

<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>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ 002
YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN	1c Effective date of plan 01/01/1968
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) 13-2710385
YONKERS RACING CORPORATION	2c Sponsor's telephone number 914-968-4200
810 YONKERS AVENUE YONKERS, NY 10704	2d Business code (see instructions) 713200
810 YONKERS AVENUE YONKERS, NY 10704	

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.	10/11/2010	STEPHANIE BUNYAN
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") YONKERS RACING CORPORATION 810 YONKERS AVENUE YONKERS, NY 10704	3b Administrator's EIN 13-2710385 3c Administrator's telephone number 914-968-4200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	130
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	99
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	99
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	99
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 1I 3H

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

9a Plan funding arrangement (check all that apply)	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	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>YONKERS RACING CORPORATION</u>	D Employer Identification Number (EIN) <u>13-2710385</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>60710</u>
b Actuarial value	2b <u>60710</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>0</u> <u>0</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>37554</u>
(2) Vested benefits	3c(2) <u>66010</u>
(3) Total active	3c(3) <u>130</u> <u>103564</u>
d Total	3d <u>130</u> <u>103564</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.50</u> %
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/11/2010</u>
Signature of actuary	Date
<u>MICHAEL MASSA</u>	<u>08-03123</u>
Type or print name of actuary	Most recent enrollment number
<u>MASSA & ASSOCIATES, INC.</u>	<u>516-678-8000</u>
Firm name	Telephone number (including area code)
<u>100 NORTH CENTRE AVENUE</u> <u>ROCKVILLE CENTRE, NY 11570</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of _____%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		107
b Interest on (a) using prior year's effective rate of <u>6.12</u> %		7
c Total available at beginning of current plan year to add to prefunding balance		114
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	58.62 %
15 Adjusted funding target attainment percentage.....	15	58.62 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	84.40 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	58.62 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	30000				
			Totals ►	18(b)	30000
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 26868
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	36640	6653
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	6653
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	6653
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	26868
38 Interest-adjusted excess contributions for current year (see instructions).....	38	20215
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 YONKERS RACING CORPORATION	D Employer Identification Number (EIN) 13-2710385	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4700	30000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2326	2495
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	30598	34731
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	23357	30640
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	60981	97866

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	60981	97866
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	30000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		30000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1747	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1747

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	44879	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	49926	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-5047

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	15682	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		15682
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		42382

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5280	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5280
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	217	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		217
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5497

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36885
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: MARGOLIN, WINER & EVENS, LLP

(2) EIN: 11-1558868

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>YONKERS RACING CORPORATION LOCAL 153 ANNUITY 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>YONKERS RACING CORPORATION</u>	D Employer Identification Number (EIN) <u>13-2710385</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>16-0538020</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	<u>1</u>

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**YONKERS RACING
CORPORATION LOCAL 153
ANNUITY PLAN**

FINANCIAL STATEMENTS

Years Ended December 31, 2009 and 2008

YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN

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Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Accountants

Yonkers Racing Corporation
Local 153 Annuity Plan
Yonkers, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the Yonkers Racing Corporation Local 153 Annuity Plan (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of assets held for investment purposes and reportable transactions, and the statement of accumulated plan benefits as of December 31, 2008, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information pertaining to the investments of the Plan, which was certified by the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We 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 certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. 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 us in accordance with auditing standards generally accepted in the United States of America and, in our 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.

Margolin, Winer & Evens LLP

Garden City, New York
October 7, 2010

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YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<i>December 31,</i>	2009	2008
ASSETS		
Cash	\$ 461	\$ -
Investments, at fair value	67,405	56,281
Employer Contributions Receivable	<u>30,000</u>	<u>4,700</u>
Net Assets Available for Benefits	<u>\$ 97,866</u>	<u>\$ 60,981</u>

*See report of independent accountants.
The accompanying notes are an integral part of these statements.*

YONKERS RACING CORPORATION

LOCAL 153 ANNUITY PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

<i>Years Ended December 31,</i>	2009	2008
Investment Income (Loss) -		
Net appreciation (depreciation) in fair value of investments	\$ 12,382	\$ (25,159)
Employer Contributions	<u>30,000</u>	<u>4,700</u>
	<u>42,382</u>	<u>(20,459)</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	5,280	53,430
Administrative expenses	<u>217</u>	<u>436</u>
	<u>5,497</u>	<u>53,866</u>
Net Increase (Decrease)	36,885	(74,325)
Net Assets Available for Benefits - beginning of year	<u>60,981</u>	<u>135,306</u>
Net Assets Available for Benefits - end of year	<u><u>\$ 97,866</u></u>	<u><u>\$ 60,981</u></u>

See report of independent accountants.

