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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Part I	Annual Report	t Identification Information				
For calend	lar plan year 2014 or f	fiscal plan year beginning 01/01/2010		and ending 12	/31/2010	
A This re	turn/report is for:	X a single-employer plan	of participating emplo	olan (not multiemployer) oyer information in accord		nis box must attach a list m instructions)
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
		X an amended return/report	a short plan year retui	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	orogram
		special extension (enter description	on)			
Part II	Basic Plan Info	ormation—enter all requested inform	nation			
1a Name	of plan	PORATION RETIREMENT PLAN			1b Three-digi plan numb (PN) ▶	
					1c Effective d	
	ponsor's name and a	ddress; include room or suite number (e	employer, if for a single	-employer plan)	2b Employer	Identification Number
					2c Sponsor's	telephone number
	HERN BOULEVARD IEIGHTS, NY 11372					18-505-1874
on concorr	12.01.110,141.11072					code (see instructions) 812320
3a Plan a	administrator's name a	and address Same as Plan Sponsor.			3b Administra	
HIPPODRO	ME SERVICES CORF		HERN BOULEVARD			11-3486735
		JACKSON H	EIGHTS, NY 11372			tor's telephone number
		ne plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b EIN	
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN	
		s at the beginning of the plan year			5a	
_		s at the end of the plan year			5b	7
C Numb	er of participants with	account balances as of the end of the	plan year (defined ben	efit plans do not	5c	·
	,	articipants at the beginning of the plan y			5d(1)	
d(2) Tot	tal number of active pa	articipants at the end of the plan year			5d(2)	7
		terminated employment during the plan	,		5e	(
Caution: A	A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	use is establishe	d.
Under pen SB or Scho	alties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	port, including, if a	applicable, a Schedule
SIGN		d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator
SIGN						
HERE		oyer/plan sponsor	Date			ployer or plan sponsor
I Preparer's	name (including firm	name if applicable) and address (include	de room or suite numbe	ar) (ontional)	Prenarer's telen	hone number (ontional)

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an independ and conditio	lent qualified public accounta	nt (IQ	PA)				<u> </u>	es [No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .	X	Yes	No	1	Not det	ermir	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd o	Year		
	Total plan assets	. 7a		0					52	3496	
	Total plan liabilities	. 7b		0					F.2:	0 3496	
	Net plan assets (subtract line 7b from line 7a)	. 7с		U	-					3490	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(I	o) To	tai		
	(1) Employers	. 8a(1)	5234	96							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
	Other income (loss)	. 8b		0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							52	3496	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0	
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i							52	3496	
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature codes	s from the List of Plan Charad	cterist	ic Cod	les in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
а	' '' '					V					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes	•	<u> </u>	10a		X					
	on line 10a.)			10b		Χ					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h							
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Ye	es	No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedul	e SB (Form 5500) line 39			11a					0
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction (302 of	ERISA	?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	•			, and e	enter th Day			e letter ′ear	rulino	g

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

		File as an attachment to Form	5500 or 5500-SF.				
For	calenda	ar plan year 2014 or fiscal plan year beginning 01/01/2010	and end	ing 12/3	31/2010		
) 1	Round	off amounts to nearest dollar.					
•	Cautior	n: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable cause is establish	ed.	1		
	lame of		B Three-di	git		001	
HIP	PODRC	DME SERVICES CORPORATION RETIREMENT PLAN	plan nun	nber (PN)	•		
CP	lan enc	onsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identifica	tion Number (E	:INI)	_
		DME SERVICES CORPORATION	Lilipioyei	11-3486		-114)	
F T	ype of p	olan: X Single	an size: X 100 or fewer	□ 101-5	00 More th	on 500	_
			100 of lewer	101-5	oo Inore u	Id 1 500	_
Pa	rt I	Basic Information					
1_	Enter	the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2</u>	2010		1		_
2	Assets						
	a Mar	ket value		2a			0
	b Actu	uarial value		2b			0
3	Fundi	ng target/participant count breakdown	(1) Number of participants	,	ted Funding	(3) Total Funding	
			participants	<u> </u>	arget	Target	0
	a For	retired participants and beneficiaries receiving payment	0		0		_
		terminated vested participants	0		0	(0
	C For	active participants	4		0	(J
	d Tota	al	4		0	()
4	If the	plan is in at-risk status, check the box and complete lines (a) and (b)					Ī
	a Fun	ding target disregarding prescribed at-risk assumptions		4a			-
		nding target reflecting at-risk assumptions, but disregarding transition rule for p					-
		at-risk status for fewer than five consecutive years and disregarding loading fac		4b			
5	Effect	ive interest rate		5		6.69%	
6	Targe	t normal cost		6		483085	5
		by Enrolled Actuary					
a	ccordanc	st of my knowledge, the information supplied in this schedule and accompanying schedules, statements be with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a					
C	ombinatio	on, offer my best estimate of anticipated experience under the plan.					_
S	IGN						
Н	ERE				07/02/20)15	
		Signature of actuary			Date		
SHE	RYL G	ABRIEL, A.S.A., M.A.A.A.			14-035	45	
		Type or print name of actuary		Most r	ecent enrollme	ent number	
HAF	RBRIDG	SE CONSULTING GROUP, LLC			212-284	1-9000	
		Firm name	T	elephone	number (include	ding area code)	
		GTON AVENUE, 5TH FLOOR K, NY 10017-6603					
1 4 L V		N, 111 100 11 0000					
		Address of the firm					
						<u>_</u>	_
	actuary	y has not fully reflected any regulation or ruling promulgated under the statute	in completing this sched	ule, check	the box and s	ee	

