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 6057(b) 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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

NORTH PARK TRANSPORTATION COMPANY

DEANNA K. RUSCH

5150 COLUMBINE ST
DENVER, CO 80216-2305

5150 COLUMBINE ST
DENVER, CO 80216-2305

2b Employer Identification Number (EIN)
84-0364105

2c Plan 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.	08/11/2022	DEANNA RUSCH
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	350
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	350
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	303
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	64
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	367
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	370
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	370
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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 Characteristics 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 Characteristics 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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
NORTH PARK TRANSPORTATION COMPANY-EMPLOYEE STOCK OWNERSHIP PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
NORTH PARK TRANSPORTATION COMPANY	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

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

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

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

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

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

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

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

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

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

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

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

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)

JONES MERTSCHING CPAS,P.C.

32186 CASTLE COURT SUITE 220
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	10850	Yes [ ] No [X]	Yes [ ] No [X]		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 [ ]

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)

(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

(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

(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

(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

(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

(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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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)	810000	1400000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	161165	126892
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9087767	16488048
(2) U.S. Government securities	1c(2)		187532
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	14752462	10228683
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		12354
(B) Common	1c(4)(B)	503246	719684
(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)	1019309	982779
(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)	17645290	27223618
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		31605

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	23197440	25549440
	(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**	67176679	82950635
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	2300	1950
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	2300	1950
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	67174379	82948685

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.

			(a) Amount	**(b)** Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	1400000	
	(B) Participants	**2a(1)(B)**	1067837	
	(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)**		2467837
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	2646	
	(B) U.S. Government securities	**2b(1)(B)**	715	
	(C) Corporate debt instruments	**2b(1)(C)**	530273	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	51886	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		585520
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	19625	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	284355	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		303980
	(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)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	9572090	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		9572090

		(a) Amount	(b) Total
(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)		4774759
c Other income	2c		7700
d Total income. Add all **income** amounts in column (b) and enter total	2d		17711886
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1925104	
(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)		1925104
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)	10850	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1460	
(4) Other	2i(4)	166	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		12476
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1937580
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15774306
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] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: JONES MERTSCHING CPAS,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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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**

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): _____ _____

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 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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

JMCPAS

North Park Transportation Co.
Employee Stock Ownership Plan

Report on Audit of Financial Statements
And Supplemental Schedules

for the years ended
December 31, 2021 and 2020

Jones Mertsching

Certified Public Accountants

CONTENTS

	Page
Independent Auditors' Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 11
Supplemental Schedules Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974:	
1. Assets Held for Investment Purposes	13 - 21

JONES MERTSCHING CPAS, PC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of North Park Transportation Co. Employee Stock Ownership Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of North Park Transportation Co. Employee Stock Ownership Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of North Park Transportation Co. Employee Stock Ownership Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about North Park Transportation Co. Employee Stock Ownership Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

303-480-9090

32186 Castle Court, Suite 220, Evergreen, CO 80439

INDEPENDENT AUDITORS' REPORT, CONTINUED

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of ABC Company Employee Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about ABC Company Employee Benefit Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

JONES MERTSCHING CPAS, PC
Certified Public Accountants

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Jones Mertsching CPAs, P.C.

Evergreen, Colorado
August 5, 2022

303-480-9090

32186 Castle Court, Suite 220, Evergreen, CO 80439

North Park Transportation Co. Employee Stock Ownership Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	2020
ASSETS:		
Investments, at fair value:		
North Park Transportation Co., Inc. common stock	$ 25,549,440	$ 23,197,440
Other investments	38,403,476	32,900,998
	63,952,916	56,098,438
Receivables:		
Employer contributions	1,400,000	810,000
Accrued interest receivable	126,892	161,165
Participant loans	982,779	1,019,309
	2,509,671	1,990,474
Cash and cash equivalents, interest bearing	16,488,048	9,087,767
Total assets	82,950,635	67,176,679
LIABILITIES:		
Accounts payable	1,950	2,300
NET ASSETS AVAILABLE FOR BENEFITS	$ 82,948,685	$ 67,174,379

