	Form 5500-SF		al Return/Report of Small Employee OMB Nos. 1210- 1210-								
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employed	2	2	2011				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public				
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 5500)-SF.	Ins	pection				
		entification Information									
For	calendar plan year 2011 or fisca	_	1	and ending 1	2/31/2	2011					
Α	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-partici	pant plan				
B	This return/report is:	the first return/report	the final r	eturn/report							
)	an amended return/report	a short pla	n year return/report (less than 12 mo	onths))					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	im				
		special extension (enter description									
-		nation—enter all requested information	ation								
	Name of plan ODROME SERVICES CORPOR				1b	Three-digit plan number					
пігг	ODROIVIE SERVICES CORPOR	KATION RETIREMENT FLAN				(PN)	001				
					1c	Effective date o 01/01					
	Plan sponsor's name and addre ODROME SERVICES CORPO	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 11-34	fication Number 86735				
9507	NORTHERN BOULEVARD				2c	Sponsor's telep 718-50					
	SON HEIGHTS, NY 11372				2d	Business code (81232	,				
	Plan administrator's name and ODROME SERVICES CORPOR		IERN BOU	LEVARD	3b	Administrator's 11-34	EIN 86735				
		JACKSON HE	EIGHTS, N	IY 11372	3c	Administrator's 718-50	elephone number 5-1874				
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN					
а	Sponsor's name				4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a		7				
b	Total number of participants at	the end of the plan year			5b		10				
C		count balances as of the end of the p			5c						
6a	Were all of the plan's assets d	uring the plan year invested in eligible	le assets?	(See instructions.)			X Yes 🗌 No				
b				ident qualified public accountant (IQF			X Yes 🗌 No				
				ons.) SF and must instead use Form 550							
Pa	rt III Financial Informa		_								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year				
а	Total plan assets		. 7a	523496			1002235				
b	Total plan liabilities		7b	0	_		0				
С	• •	'b from line 7a)	7c	523496	_		1002235				
8	Income, Expenses, and Transf			(a) Amount	_	(b) 1	otal				
а	Contributions received or recei (1) Employers	vable from:	8a(1)	478104							
	())			0							
)		0							
b	Other income (loss)		8b	860							
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				478964				
d	1 1 0	ollovers and insurance premiums	8d	0							
е	• •	ive distributions (see instructions)		0							
f		s (salaries, fees, commissions)		225							
g	· ·			0							
	•	3e, 8f, and 8g)					225				
i		8h from line 8c)					478739				
j	Transfers to (from) the plan (se	ee instructions)	8j	0							

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

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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 3D 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	D	uring the plan year:	_	Yes	No	Å	mour	nt	
а		/as 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)	10a		х				
b		/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		x				
С	V	Vas the plan covered by a fidelity bond?	10c		Х				
d	D or	id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		х				
е	in	/ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x				
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		X				
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h						
i		10h was answered "Yes," check the box if you either provided the required notice or one of the acceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11	ls 55	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))	plete	Scheo	lule SE	3 (Form	X Y	′es	No
lf y b c d <u>e</u> Part 13a	(Iff gr you Er Er Su ne W VI Ha If	as a resolution to terminate the plan been adopted in any plan year?	ctions, th of a 1 under	and e	12b 12c 12d	ne date of the	e letter /ear	r rulir	N/A
	of If	the PBGC? during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)					ЦΥ	′es	X No
1		(1) Name of plan(s):		13	c(2) El	N(s)	130	c(3)	PN(s)
Caut	ion	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	lished.			
Unde	n n	nations of pariury and other penalties set forth in the instructions. I declare that I have examined this retu	irn/ro	ort ir	cludin	a if applicat		Scho	dule

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	Filed with authorized/valid electronic signature.	07/24/2015	SEMYON PRITSKER
HERE	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