The accompanying notes are an integral part of these statements.

YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31,

2008

Actuarial Present Value of Accumulated Plan Benefits -

Vested benefits -

Participants with frozen benefits

\$ 103,575

\$ 103,575

See report of independent accountants.

The accompanying notes are an integral part of this statement.

YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Year Ended December 31,

2008

**Actuarial Present Value of Accumulated Plan Benefits -
beginning of year**

\$ 156,000

Increase (Decrease) During the Year Attributable to:

Interest

1,005

Benefits paid

(53,430)

Net Decrease

(52,425)

**Actuarial Present Value of Accumulated Plan Benefits -
end of year**

\$ 103,575

See report of independent accountants.

The accompanying notes are an integral part of this statement.

YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

1. **Description of the Plan** The following brief description of the Yonkers Racing Corporation Local 153 Annuity Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit plan covering members of Local 153 of the Office and Professional Employees International Union employed by Yonkers Racing Corporation (the "Company"). The Plan was amended to freeze benefits as of December 31, 2007. The participants' accrued benefits will no longer increase based on service after December 31, 2007 and will be computed based upon their service as of that date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Benefits - The Plan was established to provide retirement and other related pension benefits to certain employees of the Company. Benefit provisions are:

A) Normal retirement pension benefits

Any participant who has attained age 65 and who has five years of participation in the Plan is entitled to receive pension benefits based upon the employee's years of credited service.

B) Termination benefits

Any participant who is terminated for any reason is entitled to payment of their vested accrued benefit.

C) Disability benefits

Any participant who becomes totally and permanently disabled will receive their vested accrued benefit based on their years of credited service up to the date of severance for the disability. If the participant was credited with at least one, but fewer than five, years of credited service, they will receive a benefit equal to \$50 for each such year of credited service.

D) Death benefits

A participant who is vested has the option of providing a pension for a spouse in the event of death prior to actual retirement or having their beneficiary receive a lump sum payment equal to their vested benefit. If the participant was credited with at least one, but fewer than five, years of credited service, they will receive a benefit equal to \$50 for each such year of credited service.

See report of independent accountants.

YONKERS RACING CORPORATION

LOCAL 153 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

2. **Summary of Significant Accounting Policies**

Basis of accounting - The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment valuation and income recognition - Plan investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends earned by funds are included in the unit value and, accordingly, are included in net appreciation or depreciation in fair value of investments which includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits - Benefit payments to participants are recorded upon distribution.

Actuarial present value of accumulated plan benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to December 31, 2007, the date benefits were frozen.

The actuarial present value of accumulated plan benefits is determined by an actuary from Massa & Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment. The significant actuarial assumptions used in the valuation were (a) life expectancy of participants (the IRS 2007 Static Mortality Table was used), (b) retirement age assumptions (the assumed range for average retirement was to occur at the earlier of age 65 or 30 years of service), (c) no increases in earnings, (d) no termination of employment, (e) participants will elect lump sum distributions and (e) investment return. The valuation includes assumed average rates of return of 6.50%. The foregoing actuarial assumptions are based on the presumption the Plan will continue. If the Plan were to terminate, different actuarial assumptions

YONKERS RACING CORPORATION

LOCAL 153 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The freeze of the Plan does not have a material impact on the actuarial assumptions.

Federal income taxes - The Plan obtained its latest determination letter in September 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan administrator believes that the Plan is qualified and continues to be tax exempt as of the financial statement date.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets and accumulated plan benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets and changes in accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Subsequent events - The Plan has evaluated events and transactions for potential recognition or disclosure through October 7, 2010, the date the financial statements were available to be issued.