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 year ended December 31, 2021 and 2020

	2021	2020
Additions to net assets attributed to:		
Investment earnings:		
Net appreciation in fair value of Company common stock investment	$ 9,144,455	$ 3,604,100
Interest and dividend income	837,615	1,067,999
Net gain from registered investment companies	4,774,758	2,470,401
Net appreciation (depreciation) in fair value of other investments	427,635	(96,478)
Interest income on participant loans	51,886	53,489
Loan fee income	7,700	7,300
	15,244,049	7,106,811
Contributions:		
Employer	1,400,000	810,000
Participants	1,067,837	917,337
Forfeitures of participants' non-vested interest	28,813	33,767
	2,496,650	1,761,104
Total additions	17,740,699	8,867,915
Deductions from net assets attributed to:		
Benefits paid to participants	1,925,104	5,747,509
Forfeitures of participants' non-vested interests	28,813	33,767
Administration expenses	12,476	11,166
Total deductions	1,966,393	5,792,442
Net increase	15,774,306	3,075,473
Net assets available for benefits, beginning of year	67,174,379	64,098,906
Net assets available for benefits, end of year	$ 82,948,685	$ 67,174,379

The accompanying notes are a part of the financial statements.

North Park Transportation Co. Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2021

1. Summary of Significant Accounting Policies:

A. Description of Plan:

The following description of the North Park Transportation Co. Employee Stock Ownership Plan (ESOP) 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. Participant contributions are funded after each payroll period.

3. PARTICIPANTS' ACCOUNTS AND FORFEITURES - 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.

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.

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.

7. PLAN AMENDMENTS - There were no plan amendments in 2021 or 2020.

1. Summary of Significant Accounting Policies, Continued:

A. Description of Plan, continued:

8. PUT OPTION - Under Federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the current appraised valued of the stock. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash. However, distributions shall not be made in the form of Qualifying Employer Securities if at the time of distribution (i) the Employer's Bylaws or Articles of Incorporation prohibit the ownership of the Employer's stock by anyone other than an employee of the Employer or a Qualified Trust for the benefit of the Employer's employees; or (ii) the Employer is an S Corporation as defined in Code §1361. Since the employer is classified as an S Corporation, the distribution shall not be made in the form of Employer Securities and this put option does not apply.

B. Cash and Cash Equivalents

The Plan considers money market accounts to be cash and cash equivalents. To meet liquidity needs the Plan does not consider cash and cash equivalents to be long term investments. This policy differs from the requirement to report cash and cash equivalents as assets held for investment in the supplemental schedules.

C. 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.

D. Financial Statement Reclassifications:

Certain reclassifications have been made to the 2020 financial statements in order to be comparative to 2021.

E. Income taxes:

The Internal Revenue Service has determined by a letter dated June 23, 2017 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving this determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

1. Summary of Significant Accounting Policies, Continued:

E. Income taxes, continued:

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

F. Subsequent events:

The Trustees have evaluated subsequent events for recognition and/or disclosure in the accompanying financial statements through August 5, 2022, 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, 2021, 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, 2021 and 2020. Fair value is determined by annual independent appraisals. At December 31, 2021 and 2020, the ESOP's stock investment in NPT was valued at $22,812 and $20,712 per share, or total investment value of $25,549,440 and $23,197,440 respectively.

Changes in the fair value of the ESOP's stock investment in NPT for the years ended December 31, 2021 and 2020 were as follows:

	2021	2020
Fair value at beginning of year	$23,197,440	$22,923,040
ESOP's proportionate share of NPT's S Corporation earnings	7,000,634	2,754,131
Appreciation (depreciation) in value	2,143,819	849,969
Net appreciation (depreciation)	9,144,453	3,604,100
Less S Corporation income distributions from NPT	(6,792,453)	(3,329,700)
	2,352,000	274,400
Fair value at end of year	$25,549,440	$23,197,440

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, 2021 and 2020 consisted of the following at fair value.