	SC	CHE	DU	LE SI	В		Single-	Employ	yer	Define	d Ben	nefi	t Plan				OM	1B No.	1210-0	110	
		(Fo	rm 5	500)			U			Inform								20)11		
				e Treasury e Service	1		<u>-</u>						<u> </u>					20	,,,		
				of Labor	intration		This schedule is Retirement Incor	me Security	Act of	f 1974 (ERI	SA) and s					Th	is For	m is	Open	to Publ	ic
				urity Admini anty Corpoi		-				ue Code (th	,							Insp	ection		
For	calen	dar nl	an ve	ar 2011	or fiscal	nlan ve	File ear beginning	e as an atta 01/01/20		nt to Form	5500 or 5	5500	-SF. and end	dinc	12/31	/201	1				
					earest d			0.,0.,20							,/01						
	Cautio	on: A	penal	ty of \$1,	000 will l	be ass	essed for late fil	ing of this re	eport ι	unless reas	onable ca	use i	s establis	hed	I.						
	lame o											в	Three-c	ligit					001		
THE	FUDR		SER	VICESC	JURFUR	AHOP		FLAN					plan nu	mbe	er (PN)		•				
							of Form 5500 c	or 5500-SF				D	Employe	r Id	entificatio	on N	umber	r (EIN)		
HIP	PODR	OME	SER	VICES C	ORPOR	ATION	1					11	-3486735	5							
F -	. ,								F .		· .			Г	1 404 50				500		
	ype of	I		Single	Multip	ne-A	Multiple-B			Prior year pla	an size: 🗴	100) or fewer		101-50	5	IVIOre	e than	500		
-	nrt I			Inform			01		04		0044										
1 2	Ente		valuat	ion date	:	N	1onth	_ Day	01	Year_	2011	_									
2			et valu	IA										1	2a						515402
	_														2b						515402
3					nt count						(1) N	umb	er of parti	cipa	ants		(2) Fun	ding Ta	arget	
	а	For r	etired	participa	ants and	benefi	ciaries receiving	payment		. 3a					0						0
	b	For te	ermina	ated ves	ted parti	cipants	s			. 3b					0						0
	С	For a	ctive	participa	ants:																
		(1)	Non-v	vested be	enefits					3c(1)	ļ				_						4664
		(2)	Veste	d benefi	ts					3c(2)					_						568699
		• •													7						573363
4										3d					/						573363
4		•					box and comple	()		,				ĺ	40						
			0	0	0 0	•	ribed at-risk ass	•							4a						
							sumptions, but onsecutive years								4b						
5	Effec	ctive i	nteres	st rate											5						.31 %
6	Targ	et noi	rmal c	ost											6						153748
-	Fo the be	est of m	iy knowl		information		in this schedule and														
							opinion, each other a erience under the pla		easonab	le (taking into a	iccount the e	xperie	nce of the pla	an ar	nd reasonab	le exp	ectation	is) and	such oth	er assump	otions, in
S	IGN																				
Η	ERE											_					07/02/	/2015			
						Signat	ure of actuary										Date				
SHE	RYLG	SABR	IEL, A	S.A., M								_	. <u> </u>				14-03	3545			
HAR	BRIDO	GE CO	ONSU	ILTING (Type GROUP,		nt name of actua	ary				_			Most ree	cent	enrolli 212-2			er	
355 NEW	LEXIN / YOR	GTOI K, NY	N AVE ′ 1001	ENUE, 5 7-6603	TH FLOO		irm name							Tele	ephone n	umb	er (inc	ludin	g area	code)	
						Addr	ess of the firm					-									
	actua		s not f	ully refle	ected any	regula	ation or ruling pr	omulgated	under	the statute	in comple	eting	this scheo	dule	, check t	he b	ox and	d see]
			Redu	ction Ac	t Notice	and C	OMB Control N	umbers, se	e the	instructior	s for For	m 55	00 or 55	00-9	SF.	:	Sched	lule S	B (Fo	rm 550	0) 2011
																				v.	012611