- 3. Funding Policy** The entire cost of funding the Plan is paid by the Company. The Company's funding policy is to make annual contributions to the Plan in amounts that are no less than the actuarially computed minimum recommended contribution; and no more than the maximum amount allowed as a deduction for Federal income tax reporting purposes. ERISA's minimum funding requirements have been adhered to.
- 4. Plan Termination** In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. The specific ordering of benefits in Plan termination is discussed in the Plan document. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation. See Note 9 for a discussion of termination.

See report of independent accountants.

YONKERS RACING CORPORATION

LOCAL 153 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

5. Investments

The Manufacturers and Traders Trust Company (the trustee of the Plan) has certified to the accuracy and completeness of investments and related income as reported in the accompanying financial statements and supplemental schedules.

Investments that represent 5% or more of the Plan's net assets available for benefits at fair value are as follows:

	<u>2009</u>	<u>2008</u>
Harbor International Fund	\$ *	\$ 3,099
Vanguard Institutional Index	*	4,378
MTB Intermediate Term Bond Fund	28,111	28,586

* Represents less than 5% of the Plan's net assets available for benefits.

The earnings on the investments (including gains and losses on investments bought and sold, as well as held during the year) for the years ended December 31, 2009 and 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Net appreciation (depreciation) in fair value of mutual funds	\$ 12,382	\$ (25,159)

6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures," establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are summarized as follows:

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment. Level 1 investments of the Plan consist of registered investment companies (mutual funds, including money market funds) which are valued at the net asset value (NAV) of shares held by the Plan at year end where NAV is publicly available.

YONKERS RACING CORPORATION

LOCAL 153 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement that reflect the reporting entity's own assumptions about the assumptions that market participants would use.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement. Although the degree of judgment exercised by the Plan in determining fair value is greatest for investments categorized in Level 3, the inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with those investments.

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

Assets at Fair Value as of December 31, 2009				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds (including money market fund)	\$ 67,405	\$ -	\$ -	\$ 67,405
Cash	<u>461</u>	<u>-</u>	<u>-</u>	<u>461</u>
Total assets at fair value	<u><u>\$ 67,866</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 67,866</u></u>

Assets at Fair Value as of December 31, 2008				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds (including money market fund)	\$ 56,281	\$ -	\$ -	\$ 56,281

7. **Party-In-Interest Transactions** Certain administrative expenses are the responsibility of the Company. Certain of the Plan's investments are mutual funds managed by the Plan's trustee. Administrative fees of \$217 and \$436 were paid by the Plan to the Plan's trustee during 2009 and 2008, respectively.

See report of independent accountants.

YONKERS RACING CORPORATION

LOCAL 153 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

**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 the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**9. Subsequent
Event**

During 2010, the Company expressed its intent to terminate the Plan in 2010 and is currently negotiating the terms of the termination with the Union.

YONKERS RACING CORPORATION

LOCAL 153 ANNUITY PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

EIN: 13-2710385

December 31, 2009

	<u>Shares</u>	<u>Cost</u>	<u>Fair Value</u>
Investments:			
* MTB Money Market Fund	2,034	\$ 2,034	\$ 2,034
Goldman Sachs High Yield Fund	137	922	949
Ridgeworth Seix Floating Rate High Income Fund	452	3,859	3,909
Vanguard Intermediate Term Corp Fund	179	1,724	1,724
CRM Mid Cap Value Fund	23	527	558
Alpine Global Premier PPTYS	123	767	767
ING Clarion Global Real Estate Income Fund	94	611	599
iShares MSCI EAFE Index Fund	8	407	442
Guinness Atkinson China and Hong Kong Fund	14	301	490
* MTB international Equity Instl I Fund	100	718	843
iShares Russell 1000 Growth Index Fund	54	2,481	2,692
Harbor Capital Appreciation Fund	132	4,503	4,355
Harbor International Fund	67	3,524	3,660
Lazard Emerging Markets Portfolio	67	1,423	1,216
Loomis Sayles Small Cap Value Fund	19	384	412
LSV Value Equity Fund	163	3,047	1,983
Masters Select International Fund	177	3,168	2,313
* MTB Large Cap Value Fund	216	2,239	2,000
* MTB Mid Cap Growth Fund	96	1,093	1,083
* MTB Small Cap Growth Fund	64	829	832
T Rowe Price Inst L/C Growth Fund	308	4,639	4,355
Vanguard Institutional Index	20	2,513	2,040
Federated Total Return Bond Fund	4	36	38
* MTB Intermediate Term Bond Fund	2,688	<u>27,027</u>	<u>28,111</u>
Total Investments		<u>\$ 68,776</u>	<u>\$ 67,405</u>
Cash		<u>\$ 461</u>	<u>\$ 461</u>

* Party-in-Interest

See report of independent accountants.