	2021	2020
Corporate debt securities	$10,228,683	$14,752,462
Corporate equity securities	732,038	503,246
Municipal bonds	31,605	-
US Treasury and Agency bonds	187,532	-
Registered investment companies	27,223,618	17,645,290
	$38,403,476	$32,900,998

Financial instruments that potentially expose the ESOP to concentrations of credit risk consist primarily of cash equivalents and investments. At December 31, 2021, cash equivalents are concentrated with Goldman Sachs and BOK and other investments are concentrated with Vanguard 500 Index FD Admiral. The ESOP has not experienced any losses on its cash equivalents and other investments, and the Trustees believe the ESOP is not exposed to any significant credit risk on cash equivalents or other investments. The ESOP's corporate debt securities do not represent significant concentrations of market risk in as much as the debt security portfolio is adequately diversified among issuers.

4. Participant Loans:

Participant loans are reported in the accompanying financial statements at the amount of unpaid principal balance of $982,779 and $1,019,309 at December 31, 2021 and 2020, respectively. The carrying amount of employee loans approximated their fair value at December 31, 2021 and 2020. Interest on loans is recognized using the simple-interest method on principal amounts outstanding. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

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 or $50,000 whichever is less. 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.

4. Participant Loans, Continued:

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, 2021, a total of 64 participants, who terminated employment during 2021 and previous years, have not been paid their account balances. A total of $11,082,049 is due these participants, excluding $41,531 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	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
December 31, 2021:				
NPT Stock	$25,549,440	$ -	$25,549,440	$ -
Corporate debt securities	10,228,683	10,228,683	-	-
Corporate equity securities	732,038	732,038	-	-
Municipal bonds	31,605	-	31,605	-
US Treasury and agency securities	187,532	76,178	111,354	-
Registered investment companies	27,223,618	27,223,618	-	-
Total	$63,952,916	$38,260,517	$25,692,399	$ -
December 31, 2020:				
NPT Stock	$23,197,440	$ -	$23,197,440	$ -
Corporate debt securities	14,752,462	14,752,462	-	-
Corporate equity securities	503,246	503,246	-	-
Registered investment companies	17,645,290	17,645,290	-	-
Total	$56,098,438	$32,900,998	$23,197,440	$ -

6. Fair Value Measurements, Continued:

FASB ASC 820-10 *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 are only used when Level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements:

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

Level 2 Fair Value Measurements:

The fair value of federal agency securities and municipal bonds are based on quoted market prices for securities with similar characteristics.

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 2510.3(18) promulgated by the United States Department of Labor, relative to transactions involving qualified plans including ESOPs and securities not traded on an established market.

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 SCHEDULE

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
*	North Park Transportation Co.	Plan Sponsor Stock	951,500	25,549,440
	Goldman Sachs	Money Market Fund	6,995,722	6,995,722
	Stifel Acct FDIC Insured	Bank Deposit Program	14,578	14,578
	American Express	Preferred Stock Effec Yield 3.54 Maturity Value 4,000	3,970	4,007
	Bank NY Mellon	Preferred Stock Effec Yield 4.41 Maturity Value 4,000	4,260	4,267
	Metlife	Preferred Stock Effec Yield 3.78 Maturity Value 4,000	4,075	4,080
	New Jersey St Transn Tr	Municipal Bond Effec Yield 4.92 Coupon Rate 5.754 Matures 12/15/28 Maturity Value 5,000	5,812	5,849
	University of CA	Municipal Bond Effec Yield 1.66 Coupon Rate 1.614 Matures 5/15/30 Maturity Value 5,000	4,844	4,851
	Los Angeles CA Uni Sch Dist	Municipal Bond Effec Yield 4.42 Coupon Rate 5.75 Matures 7/01/34 Maturity Value 5,000	6,618	6,508
	JOBSOHIO Beverage Sys	Municipal Bond Effec Yield 3.74 Coupon Rate 4.532 Matures 1/01/35 Maturity Value 5,000	5,999	6,053
	California St Various	Municipal Bond Effec Yield 4.52 Coupon Rate 7.55 Matures 4/01/39 Maturity Value 5,000	8,397	8,344