Pa	art II B	eginning of year	carryov	er and prefunding bal	ances						
						(a) C	Carryover balance		(b)	Prefundir	ng balance
7		0 0 1 7		cable adjustments (line 13 fr	•			0			0
8				funding requirement (line 35				0			0
9	Amount re	maining (line 7 minus li	ne 8)					0			0
10	Interest on	line 9 using prior year's	s actual ret	turn of0.00%				0			0
11	Prior year's	s excess contributions t	o be adde	d to prefunding balance:							
	a Presen	t value of excess contri	butions (lir	ne 38 from prior year)							0
				e rate of <u>6.69</u> % excep							0
	C Total av	vailable at beginning of c	urrent plan	year to add to prefunding bala	nce						0
	d Portion	of (c) to be added to p	refunding b	palance							0
12	Other redu	ctions in balances due	to election	s or deemed elections				0			0
13	Balance at	beginning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12)				0			0
P	art III	Funding percenta	ages								
14	Funding ta	rget attainment percent	age							14	89.89 %
15	Adjusted fu	unding target attainmen	t percenta	ge						15	89.89 %
16				s of determining whether car						16	100.00 %
17	If the curre	nt value of the assets o	of the plan	is less than 70 percent of the	e funding ta	rget, enter s	uch percentage			17	%
P	art IV	Contributions an	d liquidi	ty shortfalls							
18	Contributio	ons made to the plan for	the plan y	vear by employer(s) and emp	loyees:						
(N	(a) Date 1M-DD-YYY	(b) Amount p Y) employer		(c) Amount paid by employees	(a) [(MM-DE)	Date D-YYYY)	(b) Amount pai employer(s		(4	c) Amour emplo	nt paid by byees
03	/30/2011		77504	0							
12	2/14/2011		400000	0							
05	5/12/2012		600	0							
_					Totals Fotals	18(b)	4	478104	18(c)		0
19	Discounted	d employer contribution	s – see ins	tructions for small plan with	a valuation	date after th	e beginning of the	year:			
	a Contribu	tions allocated toward	unpaid mir	nimum required contributions	from prior	years		19a			0
	b Contribu	itions made to avoid res	strictions a	djusted to valuation date				19b			0
	C Contribu	tions allocated toward m	inimum req	uired contribution for current y	ear adjusted	d to valuation	date	19c			457903
20	Quarterly c	contributions and liquidit	ty shortfalls	S:							
	a Did the	plan have a "funding sh	ortfall" for	the prior year?							Yes X No
	b If 20a is	"Yes," were required q	uarterly ins	stallments for the current yea	r made in a	timely man	ner?				Yes No
	C If 20a is	"Yes," see instructions	and comp	lete the following table as ap	plicable:						
				Liquidity shortfall as of e	nd of quarte	er of this pla	n year				
	(1) 1st		(2) 2nd		(3)	3rd			(4) 4th	

Pa	rt V A	ssumption	ns used to determine f	funding target and target r	normal cost							
21	Discoun	t rate:										
	a Segr	ment rates:	1st segment: 3.37%	2nd segment: 6.04%	3rd segment: 6.49 %		N/A, full	yield o	curve	used		
	b Appli	icable month	(enter code)	·		21b				2		
22	Weighte	d average ret	irement age			22				66		
23	Mortality	table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te					
Pa	rt VI N	liscellaned	ous items									
24		-	•	tuarial assumptions for the current					Yes	X No		
25	Has a m	ethod change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment			Yes	X No		
26	Is the pla	an required to	provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachment		×	Yes	No		
27				nding rules, enter applicable code		27						
Pa				um required contributions								
28			•	years	1 ,	28				0		
29	Discoun	ted employer	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				0		
30	Remaini	ng 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 r	normal cost ar	nd excess assets (see instruct	tions):								
	a Targe	t normal cost	(line 6)			31a				153748		
	b Exces	ss assets, if a	pplicable, but not greater thar	1 31a		31b				0		
32	Amortiza	ation installme	ents:		Outstanding Bala	ance	Installment					
	a Net s	hortfall amorti	zation installment			57961	1 9450					
	b Waive	er amortizatio	n installment			0				0		
33				ter the date of the ruling letter grar) and the waived amount		33						
34	Total fur	nding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				163198		
				Carryover balance	Prefunding bala	nce	Tot	al bala	nce			
35			use to offset funding	C		0				0		
36	Addition	al cash requir	ement (line 34 minus line 35)			36				163198		
37	Contribu	tions allocate	d toward minimum required c	ontribution for current year adjuste	d to valuation date	37			4	457903		
38			ss contributions for current ye			1						
						38a				294705		
	-	,		prefunding and funding standard		38b				0		
39				ear (excess, if any, of line 36 over		39				0		
40	Unpaid r	minimum requ	ired contributions for all years	3		40				0		
Pa	rt IX	Pension f	unding relief under Pe	ension Relief Act of 2010 (see instructions)							
41	If a short	fall amortizati	on base is being amortized p	ursuant to an alternative amortizati	on schedule:							
	a Sched	ule elected					2 plus 7 years	s	15 ye	ears		
	b Eligible	e plan year(s)	for which the election in line	41a was made				2010		011		
42	-					42		<u> </u>	<u> </u>			
				d over to future plan years		43						

