

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form 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). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan YONKERS RACING CORPORATION PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1996</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 01/01/1996			
1b Three-digit plan number (PN) ►	001						
1c Effective date of plan 01/01/1996							
2a Plan sponsor's name and address (employer, if for single-employer plan) YONKERS RACING CORPORATION 810 YONKERS AVENUE YONKERS, NY 11570	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) 13-2710385</td> <td style="width:40%;"></td> </tr> <tr> <td>2c Plan sponsor's telephone number 914-968-4200</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 713200</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 13-2710385		2c Plan sponsor's telephone number 914-968-4200		2d Business code (see instructions) 713200	
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3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") YONKERS RACING CORPORATION 810 YONKERS AVENUE YONKERS, NY 11570	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3b Administrator's EIN 13-2710385</td> <td style="width:40%;"></td> </tr> <tr> <td>3c Administrator's telephone number 914-968-4200</td> <td></td> </tr> </table>	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. Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	5a 99						
b Total number of participants at the end of the plan year	5b 99						
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Beginning of Year</th> <th style="width:20%;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a 11450465</td> <td>11712703</td> </tr> <tr> <td>b Total plan liabilities</td> <td>7b</td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td>7c 11450465</td> <td>11712703</td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a 11450465	11712703	b Total plan liabilities	7b		c Net plan assets (subtract line 7b from line 7a).....	7c 11450465	11712703																														
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8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Amount</th> <th style="width:20%;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td>8a(1) 291662</td> <td></td> </tr> <tr> <td> (2) Participants</td> <td>8a(2)</td> <td></td> </tr> <tr> <td> (3) Others (including rollovers).....</td> <td>8a(3)</td> <td></td> </tr> <tr> <td>b Other income (loss).....</td> <td>8b 955502</td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>8c</td> <td>1247164</td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</td> <td>8d 929979</td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td>8e</td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td>8f 54947</td> <td></td> </tr> <tr> <td>g Other expenses.....</td> <td>8g</td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td> <td>8h</td> <td>984926</td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c).....</td> <td>8i</td> <td>262238</td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td>8j</td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	8a(1) 291662		(2) Participants	8a(2)		(3) Others (including rollovers).....	8a(3)		b Other income (loss).....	8b 955502		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1247164	d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 929979		e Certain deemed and/or corrective distributions (see instructions)	8e		f Administrative service providers (salaries, fees, commissions)	8f 54947		g Other expenses.....	8g		h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	984926	i Net income (loss) (subtract line 8h from line 8c).....	8i	262238	j Transfers to (from) the plan (see instructions)	8j	
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Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3H

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

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		2000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	X		647
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/12/2011	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

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</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>2010</u>
2	Assets:
a	Market value 2a <u>11432466</u>
b	Actuarial value 2b <u>11432466</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>48</u> <u>7852167</u>
b	For terminated vested participants 3b <u>28</u> <u>1485890</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>4343</u>
(2)	Vested benefits 3c(2) <u>3503200</u>
(3)	Total active 3c(3) <u>23</u> <u>3507543</u>
d	Total 3d <u>99</u> <u>12845600</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>6.57</u> %
6	Target normal cost 6 <u>54000</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>10/04/2011</u>
Signature of actuary	Date
<u>MICHAEL MASSA</u>	<u>11-03123</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) 2010
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)	510	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).....	510	0
10	Interest on item 9 using prior year's actual return of <u>15.46</u> %	79	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		85179
b	Interest on (a) using prior year's effective rate of <u>6.35</u> %		5409
c	Total available at beginning of current plan year to add to prefunding balance		90588
d	Portion of (c) to be added to prefunding balance.....		90588
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).....	589	90588

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	88.29 %
15	Adjusted funding target attainment percentage.....	15	88.29 %
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	78.11 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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
12/18/2009	2697		06/18/2010	2697	
01/25/2010	2697		08/19/2010	2697	
02/19/2010	2697		08/23/2010	2697	
03/18/2010	2697		09/17/2010	2697	
04/19/2010	2697		10/21/2010	2697	
05/20/2010	2696		11/22/2010	2696	
			Totals ▶	18(b)	291662
				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	264184

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

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	%
15 Adjusted funding target attainment percentage.....	15	%
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	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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	
04/06/2011	167500					
07/13/2011	91800					
Totals ▶			18(b)		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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ 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	54000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	990487	205576
b Waiver amortization installment		
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	259576
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
36 Additional cash requirement (item 34 minus item 35).....	36	259576
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	264184
38 Interest-adjusted excess contributions for current year (see instructions).....	38	4608
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
PENSION PLAN**

EIN: 13-2710385, PN 001

**SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA
AS OF JANUARY 1, 2010**

Males and Females

<u>Age</u>	----- Years of Service -----										<u>Total</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>	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0	1
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	1	1	0	0	0	0	0	0	0	2
40 to 44	0	0	0	1	0	1	0	0	0	0	2
45 to 49	0	0	1	1	0	3	1	0	0	0	6
50 to 54	0	0	0	0	0	0	1	0	0	0	1
55 to 59	0	0	0	1	1	1	0	0	0	0	3
60 to 64	0	0	0	0	0	3	1	0	1	0	5
65 to 69	0	0	0	0	0	2	0	0	0	0	2
70 & up	0	0	0	1	0	0	0	0	0	0	1
Total	0	1	3	4	1	10	3	0	1	0	23

Average age 52.6 Average service 18.3

**YONKERS RACING CORPORATION
PENSION PLAN**

EIN: 13-2710385, PN 001

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
Pension 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	4.60%
Second	After 5 up to 20	6.65%
Third	After 20	6.76%

2. There is no assumption regarding increases in earnings because benefits are frozen.
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. Termination of employment rates are shown for sample ages in Part D.
5. Retirement rates are shown in Part D.

