Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTH PARK TRANSPORTATION COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1968

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
NORTH PARK TRANSPORTATION COMPANY

5150 COLUMBINE STREET
DENVER, CO 80216-2305

5150 COLUMBINE STREET
DENVER, CO 80216-2305

2b Employer Identification Number (EIN)
84-0364105

2c Sponsor's telephone number
303-295-0300

2d Business code (see instructions)
484120

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2010	BLAINE BURT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
NORTH PARK TRANSPORTATION COMPANY

5150 COLUMBINE STREET
DENVER, CO 80216-2305

3b Administrator's EIN
84-0364105

3c Administrator's telephone number
303-295-0300

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	355
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	310
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	330
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	330
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	330
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	36
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2H 2J 2O 2Q

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
NORTH PARK TRANSPORTATION COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH PARK TRANSPORTATION COMPANY

D Employer Identification Number (EIN)
84-0364105

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TINUCCI, JONES & CO., P.C.

31207 KEATS WAY
SUITE 201
EVERGREEN, CO 80439

84-0919886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	8890	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
NORTH PARK TRANSPORTATION COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH PARK TRANSPORTATION COMPANY

D Employer Identification Number (EIN)
84-0364105

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1075000	650000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	519362	324907
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7625780	10285087
(2) U.S. Government securities	1c(2)	22223034	2931105
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	14249614	20442202
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		511282
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	926926	1127181
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2523653	3192058
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	20752480	20446720
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	69895849	59910542
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	970	860
k	Total liabilities (add all amounts in lines 1g through1j)	1k	970	860
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	69894879	59909682

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	650000	
	(B) Participants	2a(1)(B)	803789	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1453789
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	176801	
	(B) U.S. Government securities	2b(1)(B)	494321	
	(C) Corporate debt instruments	2b(1)(C)	1115635	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	64778	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1851535
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	4154988	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4154988
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		668404
c	Other income	2c		19500
d	Total income. Add all **income** amounts in column (b) and enter total	2d		8148216
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18120058	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18120058
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)	8890	
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	4299	
	(4) Other	2i(4)	166	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13355
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18133413
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		-9985197
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TINUCCI, JONES & CO., P.C. **(2)** EIN: 84-0919886

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
NORTH PARK TRANSPORTATION COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH PARK TRANSPORTATION COMPANY

D Employer Identification Number (EIN)
84-0364105

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 84-6052954

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

NORTH PARK TRANSPORTATION CO.
EMPLOYEE STOCK OWNERSHIP PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

for the years ended December 31, 2009 and 2008

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Tinucci, Jones & Company, P.C.
Certified Public Accountants

Members
American Institute of
Certified Public Accountants
&
Colorado Society of
Certified Public Accountants

INDEPENDENT ACCOUNTANTS' REPORT

To the Trustees of the
North Park Transportation Co.
Employee Stock Ownership Plan

We have audited the accompanying statements of net assets available for benefits of the North Park Transportation Co. Employee Stock Ownership Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's Trustees. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the Trustees, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the North Park Transportation Co. Employee Stock Ownership Plan as of December 31, 2009 and 2008, and the results of its changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules for the Plan year ended December 31, 2009 included in the report (shown on pages 11 - 17) are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Tinucci, Jones & Company, P.C.

Evergreen, Colorado
July 22, 2010

31207 Keats Way, Suite 201
Evergreen, CO 80439
303-480-9090 ~ 303-458-5125 fax

NORTH PARK TRANSPORTATION CO. EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS:		
Investments, at fair value:		
North Park Transportation Co., Inc. common stock (Note 2)	$20,446,720	$20,752,480
U.S. agency securities (Note 3)	2,931,105	22,223,034
Corporate debt and equity securities (Note 3)	20,442,202	14,249,614
Corporate equity securities	511,282	-
Registered investment companies (Note 3)	3,192,058	2,523,653
Participant loans (Note 4)	1,127,181	926,926
	48,650,548	60,675,707
Receivables:		
Employer contributions	650,000	1,075,000
Accrued interest receivable	324,907	519,362
	974,907	1,594,362
Cash and cash equivalents (Note 3)	10,285,087	7,625,780
Total assets	59,910,542	69,895,849
LIABILITIES:		
Accounts payable	860	970
Total liabilities	860	970
NET ASSETS AVAILABLE FOR BENEFITS (Note 5)	$59,909,682	$69,894,879

The accompanying notes are a part of the financial statements.