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	1	0	0	0	0	0	0	0	0	1
40-44	0	1	0	0	0	0	0	0	0	0	1
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	1	0	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	1	0	0	0	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	3	4	0	0	0	0	0	0	0	7

Schedule of Active Participant Data Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

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

Average Age:

53.3

Average Service:

4

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>				
Interest Rates	Seg 1 3.37% 3.37%	Seg 1 3.60%	Pre-Retirement 5.50%				
	Seg 2 6.04% 6.04%	Seg 2 5.31%	Post-Retirement 5.50%				
	Seg 3 6.49% 6.49%	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				
Post-Retirement							
Mortality	Male-modified RP2000 combined healthy male projected 26 & 18 yrs Female-modified RP2000 combined healthy female projected 26 & 18 yrs	2011 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	For Funding	Lump Sum					
Calculated Effective Int	erest Rate	5.31%					

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			Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		Benefit			2011
	Department of Labor mployee Benefits Security Administration	Retirement Income Security Act of	f 1974 (ER	ections 104 and 4065 of the Employed ISA), and sections 6057(b) and 6058		
	Pension Benefit Guaranty Corporation			Code (the Code).		Inspection
P	art I Annual Report Id	entification Information	dance wit	h the instructions to the Form 5500	J-SF.	
	calendar plan year 2011 or fisca		1	and ending 1	2/31/	2011
Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:] the first return/report	the final r	eturn/report		-
	\geq	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	•
С	Check box if filing under:] Form 5558	automatio	extension		DFVC program
····		special extension (enter description	,			
		nation—enter all requested inform	ation	· · · · · · · · · · · · · · · · · · ·		
	Name of plan				1b	Three-digit plan number
HIPH	PODROME SERVICES CORPOR	RATION RETIREMENT PLAN				(PN) ▶ 001
					1c	Effective date of plan 01/01/2010
2a HIPF	Plan sponsor's name and addre ODROME SERVICES CORPOR	ss; include room or suite number (e	mployer, il	for a single-employer plan)	2b	Employer Identification Number (EIN) 11-3486735
					2c	Sponsor's telephone number
	NORTHERN BOULEVARD			-	24	718-505-1874
JACI	KSON HEIGHTS NY 11372				zu	Business code (see instructions) 812320
3a	Plan administrator's name and a	address (if same as plan sponsor, er	nter "Same	?")	3b	Administrator's EIN
SAM	Ê				2-	· · · · · · · · · · · · · · · · · · ·
					30	Administrator's telephone number
4		an sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN
а	name, EIN, and the plan numbe Sponsor's name	er from the last return/report.			4c	PN
	·····	the beginning of the plan year			5a	7
b	Total number of participants at	the end of the plan year			5b	10
c		ount balances as of the end of the p			5c	
6a				(See instructions.)		
	Are you claiming a waiver of the	e annual examination and report of a	an indeper	dent qualified public accountant (IOF	PA)	
				ons.) SF and must instead use Form 550		X Yes No
Pa	rt III Financial Informa		5111 5500-	or and must instead use rollin 350	<i>.</i>	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	523496		1002235
b	•		7b	0		0
		o from line 7a)	7c	523496	_	1002235
8	Income, Expenses, and Transfe			(a) Amount	Sidger ((b) Total
а	Contributions received or receiv (1) Employers	able from:	8a(1)	478104		
	(2) Participants		8a(2)	0		
	(3) Others (including rollovers).		8a(3)	0		
b	Other income (loss)		8b	860		
ר ה		a(2), 8a(3), and 8b)	8c		jino	478964
d	to provide benefits)	bllovers and insurance premiums	8d	0		
е		ve distributions (see instructions)	8e	0		
f		s (salaries, fees, commissions)	8f	225		
g			8g	0		
h		e, 8f, and 8g)	8h	n na mana an ann an Ann an Ann an Ann an Ann an		225
i		8h from line 8c)	8i		10 10 10 10 10	478739
<u> </u>	I ransfers to (from) the plan (see	e instructions)	8j	0		