The accompanying notes are an integral part of this schedule.

YONKERS RACING CORPORATION
LOCAL 153 ANNUITY PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 13-2710385

Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Fair Value of Asset on Transaction Date</u>	<u>Net Gain/ (Loss)</u>
Series of Transactions in Excess of 5% of Plan Assets:								
iShares Russell 1000 Growth Index Fund, 1 transaction	Mutual Fund	\$ 3,079	N/A	N/A	N/A	\$ 3,079	\$ 3,079	\$ -
iShares Russell 1000 Growth Index Fund, 1 transaction	Mutual Fund	N/A	654	N/A	N/A	598	654	56
MTB Small Cap Growth Fund, 2 transactions	Mutual Fund	1,425	N/A	N/A	N/A	1,425	1,425	-
MTB Small Cap Growth Fund, 3 transactions	Mutual Fund	N/A	1,925	N/A	N/A	1,568	1,925	357
MTB Money Market Fund, 29 transactions	Money Market	14,715	N/A	N/A	N/A	14,715	14,715	-
MTB Money Market Fund, 10 transactions	Money Market	N/A	15,007	N/A	N/A	15,007	15,007	-
MTB Intermediate Term Bond Fund, 16 transactions	Mutual Fund	8,556	N/A	N/A	N/A	8,556	8,556	-
MTB Intermediate Term Bond Fund, 4 transactions	Mutual Fund	N/A	10,500	N/A	N/A	10,266	10,500	234
Ridgeworth Seix Floating Rate High Income Fund, 5 transactions	Mutual Fund	3,859	N/A	N/A	N/A	3,859	3,859	-
Vanguard Institutional Index, 7 transactions	Mutual Fund	1,067	N/A	N/A	N/A	1,067	1,067	-
Vanguard Institutional Index, 2 transactions	Mutual Fund	N/A	4,000	N/A	N/A	3,708	4,000	292
Single Transactions in Excess of 5% of Plan Assets:								
iShares Russell 1000 Growth Index Fund	Mutual Fund	3,079	N/A	N/A	N/A	3,079	3,079	-
MTB Money Market Fund	Money Market	4,000	N/A	N/A	N/A	4,000	4,000	-
MTB Money Market Fund	Money Market	N/A	5,280	N/A	N/A	5,280	5,280	-
MTB Money Market Fund	Money Market	4,700	N/A	N/A	N/A	4,700	4,700	-
MTB Money Market Fund	Money Market	N/A	3,500	N/A	N/A	3,500	3,500	-
MTB Money Market Fund	Money Market	3,530	N/A	N/A	N/A	3,530	3,530	-
MTB Money Market Fund	Money Market	N/A	3,871	N/A	N/A	3,871	3,871	-
MTB Intermediate Term Bond Fund	Mutual Fund	N/A	4,600	N/A	N/A	4,394	4,600	206
Ridgeworth Seix Floating Rate High Income Fund	Mutual Fund	3,800	N/A	N/A	N/A	3,800	3,800	-

See report of independent accountants.
The accompanying notes are an integral part of this schedule.

**YONKERS RACING CORPORATION
LOCAL 153 ANNUITY PLAN**

EIN: 13-2710385, PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

A. ACTUARIAL METHODS

1. Unit Credit Cost Method

The actuarial accrued liabilities for active and deferred vested participants are determined as the actuarial present value of their accrued benefits. The actuarial accrued liabilities for retired participants and beneficiaries are determined as the actuarial present value their of their annuity benefits.

The normal cost for the plan is the actuarial present value of benefits expected to be earned during the year.

2. Actuarial Value of Assets

Valuation assets are equal to the market value of assets as of the valuation date.

