLE VALUE I	Common Collective Trust		448,765.79
*	FID 500 INDEX	Mutual Fund		2,639,194.78
*	FID GOVT MMKT	Money Market		1,885.86
*	FID INTL INDEX	Mutual Fund		122,475.39
*	FID MID CAP IDX	Mutual Fund		329,807.36
*	FID SM CAP IDX	Mutual Fund		252,159.69
*	FID US BOND IDX	Mutual Fund		199,099.22
	FRANKLIN GROWTH ADV	Mutual Fund		1,401,026.12
	I O INTL SMIMID CO Y	Mutual Fund		699,418.55
	JPM EQUITY INCOME R5	Mutual Fund		776,348.60
	JPM LTD DUR BOND I	Mutual Fund		353,988.78
	JPM MID CAP GRTH R5	Mutual Fund		775,043.95
	LOOMIS BOND INST	Mutual Fund		664,558.27
	MFS MID CAP VALUE R4	Mutual Fund		762,407.33
	WA CORE BOND I	Mutual Fund		924,609.21
	Total Investments			40,472,339.70
*	PARTICIPANT LOANS	3.50% - 5.00%		412,668.48
	Total Investments and Loans (Held At End of Year)		\$	<u>40,885,008.18</u>

* Party in interest to the Plan

** All investments are Participant directed and therefore cost disclosure is not required.

See accompanying independent auditor's report.