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

Form 5500-SF (2011) v.012611

	Form 5500-SF 2011 Page 2 - 1						
Parl	V Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the ins	tructions	;
	1A 1G 3D 3H If the plan provides welfare bonofite optor the applicable welfare facture codes from the List of Plan. Observe						
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icterist	ic Cod	es in t	he instr	uctions;	
Part	V Compliance Questions						
0	During the plan year:		Yes	No		Amo	unt
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
C	Was the plan covered by a fidelity bond?	10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
	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.)	10e		х			
	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 of year end.)	10g		Х			
	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10g					
	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	10i			64.08.02		
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))		<u></u>				Yes
11 12 a	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions	or ser	ction 3	02 of E	ERISA?		Yes X
11 2 a	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	e or ser	ction 3	02 of E	ERISA?		Yes X
l1 l2 a lfy	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or see ctions, th	ction 3 and e	02 of E nter th Day	ERISA?		Yes X
l1 2 a Ify b	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and com granting the waiver	e or see ctions, th	and e	02 of E	ERISA?		Yes X
1 2 Ify b c d	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sec ctions, th of a	and e	02 of E nter th Day 12b	ERISA?		Yes X
1 2 Ify b c d	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	or sections, th	and e	02 of I nter th Day 12b 12c 12d	ERISA?		Yes X
1 2 Ify b c d e	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	or sections, th	and e	02 of I nter th Day 12b 12c 12d	e date o	of the lett	Yes X
I1 2 Ify b c d e art	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	e or sec ctions, th of a	and e	02 of I nter th Day 12b 12c 12d	ERISA? e date o	of the lett	Yes X
I1 a Ify b c d e art 3a	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	e or see ctions, th of a	and e	02 of I nter th Day 12b 12c 12d	ERISA? e date o	D	Yes X
I1 a Ify b c d e art I3a b	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a	and e	02 of E nter th Day 12b 12c 12d	ERISA? e date o	f the lett Year No	Yes X
1 a Ify b c d e art 3a b c	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a	and e	02 of E nter th Day 12b 12c 12d 12d	ERISA? e date d Yes es X	f the lett Year No	Yes X er ruling
I1 I2 Ify b c d e art J3a b c	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a	and e	02 of E nter th Day 12b 12c 12d	ERISA? e date d Yes es X	Dif the lett	Yes X er ruling
11 12 17 17 17 13 13 13 13	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	of a	and e 	02 of E nter th Day 12b 12c 12d 12d 12d	ERISA? e date d Yes es X	Dif the lett	Yes X er ruling o N Yes X
1 2 a Ify b c d e art 3a b c 13 autic	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	of a	and e and e 	02 of E nter th Day 12b 12c 12d 12d 12d 12d (2) EI	ERISA? e date d Yes es X V(s)	Year Year No I	Yes X er ruling p N Yes X 3c(3) PN(
a Ify b c d e art 3a b c 13 a 13	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)	of a	and e and e 	02 of E nter th Day 12b 12c 12d 12d 12d 12d (2) EI	ERISA? e date o Yes es X V(s)	Year Year No I	Yes X er ruling p N Yes X 3c(3) PN(

FIERE	Signature of plan administrator	Dafe (Enter name of individual signing as plan administrator
SIGN	/		× × · · · · · · · · · · · · · · · · · ·
BEDE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

