## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in acco	ruance witi	n the instructions to the Form 550	U-3F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1	2/31/2	011		
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)			
C	Check box if filing under: X Form 5558	automatio	extension		DFVC prograi	m	
	special extension (enter description)	ion)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
RIVE	RSIDE PARKING 401(K) RETIREMENT SAVINGS PLAN				plan number		
					(PN) •	. 001	
				1C	Effective date of 01/01/2	•	
2a	Plan sponsor's name and address; include room or suite number (	emplover. if	for a single-employer plan)	2h	Employer Identifi		er
	ERSIDE PARKING	- 1 - 7 - 7	3 - 7 - 7 - 7 - 7		(EIN) 61-093		
				2c	Sponsor's teleph	one number	
927 \	WEST MAIN STREET				502-584		
LOUI	ISVILLE, KY 40202			2d	Business code (s		ns)
ο-				01	81293		
	Plan administrator's name and address (if same as plan sponsor, e RSIDE PARKING 927 WEST N			30	Administrator's E 61-093		
	LOUISVILLE			3c	Administrator's te	elephone nun	nber
					502-584	-2459	
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last 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			11
b	Total number of participants at the end of the plan year			5b			11
С							
	complete this item)			5c			1
6a	Were all of the plan's assets during the plan year invested in eligi		,			X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use I		,				]
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	0		(0) =::::	134440	)
b							
С	Net plan assets (subtract line 7b from line 7a)	7с	0			134440	)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		32678				
	(1) Employers						
	(2) Participants	` '	58695				
	(3) Others (including rollovers)	` '	45559				
b			-1056			425076	
C		8c				135876	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	·						
f	Administrative service providers (salaries, fees, commissions)		1436				
g	Other expenses	8g					
h		_				1436	3
i	Net income (loss) (subtract line 8h from line 8c)					134440	)
j	Transfers to (from) the plan (see instructions)	8j					

	orm 5500-SE 2011	

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: 2E 2F 2G 2J 2K 2T 3D

Page **2** - 1

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

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amou	nt
а	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)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				25000
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		X			
е	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	X				1715
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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	10i					
art	/I Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						∕es No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						res X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	<u>—</u>
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver						
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1		
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c negative amount)		_	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	/II Plan Terminations and Transfers of Assets						
3а	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		`	res X	٧o	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?						res X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)						
1	Sc(1) Name of plan(s):		130	c(2) E	N(s)	13	<b>c(3)</b> PN(s)
				·			
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	estab	ished.	•	
nde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/re	port, in	cludin	g, if applic		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/27/2012	DEBORAH HARRIS
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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pansion 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).

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance with	the Instructions to the Form 5500	3-SF.	
hann-rousen	rt I Annual Report Identification Information				
L Di		01/01/2	AND	<u>1</u>	12/31/2011
A		a multiple-	employer plan (not multiemployer)	L	a one-participant plan
В	This return/report is:	the final re	turn/report		
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	
C	Check box if filing under: 🔯 Form 5558	automatic	extension	[	] DFVC program
	special extension (enter description	n)			
Pa	rt II Basic Plan Information-enter all requested informa	ition		***************************************	
1a	Name of plan			1b "	Three-digit
Ri	verside Parking 401(k) Retirement Savings	s Plan			plan number
					(PN) *
					Effective date of plan
2a	Plan sponsor's name and address; include room or suite number (er	nolover If	for a single-eronlover plan)		Employer Identification Number
	verside Parking		ior a single employal plany	}	(EIN) 61 - 0938029
					Sponsor's telephone number
92	7 West Main Street				502-584-2459
				2d 8	Business code (see instructions)
	uisville KY 40202	NOTE THE PROPERTY OF THE PARTY	# ANN STATE WAS A STATE OF THE		312930
3a Ri	Plan administrator's name and address (if same as plan sponsor, en verside Parking	iter "Same	<b>^)</b>		Administrator's EIN 61~0938029
	_			<b>├</b>	Administrator's telephone number
Lo	7 West Main Street Lisville KY 40202				502-584-2459
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN
_	name, EIN, and the plan number from the last return/report.			4c	r) h
	Sponsor's name				113
	Total number of participants at the beginning of the plan year			5a	
b	Total number of participants at the end of the plan year			5b	116
C	Number of participants with account balances as of the end of the p complete this item)	ilan year (c	ielined benefit plans do not	5c	3.8
60	Were all of the plan's assets during the plan year invested in eligible			,	X Yes No
	Are you claiming a waiver of the annual examination and report of a				Name
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility a	and conditi	ons.)		X Yes No
	if you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	
	rt III   Financial Information	1	ALTERA WERE TRANSPORTED TO THE T	-	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
_	Total plan assets	7a		O	134440
_	Yotal plan liabilities	7b	the second secon		3.74446
	Net plan assets (subtract line 7b from line 7a)	7c		0	134440
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	326	78	
	(2) Participants	8a(2)	586	95	
	(3) Others (including rollovers)		455	5 9	
b	Other income (loss)		- 3.05	56	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				135876
ď	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d	WANTED AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY O	_	
¢	Certain deemed and/or corrective distributions (see instructions)	. 8e	COLOR DE LA COLOR		
F	Administrative service providers (salaries, fees, commissions)	8f	143	3.6	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	, , , , , , , , , , , , , , , , , , , ,		1436
	Net income (loss) (subtract line 8h from line 8c)	I			13444(
1	Net income (loss) (sponact me on both the ob)	81			13444