Yonkers Racing Corporation
 Local 153 Annuity Plan
 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

B. ACTUARIAL ASSUMPTIONS

1. The annual interest discount to the valuation date for each benefit distribution is based on the year of distribution using the table below:

Segment	Years Following the Valuation Date	Segment Rate
First	0 to 5	5.32%
Second	After 5 up to 20	6.45%
Third	After 20	6.69%

2. There is no assumption regarding increases in earnings.
3. Mortality rates are based on the Static Mortality Table applicable to this year as defined in Regulations 1.430(h)(3)-1(a)(3) using annuitant and non-annuitant rates.
4. No termination of employment is assumed.
5. Retirement is assumed to occur at the earlier of age 65 or 30 years of service.
6. It is assumed that all participants will elect lump sum distributions.

C. REVISIONS TO ACTUARIAL ASSUMPTIONS

The interest discount and the mortality table were changed as required by the Pension Protection Act.

YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN
ACTUARIAL VALUATION AS OF JANUARY 1, 2009

SCHEDULE SB, LINE 19, DISCOUNTED EMPLOYER CONTRIBUTIONS

Date of Deposit	Actual Contributions				Discounted Contributions			
	Minimum Required	Prior Year	Benefit Restrict	Total Amount	Minimum Required	Prior Year	Benefit Restrict	Total Amount
9/15/2010	30,000			30,000	26,762			26,762
Total	30,000			30,000	26,762			26,762

Quarterly contribution amount 1,107

Effective interest rate 6.50%

**YONKERS RACING CORPORATION
LOCAL 153 ANNUITY PLAN**

EIN: 13-2710385, PN 002

**SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA
AS OF JANUARY 1, 2009**

Males and Females

----- Years of Service -----											
<u>Age</u>	<u>Under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>40 & up</u>	<u>Total</u>
Under 25	0	10	0	0	0	0	0	0	0	0	10
25 to 29	0	12	2	0	0	0	0	0	0	0	14
30 to 34	0	12	1	0	0	0	0	0	0	0	13
35 to 39	0	14	3	2	0	0	0	0	0	0	19
40 to 44	0	12	1	0	1	0	0	0	0	0	14
45 to 49	0	15	1	1	1	0	0	0	0	0	18
50 to 54	0	11	0	1	0	0	0	0	0	0	12
55 to 59	0	16	0	0	0	0	0	0	0	0	16
60 to 64	0	4	0	1	0	0	0	0	0	0	5
65 to 69	0	4	0	0	0	1	0	0	0	0	5
70 & up	0	4	0	0	0	0	0	0	0	0	4
Total	0	114	8	5	2	1	0	0	0	0	130

Average age 43.3 Average service 2.9

**YONKERS RACING CORPORATION
LOCAL 153 ANNUITY PLAN**

EIN: 13-2710385, PN 002

**SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE
RETIREMENT AGE**

It is assumed that all participants will retire at the earlier age 65 and 30 years of service, or at their current age if greater. Based on this, the average of assumed retirement ages for active participants, to the nearest whole age, is 65.

**YONKERS RACING CORPORATION
LOCAL 153 ANNUITY PLAN**

EIN: 13-2710385, PN 002

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

1. Effective Date of Plan Provisions

Plan restated as of February 28, 2002.

2. Definitions

(a) Eligible Employees

Employees who are members of Local 153 of the Office and Professional Employees International Union.

(b) Year of Service

A Plan Year in which a participant earns at least 1,000 Hours of Service or is employed at least 100 racing days. However, a participant earns a Year of Service with at least 65% of the racing days (or for a continuous coverage Employee, 54% of the racing days) in a calendar year. Service is frozen for benefit calculations on December 31, 2007.

3. Plan Participation

An Eligible Employee commences Participation on the 1st day of the month following entry in the Seniority Roster.

4. Normal Retirement Benefit

(a) Eligibility

Attainment of age 65 and attainment of the 5th anniversary of plan participation.

(b) Amount of Lump Sum Benefit

The current agreement provides for the following lump sum amounts for participants with service in 2008:

Years of Service	Lump Sum Amount for each Year of Service
0-4	\$ 0
5-9	880
10-14	930
15-19	1,130
20-24	1,230
25-30	1,430

Yonkers Racing Corporation
Local 153 Annuity Plan
Schedule Sb, Part V - Summary of Plan Provisions

5. Vested Benefit

(a) Eligibility

Vesting of 100% after 5 Years of Service.