S	CHE	DULE S	SB		Single	-Emplo	oyer	Define	d Ber	nefit	Plan	-	OM	3 No. 1210-0	110	
	(For	rm 5500)				Actu	arial	Inform	nation	1				2011		
		ant of the Treasu Revenue Service			This estimates						-			2011		
	ee Benefi	tment of Labor its Security Admi			This schedule Retirement Inc	ome Securi	ty Act of		ISA) and s					n is Open t	o Public	c
Pens	ion Benef	it Guaranty Corp	ooratio	n	► Fi	ile as an at	tachme	nt to Form	5500 or	5500-S	F.					
For cale	ndar pla	an year 2011	1 or 1	fiscal plan	year beginning	01/01/2	2011		· · · · ·		and endir	ng 12/3	31/2011	· · · · · · · · · · · · · · · · · · ·		
		amounts to							an able an							
A Name			1,000	J will be as	sessed for late	ning of this	report u	iniess reas	onable ca					1		
			COF	RPORATIC		NT PLAN					Three-dig		*	001		
														1		
C Plan	snonsor	's name as	show	vn on line 2	a of Form 5500	or 5500-SE	-			DE	mnlover l	dentificat	tion Number	(EIN)		A
		SERVICES				0 000-01					486735	acrimica		(2114)		
Е Туре	of plan:	X Single	Π	Multiple-A	Multiple-B		FF	Prior year pl	an size: 🕅	100 0	r fewer	101-5	00 More	than 500		
Part I		sic Inform	nat	ion					<u>C</u>							
		aluation dat	-		Month_01	Day	01	Year	2011							
2 Ass	sets:													. ,		
а	Marke	et value										2a			51	15402
b	Actua	rial value										2b			51	15402
	-	rget/participa					1	-	(1) N	umber	of particip		(2)	Funding Ta	arget	
a					ficiaries receivir			3a				0				0
b					ts			3b				0				0
С		ctive particip					[3c(1)	-							4664
	. ,								1							58699
												7				73363
d								3d				7			57	73363
4 If th	ne plan	is in at-risk s	statu	s, check th	e box and com	plete lines (a	a) and (I	b)		Π						
а	Fundi	ng target dis	rega	Inding prese	cribed at-risk as	sumptions.						4a				
b					ssumptions, bui							4b				
5 Effe												5			5.3	1 %
												6			15	53748
To the	best of my	nrolled Actu knowledge, the applicable law a	infor	mation supplie	d in this schedule an y opinion, each other	d accompanyin r assumption is	g schedule reasonable	es, statements e (taking into a	and attachme	ents, if an	y, is complet	e and accu	rate. Each prescr ble expectations	ibed assumptio) and such othe	n was appli r assumptio	lied in ons, in
combin	ation, offe	er my best estimation	ate of	anticipated ex	perience under the p	lan										
HER					VV								07/02/2	2015		
				Signa	ature of actuary								Date			
SHERYL	GABRI	EL, A.S.A., I	M.A.	A.A.									14-03	545		
HARBRID	OGE CO	ONSULTING	GR		rint name of act	uary						Most re	ecent enrollm 212-284-9		r	
				ł	Firm name						Te	ephone	number (incl	uding area	code)	
355 LEXI	NGTON	AVENUE,	5TH	FLOOR	NEW YORK N	IY 10017-66	603									
				Add	ress of the firm					-						
f the actu nstruction		not fully refl	lecte	d any regu	lation or ruling p	promulgated	under	the statute	in comple	ting this	schedul	e, check	the box and	see		
		Reduction A	ct N	otice and	OMB Control	Numbers, s	ee the i	instruction	ns for For	m 5500	or 5500-	SF.	Schedu	le SB (For) 2011 12611
		·····														

Schedule SB	orm 5500) 2011

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Pa	art II	Begir	nning of year	carryov	er and prefunding ba	alaı	nces							
								(a) C	arryc	wer baland	e	(b)	Prefund	ing balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)					·				0			0		
8					funding requirement (line 3						0			0
9	Amoun	t remaini	ng (line 7 minus li	ne 8)							0			0
10 Interest on line 9 using prior year's actual return of0.00 %										0			0	
11					d to prefunding balance:									
	a Pre	sent valu	e of excess contri	ibutions (lir	ne 38 from prior year)						Γ			0
					e rate of6.69 % exce									0
	c Tota	al availabl	e at beginning of c	urrent plan	year to add to prefunding ba	lanc	æ			1				0
	d Por	tion of (c)) to be added to p	refunding t	palance									0
12	Other r	eduction	s in balances due	to election	s or deemed elections						0			0
13	Balanc	e at begii	nning of current ye	ear (line 9	+ line 10 + line 11d – line 1	2)					0			0
Р	art III	Fun	ding percent	ages										
14	Fundin												14	89.89 %
15	Adjuste	ed funding	g target attainmen	t percenta	ge							.,,	15	89.89 %
	Prior ye	ear's func	ling percentage fo	r purposes	s of determining whether ca	rryo	over/prefund	ding baland	cesm	ay/ be use	d to reduc	е	16	100.00 %
17	If the cu	urrent val	ue of the assets o	of the plan	is less than 70 percent of th	ne fu	unding targe	et, enter su	uch p	ercentage.			17	%
P	art IV	Con	tributions an	d liquidi	ty shortfalls									
18	Contrib				ear by employer(s) and em	ploy	yees:							
(N	(a) Dat 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Dai (MM-DD-Y		(b) Amount paid by (c) Amount paid by employer(s) employees					
03	3/30/201 ⁻	1		77504	0									
12	2/14/201	1		400000	0									
05	5/12/201	2		600	0									
					_									
						Т	Totals 🕨	18(b)			478104	18(c)		0
19	Discour	nted emp	loyer contribution	s – see ins	tructions for small plan with	nav	valuation da	ate after the	e beg	inning of t	he year:			
	a Cont	ributions	allocated toward	unpaid min	imum required contribution	is fro	om prior ye	ars			. 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 da					date		. 19c			457903				
20	Quarter	rly contrib	outions and liquidi	ty shortfalls	5.						L	· · · ·		
	a Did the plan have a "funding shortfall" for the prior year?										[] Yes 🛛 No		
	b If 20	a is "Yes,	" were required q	uarterly ins	tallments for the current ye	ar n	nade in a tir	mely mann	ner?				[Yes 🗌 No
	C If 20a	a is "Yes,	" see instructions	and compl	lete the following table as a	ppli	cable:							
					Liquidity shortfall as of	end	of quarter of						(4) (*)	
		(1) 18	st		(2) 2nd			(3) (3rd				(4) 4t	n