NORTH PARK TRANSPORTATION CO. EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the years ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Investment earnings:		
Net appreciation in fair value of Company common stock investment (Note 2)	$ 1,203,740	$ 2,337,300
Interest and dividend income	1,786,757	2,476,711
Net gain (loss) from registered investment companies (Note 3)	668,404	(1,483,462)
Net appreciation (depreciation) in fair value of other investments (Note 3)	2,951,248	(3,411,235)
Interest income on participant loans	64,778	65,134
Loan fee income	19,500	14,800
	6,694,427	(752)
Contributions:		
Employer	650,000	1,075,000
Participants	803,789	934,188
Forfeitures of participants' non-vested interests	75,565	78,556
	1,529,354	2,087,744
Total additions	8,223,781	2,086,992
Deductions from net assets attributed to:		
Benefits paid to participants	18,120,058	4,726,245
Forfeitures of participants' non-vested interests	75,565	78,556
Administrative expenses	13,355	11,086
Total deductions	18,208,978	4,815,887
Net (decrease)	(9,985,197)	(2,728,895)
Net assets available for benefits:		
Beginning of year	69,894,879	72,623,774
End of year	$59,909,682	$69,894,879

The accompanying notes are a part of the financial statements.

NORTH PARK TRANSPORTATION CO. EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2009

1. Summary of Significant Accounting Policies:

A. Description of Plan:

The following description of the North Park Transportation Co. Employee Stock Ownership Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. GENERAL - The ESOP covers all employees of North Park Transportation Co., Inc. (the Company) who have one year of service (1,000 hours). The ESOP is currently administered by three Trustees, one of whom is appointed by the Company by action of its Board of Directors, and the other two are elected by the participants in the ESOP. The Trustees are responsible for the investment and management of the Trust fund. The ESOP is designed to comply with Section 4975(e)(7) and the regulations there under of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. CONTRIBUTIONS - The ESOP includes a Section 401<k> elective deferral provision, and each participant is allowed to contribute annually up to 100% of their total compensation, but limited to the annual dollar limitation set by the Internal Revenue Code. The Company may contribute to the ESOP for each year such amount, if any, which shall be determined by the Company in its sole discretion.

3. PARTICIPANTS' ACCOUNTS - Each participant's account is credited with an allocation of the Company's contributions, ESOP earnings and forfeitures of terminated participants' non-vested accounts. Allocations are based on participant's compensation (contributions and forfeitures) or account balance (ESOP earnings) as defined. The benefit to which a participant is entitled is the benefit that can be provided from a participant's account.

4. VESTING - Participants are immediately vested 100% in their employee contributions plus actual earnings thereon. Vesting in employer contributions is based on years of continuous service. A participant is 100% vested after six years of credited service (seven years for employer contributions made in Plan years beginning prior to January 1, 2007).

5. PAYMENTS OF BENEFITS - The Trustees of the ESOP shall execute all required documents to make a distribution of benefits as provided by the ESOP. Benefits are generally paid from the ESOP at normal retirement, death, disability or termination of employment. Distributions are generally paid in a lump-sum. Distributions shall not be made in the form of Qualifying Employer Securities (Company stock - Note 2).

6. PLAN TERMINATION - Although it has not expressed any intent to do so, the Company has the right under the ESOP to terminate the ESOP subject to the provisions of ERISA. In the event of ESOP termination, participants will become 100% vested in their accounts.

1. Summary of Significant Accounting Policies, Continued:

A. Description of Plan, continued:

7. PLAN AMENDMENTS - The Plan was last amended in March 2009, to comply with regulations issued concerning post-severance compensation, and again in December 2009, to comply with regulations issued concerning excess allocations and rollover provisions. These amendments do not have a significant effect on Plan benefits or net assets.

B. Use of estimates in the preparation of financial statements:

The preparation of financial statements in conformity with generally accepted accounting principles requires the Trustees to make estimates and assumptions that affect the reported amounts of ESOP assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions to ESOP assets and deductions from ESOP assets during the reporting period. Actual results could differ from those estimates.