Page 2	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
7	Dalama	4 ls!-		- 6		.	(a) (Carryover balance		(b) F	Prefund	ing balance
7		-			cable adjustments (line 13	•						
8			•	-	unding requirement (line 35							
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0			0
10	Interest	t on line 9	using prior year's	actual retu	urn of%		•		0			0
11	Prior ye	ear's exce	ess contributions to	o be added	to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)							
					a over line 38b from prior to the interest rate of							
	` '		•	•	edule SB, using prior year							
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding bala	nce						
	d Porti	ion of (c)	to be added to pre	funding ba	lance							
12	Other r	eductions	in balances due	to elections	or deemed elections							
13	Balance	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	2)	•		0			0
Pá	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	100.00 %
15	Adjuste	ed funding	target attainmen	t percentag	e						15	100.00 %
16					of determining whether ca						16	%
17	If the co	urrent val	ue of the assets o	f the plan is	s less than 70 percent of th	e funding ta	irget, enter s	uch percentage			17	%
Pa	art IV	Con	tributions and	d Liquidi	ity Shortfalls							
18	Contrib	outions ma	ade to the plan for	the plan ye	ear by employer(s) and em	ployees:						
(M	(a) Dat M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount paid employer(s)	l by	(0	•	int paid by ovees
	/22/2010	,	omployer	1000	0	<u> </u>	3 ,	Ginpleyer(e)			Omp	9,000
	/30/201			522496	0	1						
					<u> </u>							
						Totals ▶	18(b)	5	23496	18(c)		0
19	Discou	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of the y	ear:			
	a Cont	tributions	allocated toward ι	unpaid mini	mum required contribution	s from prior	years	······································	19a			0
	b Cont	ributions	made to avoid res	trictions ad	justed to valuation date				19b			0
	C Cont	ributions a	allocated toward mi	nimum requ	uired contribution for current	year adjuste	d to valuation	date'	19c			483085
20		-	outions and liquidit	-								
	_		_		he prior year?							Yes X No
			•		installments for the currer	•	•	manner?				Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	mplete the following table							
		(1) 19	st		Liquidity shortfall as of e	end of quarte		n year 3rd			(4) 4t	า
		\., 10	-		\-, -		(0)	- -			,	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.81%	2nd segment: 6.69 %	3rd segment: 6.78 %		N/A, fu	ıll yield	curv	e used
	b Appl	icable month (enter code)			21b				2
22	Weight	ed average ret	irement age			22				67
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current						V No
25								<u> </u>	Yes	
				an year? If "Yes," see instructions					Yes	
27				Participants? If "Yes," see instruc		attachment			Yes	No
		•	o alternative runding rules, en	er applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0
29				I unpaid minimum required contrib		29				0
30	Remaii	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Target	normal cost a	nd excess assets (see instruct	ions):						
	a Targe	et normal cost	(line 6)			31a				483085
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	I	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	er amortization	n installment			0				0
33	If a wai			ter the date of the ruling letter gra		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34				483085
-				Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35			use to offset funding							0
36	Additio	nal cash requir	rement (line 34 minus line 35).		ı	36				483085
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37				483085
38	`		ess contributions for current ye			11				
						38a				0
				orefunding and funding standard of		38b				0
39				ear (excess, if any, of line 36 over		39				0
40		·)	·	40				0
Pa	rt IX			Pension Relief Act of 2010)				
			de to use PRA 2010 funding re		_ -	•				
	a Sche	dule elected	-				2 plus 7 yea	ars	15	years
	b Eligib	ole plan year(s) for which the election in line	41a was made				2010	_	2011
42			•			42		<u> </u>		
				d over to future plan years		43				