Page 3

Pa	rt V Assumptio	ns used to determir	e funding target and ta	rget normal co	ost					
21	Discount rate:									
	a Segment rates:	1st segment: 3.37 %	2nd segment: 6.04 %				N/A, full yield curve used			
	b Applicable month	(enter code)				. 21b	2			
22	Weighted average ret	irement age				. 22	66			
23	Mortality table(s) (see	e instructions)	Prescribed - combined	Prescribed - se	parate	Substitut	e			
Pa	rt VI Miscellane	ous items								
			actuarial assumptions for the c	urrent plan vear?	If "Yes," se	e instructions	regarding required			
25	Has a method change	e been made for the currer	nt plan year? If "Yes," see instru	uctions regarding re	equired atta	achment	Yes 🛛 No			
26	Is the plan required to	provide a Schedule of Ac	tive Participants? If "Yes," see	instructions regard	ling require	d attachment.	X Yes 🗌 No			
27			e funding rules, enter applicable			27				
Pa	rt VII Reconcilia	ation of unpaid mini	mum required contribut	tions for prior	years					
	······································	· · · · · · · · · · · · · · · · ·	rior years	•		. 28	0			
29	Discounted employer	contributions allocated tov	vard unpaid minimum required o	contributions from	prior years	29	0			
30	Remaining amount of	unpaid minimum required	contributions (line 28 minus line	e 29)			0			
Pa	rt VIII Minimum	required contribution	on for current year							
31		nd excess assets (see inst					,			
							153748			
			han 31a			-	0			
32	Amortization installme	· · · · · · · · · · · · · · · · · · ·			tanding Ba		Installment			
						57961	9450			
						0	0			
33	If a waiver has been a	approved for this plan year	, enter the date of the ruling lett	er granting the app		33				
34			over/prefunding balances (lines			1 1	163198			
			Carryover balance		funding bal		Total balance			
35	Balances elected for u	use to offset funding								
	requirement			0		0	0			
36	Additional cash requir	ement (line 34 minus line	35)		<u></u>		163198			
37	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation states						457903			
38	Present value of exce	ess contributions for curren	t year (see instructions)							
	a Total (excess, if an	y, of line 37 over line 36)					294705			
	b Portion included in	line 38a attributable to us	e of prefunding and funding star	ndard carryover ba	lances		0			
39							0			
40	40 Unpaid minimum required contributions for all years						0			
Pa	rt IX Pension f	unding relief under	Pension Relief Act of 2	010 (see instru	uctions)					
41	lf a shortfall amortizati	ion base is being amortize	d pursuant to an alternative amo	ortization schedule	:					
	a Schedule elected				······		2 plus 7 years 15 years			
	b Eligible plan year(s)) for which the election in li	ine 41a was made		······	2008	3 2009 2010 2011			
42	Amount of acceleration	n adjustment								
43	Excess installment acc	celeration amount to be ca	rried over to future plan years							
							- - -			

Attachment to 2011 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: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

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 66

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

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: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

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	20 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 consecutives 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 valu in all of the employer's plans are for the ber key employee is generally an officer or own plan is currently top-heavy.	nefit of key employees. A				
Death Benefit	Actuarial Equivalent of the accrued benefit	earned to date of death				

Attachment to 2011 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 11-3486735 PN: 001

Hippodrome Services Corporation Retirement Plan

Shortfall Amortization Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

		Number of		Value of
	Amortization	Future		Future
Valuation Date	<u>Method</u>	Installments	Installment	Installments
01/01/2011	7-year	7	<u>\$9,450</u>	<u>\$57,961</u>
Total			\$9,450	\$57,961