C. Income taxes:

The Plan obtained its latest determination letter on January 25, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and Plan sponsor believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

D. Subsequent events:

The Trustees has evaluated subsequent events for recognition and/or disclosure in the accompanying financial statements through July 22, 2010, the date the financial statements are available to be issued.

2. Investment - North Park Transportation Co., Inc.:

The ESOP has invested in the common stock of the employer sponsor, North Park Transportation Co., Inc. (NPT). At December 31, 2009, the ESOP owned 1,120 shares or approximately 30% of the issued and outstanding voting common stock of NPT.

The common shares of NPT are valued at fair value at December 31, 2009 and 2008. Fair value is determined by annual independent appraisals. At December 31, 2009 and 2008, the ESOP's stock investment in NPT was valued at $18,256 and $18,529 per share, or total investment value of $20,446,720 and $20,752,480 respectively.

2. Investment - North Park Transportation Co., Inc., Continued:

Changes in the fair value of the ESOP's stock investment in NPT for the years ended December 31, 2009 and 2008 were as follows:

	2009	2008
Fair value at beginning of year	$20,752,480	$20,528,480
ESOP's proportionate share of NPT's S Corporation earnings	3,057,235	4,856,761
(Depreciation) appreciation in value	(1,853,495)	(2,519,461)
Net appreciation	1,203,740	2,337,300
Less S Corporation income distributions from NPT	(1,509,500)	(2,113,300)
	(305,760)	224,000
Fair value at end of year	$20,446,720	$20,752,480

Each participant is entitled to exercise voting rights attributable to NPT common shares, which are allocated to the account of such participant. The ESOP Trustees will advise each participant in advance of any matters on which the participant is entitled to vote.

3. Investments - Other:

Other investments, held by the ESOP, at December 31, 2009 and 2008 consisted of the following at fair value.

	2009	2008
Federal agency securities, par value $3,000,000 and weighted average rate at December 31, 2009 4.75%, remaining maturities through 2024	$ 2,931,105	$22,223,034
Corporate debt securities, par value $20,401,407 and weighted average rate at December 31, 2009 6.08%, remaining maturities through 2023	20,442,202	14,249,614
Corporate equity securities	511,282	-
Registered investment companies	3,192,058	2,523,653
	$27,076,647	$38,996,301

For the years ended December 31, 2009 and 2008, the ESOP's other investments (including investments bought, matured and sold during the year) appreciated (depreciated) in value as follows:

	2009	2008
U.S. Treasury and agency securities	$ (141,928)	$ 18,812
Corporate debt securities	3,118,731	(3,430,047)
Corporate equity securities	(25,555)	-
Net gain (loss) from registered investment companies	668,404	(1,483,462)
	$ 3,619,652	$(4,894,697)

3. Investments - Other, Continued:

The following presents investments that represent 5% or more of the ESOP's net assets:

	2009	2008
NPT Stock (Note 2)	$20,446,720	$20,752,480
Vanguard Index 500 Fund	3,192,058	***
Certificate of Deposit, Colorado Business Bank, 2.35%, matures 2/22/10, classified as cash and cash equivalents	7,000,000	***
FHLMC Agency, par $5,000,000, 5.75%, mat 6/18/18	***	5,079,000
FNMA Agency, par $5,000,000, 5.75%, mat 2/27/23	***	5,004,700
FNMA Agency, par $5,000,000, 6.00%, mat 3/13/23	***	4,944,400
Tamarack Instl Prime Money Market Fd classified as cash and cash equivalents	***	4,845,088

*** Not a 5% investment at year end date.

4. Participant Loans:

Participant loans are reported in the accompanying financial statements at the amount of unpaid principal balance of $1,127,181 and $926,926 at December 31, 2009 and 2008, respectively. The carrying amount of employee loans approximated their fair value at December 31, 2009 and 2008.

Loans may be made to any participant having a vested interest in the ESOP and are made available to all such participants on an equivalent basis subject to availability of funds and subject to limitations prescribed by Treasury regulations. All loans are fully secured by a participant's vested interest in the ESOP, and cannot exceed 50% of the participant's vested interest. The rate of interest is at prime plus 1% per annum. The loans are for terms of less than 5 years except for loans used to purchase a participant's principal residence, which have variable terms greater than 5 years.