Schedule of Active Participant Data Plan Year: 1/1/2010 to 12/31/2010 Valuation Date: 1/1/2010

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	1	0	0	0	0	0	0	0	1
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	1	0	0	0	0	0	0	0	1
60-64	0	0	2	0	0	0	0	0	0	0	2
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	4	0	0	0	0	0	0	0	4

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age: 57.8 Average Service: 5

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2010 to 12/31/2010 Valuation Date: 1/1/2010

	For Funding Min Max	<u>For 417(e)</u>	For Actuarial Equiv.
Interest Rates	Seg 1 4.81% 4.81%	Seg 1 3.60%	Pre-Retirement 5.50%
	Seg 2 6.69% 6.69%	Seg 2 5.31%	Post-Retirement 5.50%
	Seg 3 6.78% 6.78%	Seg 3 5.47%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation
Future Salary Incr	6% SALARY SCALE	None	None
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs	2010 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50% M/50% F
Assumed Benefit Form 1	For Funding	Lump Sum	
Calculated Effective Inte	erest Rate	6.69%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

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 sections 6057(b) and 6058(a) of the Internal

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information				
For calend	ar plan year 2014 or fi	scal plan year beginning 01/01/	2010	and ending	12/31/2010	
A This re	turn/report is for:	☐ a single-employer plan ☐ a one-participant plan	a multiple-employer p of participating emplo a foreign plan	lan (not multiemployer) yer information in accol	(Filers checking the dance with the for	nis box must attach a list m instructions)
B This reti	urn/report is	the first return/report	the final return/report			
- 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		x an amended return/report	 	n/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name			21174444		1b Three-digit	f T
	Services Corporation	Retirement Plan			plan numb	
					1c Effective d 01/01/201	
	ponsor's name and ad Services Corporation	dress; include room or suite numbe	r (employer, if for a single-	employer plan)	2b Employer I (EIN) 11-3	dentification Number 486735
2507 Northe	ern Boulevard				1	telephone number 718) 505-1874
	ights, NY 11372				2d Business o 812320	code (see instructions)
	dministrator's name ar	nd address Same as Plan Spons	or.		3b Administra	tor's EIN
Hippodrome	Services Corporation	8507 Nort	thern Boulevard		11-3486735	
	·	lastra en 1	I-:-E4- NN/ 44070		3C Administra	tor's telephone number
		Jackson F	Heights, NY 11372		(71	8) 505-1874
	•					
A If the	nome and an EIN of the					
		e plan sponsor has changed since to mber from the last return/report.	he last return/report filed to	or this plan, enter the	4b EIN	
	or's name				4c PN	<u> </u>
5a Total i	number of participants	at the beginning of the plan year			5a	4
b Total i	number of participants	at the end of the plan year			5b	7
		account balances as of the end of the			5c	
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	ın year		5d(1)	4
		rticipants at the end of the plan yea			5d(2)	7
		rminated employment during the pl		fits that were	5e	0
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is established	d.
SB or Sche	alties of perjury and othe dule MB completed are true, correct, and corre	ner pénalties set forth in the instruct od signed by an enrolled actuary, as	ions, I declare that I have a well as the electronic ven	examined this return/re sion of this return/repor	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and
SIGN		,	07/24/20,	Semyon Pritsker		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plar	n administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individ	lual signing as em	ployer or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address (inc	clude room or suite numbe	г) (optional)		hone number (optional)