C. REVISIONS TO ACTUARIAL ASSUMPTIONS

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

D. SAMPLE OF DECREMENT RATES

Annual Termination Rates

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	7.94%	7.94%
25	7.72%	7.72%
30	7.22%	7.22%
35	6.28%	6.28%
40	5.15%	5.15%
45	3.98%	3.98%
50	2.56%	2.56%
55	.94%	.94%

Yonkers Racing Corporation
Pension Plan

Annual Retirement Rates

<u>Age</u>	<u>Male</u>	<u>Female</u>
60-62	5.0%	5.0%
63	5.0%	5.0%
64	20.0%	20.0%
65	70.0%	70.0%
66-69	40.0%	40.0%
70	100.0%	100.0%

**YONKERS RACING CORPORATION
PENSION PLAN**

EIN: 13-5612353, PN 001

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

PLAN YEAR COMMENCING JANUARY 1, 2010

<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	1/1/10	-879,348	7	-879,348	-146,963
Shortfall Installment	1/1/09	2,093,596	6	1,869,835	352,539
Total				990,487	205,576

**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

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 PENSION PLAN**B** Three-digit
plan number (PN) ▶ 001**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 2010**2** Assets:

	2a	2b
a Market value.....	11432466	
b Actuarial value.....		11432466

3 Funding target/participant count breakdown

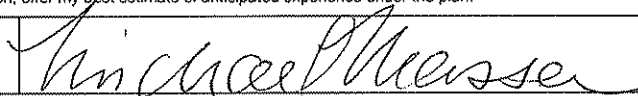
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	48	7852167
b For terminated vested participants.....	28	1485890
c For active participants:		
(1) Non-vested benefits.....	4343	
(2) Vested benefits.....	3503200	
(3) Total active.....	23	3507543
d Total.....	99	12845600

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
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.....		

5 Effective interest rate..... **5** 6.57 %**6** Target normal cost..... **6** 54000**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**

Signature of actuary

MICHAEL MASSA

Type or print name of actuary

MASSA & ASSOCIATES, INC.

Firm name

100 NORTH CENTRE AVENUE
ROCKVILLE CENTRE, NY 11570

Address of the firm

10/04/2011

Date

11-03123

Most recent enrollment number

516-678-8000

Telephone number (including area code)

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) 201
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)	510	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).....	510	0
10 Interest on item 9 using prior year's actual return of <u>15.46 %</u>	79	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		85179
b Interest on (a) using prior year's effective rate of <u>6.35 %</u>		5409
c Total available at beginning of current plan year to add to prefunding balance		90588
d Portion of (c) to be added to prefunding balance.....		90588
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).....	589	90588

Part III Funding percentages

14 Funding target attainment percentage.....	14	88.29 %
15 Adjusted funding target attainment percentage	15	88.29 %
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	78.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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
12/18/2009	2697		06/18/2010	2697	
01/25/2010	2697		08/19/2010	2697	
02/19/2010	2697		08/23/2010	2697	
03/18/2010	2697		09/17/2010	2697	
04/19/2010	2697		10/21/2010	2697	
05/20/2010	2696		11/22/2010	2696	
Totals ▶			18(b)	291662	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	264184

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

Part III Funding percentages

14 Funding target attainment percentage.....	14	%
15 Adjusted funding target attainment percentage.....	15	%
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	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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
04/06/2011	167500				
07/13/2011	91800				
Totals ▶			18(b)		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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %
			☐ 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	54000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	990487	205576
b Waiver amortization installment		
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	259576
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		
36 Additional cash requirement (item 34 minus item 35)	36	259576
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	264184
38 Interest-adjusted excess contributions for current year (see instructions)	38	4608
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
PENSION PLAN**

EIN: 13-2710385, PN 001

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

RETIREMENT RATES

Age	Retirement Rate
-----	--------------------

60	0.05
61	0.05
62	0.05
63	0.05
64	0.20
65	0.70
66	0.40
67	0.40
68	0.40
69	0.50
70	1.00

METHOD USED TO DETERMINE THE WEIGHTED AVERAGE RETIREMENT AGE

The expected retirement age was determined for participants at each age through age 65. This was determined as follows: (1) for each possible future retirement age, the future age was multiplied times the probability that retirement would occur at that age, and (2) the expected retirement age for that current age was determined as the sum of the amounts resulting from (1).

The expected retirement age was determined for the plan as follows: (1) for each current participant age through age 65, the fraction of the participants at that age was multiplied times expected retirement age for that current age, and (2) the expected retirement age for the plan was determined as the sum of the amounts resulting from (1).

MOUNT VERNON HOSPITAL
ACTUARIAL VALUATION AS OF JANUARY 1, 2010

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
12/18/2009	2,697			2,697	2,697			2,697
1/25/2010	2,697			2,697	2,686			2,686
2/19/2010	2,697			2,697	2,674			2,674
3/18/2010	2,697			2,697	2,662			2,662
4/19/2010	2,697			2,697	2,645			2,645
5/20/2010	2,696			2,696	2,620			2,620
6/18/2010	2,697			2,697	2,598			2,598
8/19/2010	2,697			2,697	2,550			2,550
8/23/2010	2,697			2,697	2,547			2,547
9/17/2010	2,697			2,697	2,528			2,528
10/21/2010	2,696			2,696	2,502			2,502
11/22/2010	2,697			2,697	2,479			2,479
4/6/2011	167,500			167,500	150,387			150,387
7/13/2011	91,800			91,800	82,609			82,609
Total	291,662			291,662	264,184			264,184

Quarterly contribution amount 58,405

Effective interest rate 6.57%