All loans made to participants are treated as a directed investment by the participant of their account balance in the ESOP. The participant directed loans are the only participant directed investments of the ESOP. For these participant directed loans, the borrowing participant's account alone shares in interest paid on the loan, and it alone bears any expense or loss it incurs in connection with the loan.

5. Participant Accounts:

At December 31, 2009, a total of 20 participants, who terminated employment during 2009 and previous years, have not been paid their account balances. A total of $2,732,413 is due these participants, excluding $26,914 in forfeitures of the participants' nonvested interest. The forfeitures will be included and allocated with the Company contribution in the year that the accounts balances are paid.

6. Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

	Fair Value Measurements at Reporting Date Using:			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009:				
NPT stock	$20,446,720	$ -	$20,446,720	$ -
U.S. agency securities	2,931,105	-	2,931,105	-
Corporate debt securities	20,442,202	20,442,202	-	-
Corporate equity securities	511,282	511,282	-	-
Registered investment companies	3,192,058	3,192,058	-	-
Participant loans	1,127,181	-	-	1,127,181
Cash and cash equivalents	10,285,087	-	10,285,087	-
Total	$58,935,635	$24,145,542	$33,662,912	$ 1,127,181
December 31, 2008:				
NPT stock	$20,752,480	$ -	$20,752,480	$ -
U.S. agency securities	22,223,034	-	22,223,034	-
Corporate debt securities	14,249,614	14,249,614	-	-
Registered investment companies	2,523,653	2,523,653	-	-
Participant loans	926,926	-	-	926,926
Cash and cash equivalents	7,625,780	-	7,625,780	-
Total	$68,301,487	$16,773,267	$50,601,294	$ 926,926

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

6. Fair Value Measurements, Continued:

Level 1 Fair Value Measurements:

The fair value of corporate bonds and equity securities is based on quoted market prices, when available. The fair value of registered investment companies is based quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements:

The fair value of the NPT common stock is determined by annual independent appraisals. The independent appraisal was performed in a manner consistent with the guidelines set forth in Internal Revenue Service Revenue Ruling 59-60 (C.B. 1959-1, 237). This Revenue Ruling encompasses many of the characteristics willing buyers and willing sellers consider in buying or selling stock in most closely held businesses. The appraisal was also performed in a manner consistent with the guidelines set forth in the Proposed Regulation Relating to the Definition of Adequate Consideration (29 CFR 2510) promulgated by the United States Department of Labor, relative to transactions involving qualified plans including ESOPs and securities not traded on an established market.

The fair value of the U.S. agency securities is based on quoted market prices for securities with similar characteristics.

The fair value of cash and cash equivalents is based on the amount payable on demand.

Level 3 Fair Value Measurements:

The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3):

	2009	2008
Participant loans:		
Beginning of year	$ 726,926	$ 781,769
Total loan interest income included in changes in net assets available for benefits	64,778	65,134
Purchases, sales, issuances, and settlements (net)	335,477	80,023
	$1,127,181	$ 926,926

7. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Identity	Description	Cost	Current Value
North Park Transportation Co.	Common Stock	951,500	20,446,720
Colorado Business Bank	Euro Sweep Account	1,616,000	1,616,000
RMA/UBS	Money Market Fund	2,581	2,581
Tamarack Inst'l Prime Fund Cash Fund	Money Market Fund	1,364,191	1,364,191
Federated Prime Obligations Fund Cash Fund	Money Market Fund	452,146	452,146
CIT Group Ser A	Corporate Bonds Effec Yield 7.00 Coupon Rate 7.00 Matures 5/01/13 Maturity Value 215,140	215,140	200,618
American Express	Corporate Bonds Effec Yield 6.32 Coupon Rate 6.15 Matures 8/28/17 Maturity Value 1,000,000	988,160	1,045,100
General Electric	Corporate Bonds Effec Yield 5.25 Coupon Rate 5.25 Matures 12/06/17 Maturity Value 1,000,000	1,000,000	1,021,860