(b) Amount of Lump Sum Benefit

The lump sum benefit determined under 4(b) is payable on termination of employment.

6. Pre-Retirement Death Benefit

(a) Eligibility

If a participant dies before his pension commencement, his surviving spouse, if any, receives the death benefit described in (b) below. Otherwise, his designated beneficiary receives the benefit.

(b) Death Benefit

A lump sum benefit determined under 4(b) is payable to the spouse or other beneficiary on the death of a participant.

7. Forms of Benefit Payments

(a) Normal Form of Benefit

For an unmarried Participant, the Normal Form of Benefit is a monthly life annuity payable only during the lifetime of the participant that is the actuarial equivalent of the lump sum amount determined in 4(b). For a married Participant, the Normal Form of Benefit is a 50% joint and survivor annuity with the spouse as the contingent annuitant that is the actuarial equivalent of the lump sum amount determined in 4(b).

(b) Optional Forms of Benefit

Other period certain and joint and survivor forms of annuity income are available.

B. CHANGES IN PLAN PROVISIONS SINCE THE PRIOR YEAR

None.

YONKERS RACING CORPORATION
LOCAL 153 ANNUITY PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 13-2710385

Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain/ (Loss)
Series of Transactions in Excess of 5% of Plan Assets:								
iShares Russell 1000 Growth Index Fund, 1 transaction	Mutual Fund	\$ 3,079	N/A	N/A	N/A	\$ 3,079	\$ 3,079	\$ -
iShares Russell 1000 Growth Index Fund, 1 transaction	Mutual Fund	N/A	654	N/A	N/A	598	654	56
MTB Small Cap Growth Fund, 2 transactions	Mutual Fund	1,425	N/A	N/A	N/A	1,425	1,425	-
MTB Small Cap Growth Fund, 3 transactions	Mutual Fund	N/A	1,925	N/A	N/A	1,568	1,925	357
MTB Money Market Fund, 29 transactions	Money Market	14,715	N/A	N/A	N/A	14,715	14,715	-
MTB Money Market Fund, 10 transactions	Money Market	N/A	15,007	N/A	N/A	15,007	15,007	-
MTB Intermediate Term Bond Fund, 16 transactions	Mutual Fund	8,556	N/A	N/A	N/A	8,556	8,556	-
MTB Intermediate Term Bond Fund, 4 transactions	Mutual Fund	N/A	10,500	N/A	N/A	10,266	10,500	234
Ridgeworth Seix Floating Rate High Income Fund, 5 transactions	Mutual Fund	3,859	N/A	N/A	N/A	3,859	3,859	-
Vanguard Institutional Index, 7 transactions	Mutual Fund	1,067	N/A	N/A	N/A	1,067	1,067	-
Vanguard Institutional Index, 2 transactions	Mutual Fund	N/A	4,000	N/A	N/A	3,708	4,000	292
Single Transactions in Excess of 5% of Plan Assets:								
iShares Russell 1000 Growth Index Fund	Mutual Fund	3,079	N/A	N/A	N/A	3,079	3,079	-
MTB Money Market Fund	Money Market	4,000	N/A	N/A	N/A	4,000	4,000	-
MTB Money Market Fund	Money Market	N/A	5,280	N/A	N/A	5,280	5,280	-
MTB Money Market Fund	Money Market	4,700	N/A	N/A	N/A	4,700	4,700	-
MTB Money Market Fund	Money Market	N/A	3,500	N/A	N/A	3,500	3,500	-
MTB Money Market Fund	Money Market	3,530	N/A	N/A	N/A	3,530	3,530	-
MTB Money Market Fund	Money Market	N/A	3,871	N/A	N/A	3,871	3,871	-
MTB Intermediate Term Bond Fund	Mutual Fund	N/A	4,600	N/A	N/A	4,394	4,600	206
Ridgeworth Seix Floating Rate High Income Fund	Mutual Fund	3,800	N/A	N/A	N/A	3,800	3,800	-

See report of independent accountants.
The accompanying notes are an integral part of this schedule.