6a h	Were all of the plan's assets during the plan year invested in eligib	ble assets?	(See instructions.)			.,,,,,,			Ye	; []	No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public accounta ions.)	ant (K	JPA) .			5	Yes	١П	Nα
	If you answered "No" to either line 6a or line 6b, the plan canr	not use Fo	rm 5500-SF and must instea	d use	Form	5500		r	3	ш	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	пѕигапсе р	rogram (see ERISA section 4	021)?	X	Yes	No	No	t dete	rmin	ed
Pa	rt III Financial Information		***************************************		h						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T		(b) End	l of \	Zoor		
a	Total plan assets	. 7a	T	0			(D) LIK		52349		
	Total plan liabilities	. 7b	· · · · · · · · · · · · · · · · · · ·	0		-	****			0	
	Net plan assets (subtract line 7b from line 7a)	. 7c	***************************************	0					52349		
8	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total										
a	Contributions received or receivable from: (1) Employers	. 8a(1)	52349	6	in in the second						
	(2) Participants										
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	8b		0	523.01s					inni i	
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						,	52349	3	
d	Benefits paid (including direct rollovers and insurance premiums		***************************************	_	21122				giribi L		el-man
	to provide benefits)	. 8d	*******	0	751111						
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	- Est						
	Administrative service providers (salaries, fees, commissions)	1		0	1500						
	Other expenses	. 8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)									0	
_ <u>-</u>	Net income (loss) (subtract line 8h from line 8c)				.1800	ii		10.10.00	52349	6	21444
		· 8j		0	25000						
	TIV Plan Characteristics	· · ·	1 (11 (12)								
Ja	If the plan provides pension benefits, enter the applicable pension 1A 3D 3H	reature co	des from the List of Plan Char	acteri	stic Co	des in	the instru	ction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	es in t	he instruct	ions			
100000000000000000000000000000000000000	- Control										
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Com	ection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х					
c	Was the plan covered by a fidelity bond?		•••••	10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х	***				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		х		•	,		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? ((See instru	ctions and 29 CFR				Name of the second				
i	The second of th										
Part	exceptions to providing the notice applied under 29 CFR 2520.10 ^o Pension Funding Compliance	1-3		10i		_	mara santa yang sa		1		
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Y	es," see instructions and com	plete	Sched	ule SE	(Form	L	Yes	П	No
11a								<u>, </u>	1.69	Ц.	0
								ГГ	Ver		
				or se	cuon 3	U∠ 01	EKISA?	LL	res	X	No
а	If a waiver of the minimum funding standard for a prior year is being	ng amortize	d in this plan year, see instruc	tions,	and e		e date of t			ling	
11a 12	Is this a defined benefit plan subject to minimum funding requirem. 5500) and line 11a below)	om Schedu requirement as applica	ule SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instruc	or se	ction 3	11a 02 of	ERISA?	he le	Yes		; X

	Form 5500-SF 2014 Page 3 - 1			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		·	
<u>b</u>	Enter the minimum required contribution for this plan year	12b		
<u>C</u>	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 in any plan year?	Y 🔲	es X N	0
	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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) EI	N(s)	13c(3) PN(s)

Part	VIII. Trust Information (optional)		····	
14a	Name of trust	14b ⊺r	ust's EIN	

t

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).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

			File as	an atta	chment to Form	5500 or	5500-\$F.					
For calendar plan year 2014 or fiscal plan year beginning 01/01/2010						and	d endir	ng 12/3	31/2010			
•	Round o	ff amounts to nearest do	llar.									
	Caution:	A penalty of \$1,000 will be	assessed for late filing of	of this re	eport unless reas	onable ca	use is esta	ablishe	d.			
AN	A Name of plan											
Hip	Hippodrome Services Corporation Retirement Plan						plan number (PN)				001	
							Pidi		,,,,		٠.	
CF	lan spon	sor's name as shown on li	ne 2a of Form 5500 or 55	00-SF			D Emp	loyer I	dentificat	ion Number (E	IN)	
Hip	odrome	Services Corporation					11-348	3735				
				1								
Ет	ype of pla	an: 🛛 Single 📗 Multiple	e-A Multiple-B		F Prior year pl	an size: 🛚 🗴	100 or fe	wer	101-50	00 More th	an 500	
Pa	rt I	Basic Information										
1		ne valuation date:	Month 01 [Dav	01 Year	2010	_					
2	Assets:		WOTHIT OT		or rear	2010						-
_									. 2a	ty a Tr		0
		et value						,				
		arial value							. 2b		(0) T-4-1 F:	0
3	Funding target/participant count breakdown				1 ' '	Number of rticipants		. ,	ted Funding arget	(3) Total Fu Targe		
	a For re	etired participants and bene	eficiaries receiving payme	ent				0		0		0
	b For te	erminated vested participar	nts					0		0		0
		ctive participants						4	0			0
	_						-	4		0		0
_												
4		an is in at-risk status, chec	·				_			7.1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Funding target disregarding prescribed at-risk assumptions												
		ing target reflecting at-risk risk status for fewer than fi							4b			
5		e interest rate							. 5			6.69 %
6									6			483085
	6 Target normal cost											
		of my knowledge, the information su	polied in this schedule and accor	noanving s	schedules, statements	and attachm	ents, if any, is	complet	e and accur	ate. Each prescribe	ed assumption was	applied in
а	ccordance v	with applicable law and regulations, offer my best estimate of anticipate	In my opinion, each other assum	ption is rea	asonable (taking into a	account the e	xperience of the	ne plan a	nd reasona	ble expectations) a	nd such other assu	imptions, in
			10/									
	IGN		20/							07/02/20	15	
<u> </u>	ERE									07/02/2ე 		
Signature of actuary							Date					
Sheryl Gabriel, A.S.A., M.A.A.A.							14-03545					
Type or trint name of actuary							Most recent enrollment number					
		Harbrid	lgeConsulting Group, LL0	C)						(212) 284	1-9000	
		355 Le	Firm name exington Avenue, 5th Floo	ÞΓ				Te	ephone i	number (in c lud	ing area code)
		Nev	v York, NY 10017-6603									
			Address of the firm				-					
£ 41		an mak fully and a standard	anulation of the second	daya da a al		in ac1-	ting this	bod: ·	o obsoli	the hey and a		П
tne	actuary r	nas not fully reflected any r	egulation or fuling promu	igated t	ınder the statute	in comple	ung this so	neaul	e, cneck	THE DOX SHO SE		\sqcup