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Identity	Description	Cost	Current Value
Caterpillar	Corporate Bonds Effec Yield 5.100 Coupon Rate 5.100 Matures 1/15/13 Maturity Value 1,000,000	1,000,000	1,012,990
CIT Group Ser A	Corporate Bonds Effec Yield 7.00 Coupon Rate 7.00 Matures 5/01/14 Maturity Value 322,711	322,711	299,718
Daimler Chrysler	Corporate Bonds Effec Yield 5.00 Coupon Rate 5.00 Matures 7/15/10 Maturity Value 1,000,000	1,000,000	995,270
Suncor	Corporate Bonds Effec Yield 6.07 Coupon Rate 6.10 Matures 6/01/18 Maturity Value 1,000,000	1,002,206	1,073,030
Harley Davidson	Corporate Bonds Effec Yield 6.76 Coupon Rate 6.80 Matures 6/15/18 Maturity Value 1,000,000	1,002,720	997,220

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Identity	Description	Cost	Current Value
CIT Group Ser A	Corporate Bonds Effec Yield 7.00 Coupon Rate 7.00 Matures 5/01/15 Maturity Value 322,711	322,711	288,826
U.S. Gov't Agency Fed Home Loan Mtg	FHLM Notes Effec Yield 4.25 Coupon Rate 4.25 Matures 10/28/10 Maturity Value 1,000,000	1,000,000	1,029,225
AOL Time Warner	Corporate Bonds Effec Yield 5.454 Coupon Rate 6.875 Matures 5/01/12 Maturity Value 500,000	550,000	547,370
Boeing Capital Corp	Corporate Bonds Effec Yield 5.332 Coupon Rate 5.80 Matures 1/15/13 Maturity Value 1,000,000	1,035,000	1,089,000
American Gen Fin	Corporate Bonds Effec Yield 6.00 Coupon Rate 6.00 Matures 12/15/14 Maturity Value 1,000,000	1,000,000	674,060

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Identity	Description	Cost	Current Value
CIT Group Ser A	Corporate Bonds Effec Yield 7.00 Coupon Rate 7.00 Matures 5/01/16 Maturity Value 537,852	537,852	473,310
Protective Life Ins.	Corporate Bonds Effec Yield 5.35 Coupon Rate 5.35 Matures 4/15/15 Maturity Value 750,000	750,000	697,950
Principal Life Ins.	Corporate Bonds Effec Yield 5.65 Coupon Rate 5.65 Matures 3/16/20 Maturity Value 1,000,000	1,000,000	942,850
Caterpillar	Corporate Bonds Effec Yield 5.400 Coupon Rate 5.400 Matures 3/15/23 Maturity Value 1,000,000	1,000,000	948,890
CIT Group Ser A	Corporate Bonds Effec Yield 7.00 Coupon Rate 7.00 Matures 5/01/17 Maturity Value 752,993	752,993	653,221

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Identity	Description	Cost	Current Value
John Deere Capital	Corporate Bonds Effec Yield 4.20 Coupon Rate 4.90 Matures 9/09/13 Maturity Value 1,000,000	1,027,440	1,074,960
Caterpillar	Corporate Bonds Effec Yield 5.20 Coupon Rate 6.20 Matures 9/30/13 Maturity Value 1,000,000	1,038,795	1,114,340
Bank of America	Corporate Bonds Effec Yield 6.96 Coupon Rate 7.375 Matures 5/15/14 Maturity Value 1,000,000	1,017,220	1,135,785
Goldman Sachs	Corporate Bonds Effec Yield 5.48 Coupon Rate 6.00 Matures 5/01/14 Maturity Value 1,000,000	1,022,270	1,094,814
GATX	Corporate Bonds Effec Yield 8.623 Coupon Rate 8.75 Matures 5/15/14 Maturity Value 1,000,000	1,004,970	1,124,520

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Identity	Description	Cost	Current Value
GE Capital	Corporate Bonds Effec Yield 5.50 Coupon Rate 5.50 Matures 12/15/19 Maturity Value 2,000,000	2,000,000	1,936,500
U.S. Gov't Agency Fed Nat'l Mtg. Assoc	FNMA Notes Effec Yield 5.00 Coupon Rate 5.00 Matures 6/17/24 Maturity Value 2,000,000	2,000,000	1,901,880
CIT Group Common Stock		536,837	511,282
Vanguard 500 Index Fund	Equity Mutual Fund	3,871,312	3,192,058
Colorado Business Bank	Certificate of Deposit Rate 2.35% Matures 2/22/10	7,000,000	7,000,000
Participant Loans	Interest Rates 4.25% - 9.25%		1,127,181
	Cost	-0-	