YONKERS RACING CORPORATION

LOCAL 153 ANNUITY PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

EIN: 13-2710385

December 31, 2009

	<u>Shares</u>	<u>Cost</u>	<u>Fair Value</u>
Investments:			
* MTB Money Market Fund	2,034	\$ 2,034	\$ 2,034
Goldman Sachs High Yield Fund	137	922	949
Ridgeworth Seix Floating Rate High Income Fund	452	3,859	3,909
Vanguard Intermediate Term Corp Fund	179	1,724	1,724
CRM Mid Cap Value Fund	23	527	558
Alpine Global Premier PPTYS	123	767	767
ING Clarion Global Real Estate Income Fund	94	611	599
iShares MSCI EAFE Index Fund	8	407	442
Guinness Atkinson China and Hong Kong Fund	14	301	490
* MTB international Equity Instl I Fund	100	718	843
iShares Russell 1000 Growth Index Fund	54	2,481	2,692
Harbor Capital Appreciation Fund	132	4,503	4,355
Harbor International Fund	67	3,524	3,660
Lazard Emerging Markets Portfolio	67	1,423	1,216
Loomis Sayles Small Cap Value Fund	19	384	412
LSV Value Equity Fund	163	3,047	1,983
Masters Select International Fund	177	3,168	2,313
* MTB Large Cap Value Fund	216	2,239	2,000
* MTB Mid Cap Growth Fund	96	1,093	1,083
* MTB Small Cap Growth Fund	64	829	832
T Rowe Price Inst L/C Growth Fund	308	4,639	4,355
Vanguard Institutional Index	20	2,513	2,040
Federated Total Return Bond Fund	4	36	38
* MTB Intermediate Term Bond Fund	2,688	<u>27,027</u>	<u>28,111</u>
Total Investments		<u>\$ 68,776</u>	<u>\$ 67,405</u>
Cash		<u>\$ 461</u>	<u>\$ 461</u>

* Party-in-Interest

See report of independent accountants.

The accompanying notes are an integral part of this schedule.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

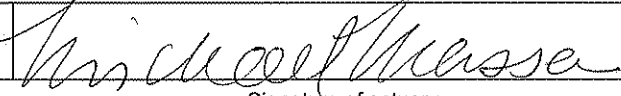
A Name of plan YONKERS RACING CORPORATION LOCAL 153 ANNUITY PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF YONKERS RACING CORPORATION		D Employer Identification Number (EIN) 13-2710385
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009			
2 Assets:			
a Market value.....		2a	60710
b Actuarial value.....		2b	60710
3 Funding target/participant count breakdown		(1) Number of participants (2) Funding Target	
a For retired participants and beneficiaries receiving payment.....		3a	0
b For terminated vested participants.....		3b	0
c For active participants:			
(1) Non-vested benefits.....		3c(1)	37554
(2) Vested benefits.....		3c(2)	66010
(3) Total active.....		3c(3)	130
d Total.....		3d	130
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	6.50 %
6 Target normal cost.....		6	0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		10/11/2010
MICHAEL MASSA		Date
Type or print name of actuary		08-03123
MASSA & ASSOCIATES, INC.		Most recent enrollment number
Firm name		516-678-8000
100 NORTH CENTRE AVENUE ROCKVILLE CENTRE, NY 11570		Telephone number (including area code)
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2006
v.092308

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of _____ %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		107
b Interest on (a) using prior year's effective rate of 6.12 %		7
c Total available at beginning of current plan year to add to prefunding balance		114
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	58.62 %
15 Adjusted funding target attainment percentage	15	58.62 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	84.40 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	58.62 %

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	30000				
Totals ►			18(b)	30000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	26868

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	36640	6653
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	6653
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	6653
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	26868
38 Interest-adjusted excess contributions for current year (see instructions)	38	20215
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

**YONKERS RACING CORPORATION
LOCAL 153 ANNUITY PLAN**

EIN: 13-2710385, PN 002

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

PLAN YEAR COMMENCING JANUARY 1, 2009

<u>Description of Base</u>	<u>First Payment</u>	<u>Initial Amount</u>	<u>Remaining Period</u>	<u>Outstanding Balance</u>	<u>Amort Payment</u>
Shortfall Installment	1/1/08	25,017	6	21,919	4,174
Shortfall Installment	1/1/09	14,721	7	14,721	2,479
Total				36,640	6,653