7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0 0						
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							
prior year) 9 Amount remaining (line 7 minus line 8)							
9 Amount remaining (line 7 minus line 8)							
10 Interest on line 9 using prior year's actual return of	0						
a Present value of excess contributions (line 38a from prior year)							
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of% b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return							
Schedule SB, using prior year's effective interest rate of%							
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return							
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 Other reductions in balances due to elections or deemed elections							
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0						
Part III Funding Percentages							
14 Funding target attainment percentage 14 100.	00 %						
-	00 %						
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	%						
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage							
Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employees							
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYYY) employer(s) employees 12-22-2010 1000 0 employer(s) employees	—						
03-30-2011 522496 0							
00 00 2011							
Totals ► 18(b) 523496 18(c)	0						
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 contributions from prior years							
b Contributions made to avoid restrictions adjusted to valuation date							
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date							
20 Quarterly contributions and liquidity shortfalls:							
a Did the plan have a "funding shortfall" for the prior year?	No						
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?							
C If line 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							

_Pa	art V Assumptions Used to Determine Funding Target and Target Normal Cost								
21	Discount rate:								
	a Se	a Segment rates: 1st segment: 4.81%		2nd segment: 6.69 %				N/A, full yield curve used	
	b Applicable month (enter code)						21b	2	
22	2 Weighted average retirement age						22	67	
23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute							ıte	
_Pa	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								
	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment								
	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment							tX Yes No	
27 ——				ter applicable code and see ins			27		
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contributi	ons For Prior Y	ears			
28	Unpa	nid minimum requ	uired contributions for all prior	years			28	0	
29				unpaid minimum required con			29	0	
30	Rema	aining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29	9)		30	0	
Pa	Part VIII Minimum Required Contribution For Current Year								
31									
	a Target normal cost (line 6)						31a	483085	
								0	
32	Amortization installments: Outstanding Balance · Installment							· Installment	
	a Net shortfall amortization installment						0	0	
	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								
34	Total	funding requirem	nent before reflecting carryove	er/prefunding balances (lines 31	a - 31b + 32a + 32b	2b - 33) 34		483085	
						ng balar	nce	Total balance	
35	Balar	nces elected for u	use to offset funding					0	
	requi	rement						0	
	Additional cash requirement (line 34 minus line 35)						36	483085	
37	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation d (line 19c)						37	483085	
38	38 Present value of excess contributions for current year (see instructions)								
	a Total (excess, if any, of line 37 over line 36)								
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balance						38b	0	
39	9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						39	0	
40	40 Unpaid minimum required contributions for all years							0	
Pai	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41	41 If an election was made to use PRA 2010 funding relief for this plan:								
	a Schedule elected 2 plus 7 years 15 years								
	b Eligible plan year(s) for which the election in line 41a was made						200	8 2009 2010 2011	
42	Amount of acceleration adjustment								
43	Excess installment acceleration amount to be carried over to future plan years						43		

Attachment to 2010 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 11-3486735 PN: 001

Hippodrome Services Corporation Retirement Plan

Weighted Average Retirement Age Plan Year: 1/1/2010 to 12/31/2010 Valuation Date: 1/1/2010

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 67

Summary of Plan Provisions Plan Year: 1/1/2010 to 12/31/2010 Valuation Date: 1/1/2010

Plan Effective Date January 1, 2010

Plan Year From January 1 to December 31

Eligibility All employees are eligible to enter on the January 1 nearest the

completion of the following requirements:

0 year of service Minimum age 21

Employees covered by a collective bargaining unit under which pension benefits were a subject of good faith bargaining are excluded

by class.

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 65

Completion of 5 years of participation from entry date

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

2.815 percent of compensation times credited years

Credited years are plan years commencing with the year of hire and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

with a maximum of 10 years

Maximum benefit is \$16,250 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Summary of Plan Provisions Plan Year: 1/1/2010 to 12/31/2010 Valuation Date: 1/1/2010

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1.000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death