Schedule H, line 4j - Schedule of Reportable Transactions

Plan Name: North Park Transportation Co. ESOP Plan Number: 001

Plan Sponsor: North Park Transportation Co., Inc. EIN: 84-0364105
Plan year: 12/31/09

Party (a)	Asset description (b)	Purch price ©	Sell price (d)	Lease/rental (e)	Expenses (f)	Cost (g)	Value (h)	Gain (Loss) (l)
Co Business Bank	Certificate of deposit	7,000,000		N/A	0	7,000,000	7,000,000	0
RBC	FNMA 3136F9CK7	5,000,000	5,000,000	N/A	0	5,000,000	5,000,000	0
RBC	FNMA 3136F85D3	5,000,000	5,000,000	N/A	0	5,000,000	5,000,000	0
Co Biz Trust	FHLMC 3128X7F90	5,009,625	5,000,000	N/A	0	5,009,625	5,000,000	(9,625.00)
Reportable limit	Assets 1/1/09	69,894,879						
	5% test	3,494,744						

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of assets held for investment

Identity	Description	Cost	Current Value
North Park Transportation Co.	Common Stock	951,500	20,446,720
Colorado Business Bank	Euro Sweep Account	1,616,000	1,616,000
RMA/UBS	Money Market Fund	2,581	2,581
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American Express	Corporate Bonds Effec Yield 6.32 Coupon Rate 6.15 Matures 8/28/17 Maturity Value 1,000,000	988,160	1,045,100
General Electric	Corporate Bonds Effec Yield 5.25 Coupon Rate 5.25 Matures 12/06/17 Maturity Value 1,000,000	1,000,000	1,021,860

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of assets held for investment

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Caterpillar	Corporate Bonds Effec Yield 5.100 Coupon Rate 5.100 Matures 1/15/13 Maturity Value 1,000,000	1,000,000	1,012,990
CIT Group Ser A	Corporate Bonds Effec Yield 7.00 Coupon Rate 7.00 Matures 5/01/14 Maturity Value 322,711	322,711	299,718
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Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

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Schedule H, line 4i - Schedule of assets held for investment

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American Gen Fin	Corporate Bonds Effec Yield 6.00 Coupon Rate 6.00 Matures 12/15/14 Maturity Value 1,000,000	1,000,000	674,060

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of assets held for investment

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Protective Life Ins.	Corporate Bonds Effec Yield 5.35 Coupon Rate 5.35 Matures 4/15/15 Maturity Value 750,000	750,000	697,950
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Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of assets held for investment

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GATX	Corporate Bonds Effec Yield 8.623 Coupon Rate 8.75 Matures 5/15/14 Maturity Value 1,000,000	1,004,970	1,124,520

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/09

Employer Identification Number: 84-0364105

Plan Number: 001

Schedule H, line 4i - Schedule of assets held for investment

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U.S. Gov't Agency Fed Nat'l Mtg. Assoc	FNMA Notes Effec Yield 5.00 Coupon Rate 5.00 Matures 6/17/24 Maturity Value 2,000,000	2,000,000	1,901,880
CIT Group Common Stock		536,837	511,282
Vanguard 500 Index Fund	Equity Mutual Fund	3,871,312	3,192,058
Colorado Business Bank	Certificate of Deposit Rate 2.35 Matures 2/22/10	7,000,000	7,000,000
Participant Loans	Interest Rates 4.25% - 9.25% Cost	-0-	1,127,181

Schedule H, line 4j - Schedule of Reportable Transactions

Plan Name: North Park Transportation Co. ESOP Plan Number: 001

Plan Sponsor: North Park Transportation Co., Inc. EIN: 84-0364105
Plan year: 12/31/09

Party (a)	Asset description (b)	Purch price ©	Sell price (d)	Lease/rental (e)	Expenses (f)	Cost (g)	Value (h)	Gain (l)
Co Business Bank	Certificate of deposit	7,000,000		N/A	0	7,000,000	7,000,000	0
RBC	FNMA 3136F9CK7	5,000,000	5,000,000	N/A	0	5,000,000	5,000,000	0
RBC	FNMA 3136F85D3	5,000,000	5,000,000	N/A	0	5,000,000	5,000,000	0
Co Biz Trust	FHLMC 3128X7F90	5,009,625	5,000,000	N/A	0	5,009,625	5,000,000	(9,625.00)