Form	SEAO.	c C	201	4

	-		Laurence.
Page	Z	-	

Part IV	Plan	Characteristics	
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Signature of employer/plan sponsor

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

>art	y l	Compliance Questions							
10	Durin	g the plan year:		477-14	Y	es No	A	mount	
а		there a failure to transmit to the plan any participant contributions w FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (			0a	х			
b		there any nonexempt transactions with any party-in-interest? (Do e 10s.)			0to	×	JANUARY AND ALEXANDER	TATE OF THE PARTY	DOLLAR PROPERTY CO.
C		the plan covered by a fidelity bond?		<del></del>	_	ζ.	Name ( Andread and Andread	W1.00.11.0011.10 = 11.110.	25000
đ		ne plan have a loss, whether or not reimbursed by the plan's fidelity			04	х			
e	Were	e any fees or commissions paid to any brokers, agents, or other per ance service or other organization that provides some or all of the b actions.)	rsons by an insura benefits under the	nce carrier, plan? (See	0е	ζ.			1715
f	Has t	the plan falled to provide any benefit when due under the plan?			Of	Х		The state of the s	
9	Did ti	ne plan have any participant loans? (If "Yes," enter amount as of ye	sar end.)		0g	Х			
h	If this	is an individual account plan, was there a blackout period? (See in	nstructions and 29	CFR	0h	х			
i	If 101	n was answered "Yes," check the box if you either provided the requiptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the	01	·····			
Part	VI	Pension Funding Compliance				················	<del></del>		
11	ts this	s a defined benefit plan subject to minimum funding requirements? }}	(If "Yes," see instr	uctions and compl	ete Sc	hedule (	BB (Form	Yes	∏ No
12		is a defined contribution plan subject to the minimum funding requir						Yes	X No
	lf a w grant	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) siver of the minimum funding standard for a prior year is being amoing the waiver.  pmpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (	ortized in this plan	Month					
b	Enter	the minimum required contribution for this plan year	***************************************	******	,,.,	125			
¢	Enter	the amount contributed by the employer to the plan for this plan ye	ear	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		120			
ď		act the amount in line 12c from the amount in line 12b. Enter the re tive amount)				120			
e	Will t	he minimum funding amount reported on line 12d be met by the fur	nding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			Yes X No		
	if "Y€	es," enter the amount of any plan assets that reverted to the employ	yer this year	***************************************	. 13a				
	of the	eall the plan assets distributed to participants or beneficiaries, trans PBGC?			-/1////		1	Yes	X No
С		ring this plan year, any assets or liabilities were transferred from thi h assets or liabilities were transferred. (See instructions.)	is plan to another p	plan(s), identify the	plan(:	s) to			
1	3c(1)	Name of plan(s):			****	13c(2)	EIN(s)	13c(3)	PN(s)
Caut	on: A	penalty for the late or incomplete filing of this return/report w	vill be assessed u	nless reasonable	caus	e is esta	blished.	Parket market was	
SB o	Sche	alties of perjury and other penalties set forth in the instructions, I de idule MB completed and signed by an enrolled actuary, as well as I tru <u>e, c</u> orrect, and complete.							
SIGI	<b>.</b>	Delioral Garris 9	7-25-12	Deborah Har	ris				
HER		SULFREQUEST STORT SHIP OF SECTION STORT ST	Pate	Entername of ind	ividua	signing	as plan admir	nistrator	
SiGi	,(	Doleogob Harris	9-25-12 1	Deborah Har	ris				

Date

Enter name of individual signing as employer or plan sponsor