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	US Treasury Note	Fixed Income Effec Yield 1.97 Coupon Rate 2.0 Matures 11/30/22 Maturity Value 20,000	20,311	20,290
	US Treasury Note	Floating Rate Matures 1/31/23 Maturity Value 4,000	4,002	4,002
*	Toronto Dominion Bk	Variable Rate Matures 9/10/24 Maturity Value 4,000	3,998	4,000
	Cheniere	Fixed Income Effec Yield 5.30 Coupon Rate 5.875 Matures 3/31/25 Maturity Value 3,000	3,335	3,326
	Southwest Airlines	Fixed Income Effec Yield 4.72 Coupon Rate 5.25 Matures 5/04/25 Maturity Value 4,000	4,437	4,445
	National Rural Utilities	Fixed Income Effec Yield 3.05 Coupon Rate 3.25 Matures 11/01/25 Maturity Value 4,000	4,248	4,259
	Anheuser Busch INBEV	Fixed Income Effec Yield 3.40 Coupon Rate 3.65 Matures 2/01/26 Maturity Value 4,000	4,304	4,297
	Bank Nova Scotia	Fixed Income Variable Rate Matures 3/02/26 Maturity Value 8,000	7,999	7,999
	GLP Cap LP Fing II	Fixed Income Effec Yield 4.83 Coupon Rate 5.375 Matures 4/15/26 Maturity Value 5,000	5,583	5,568

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	Sunoco Logistics Partners	Fixed Income Effec Yield 3.63 Coupon Rate 3.90 Matures 7/15/26 Maturity Value 4,000	4,315	4,300
	US Treasury Bond	Fixed Income Effec Yield 5.41 Coupon Rate 6.75 Matures 8/15/26 Maturity Value 6,000	7,498	7,482
	Goldman Sachs	Fixed Income Effec Yield 3.28 Coupon Rate 3.50 Matures 11/16/26 Maturity Value 6,000	6,381	6,397
	Broadcom	Fixed Income Effec Yield 3.57 Coupon Rate 3.875 Matures 1/15/27 Maturity Value 4,000	4,341	4,340
	JP Morgan Chase	Fixed Income Variable Rate Matures 9/22/27 Maturity Value 8,000	8,037	8,032
	Discovery Communications	Fixed Income Effec Yield 3.63 Coupon Rate 3.95 Matures 3/20/28 Maturity Value 4,000	4,348	4,350
	US Treasury Note	Fixed Income Effec Yield 2.64 Coupon Rate 2.875 Matures 5/15/28 Maturity Value 10,000	10,958	10,904
	Fiserv Inc	Fixed Income Effec Yield 3.74 Coupon Rate 4.20 Matures 10/01/28 Maturity Value 4,000	4,478	4,488
	Comcast	Fixed Income Effec Yield 3.65 Coupon Rate 4.15 Matures 10/15/28 Maturity Value 4,000	4,538	4,545

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	Verizon Communications	Fixed Income Effec Yield 3.49 Coupon Rate 3.875 Matures 2/08/29 Maturity Value 4,000	4,453	4,436
	Crown Castle	Fixed Income Effec Yield 3.85 Coupon Rate 4.30 Matures 2/15/29 Maturity Value 4,000	4,457	4,469
	Parker Hannifin	Fixed Income Effec Yield 3.06 Coupon Rate 3.25 Matures 6/14/29 Maturity Value 4,000	4,249	4,243
	HCA Inc	Fixed Income Effec Yield 3.75 Coupon Rate 4.125 Matures 6/15/29 Maturity Value 4,000	4,391	4,405
	Boston Properties LP	Fixed Income Effec Yield 3.20 Coupon Rate 3.40 Matures 6/21/29 Maturity Value 4,000	4,258	4,249
	Common Spirit Health	Fixed Income Effec Yield 3.14 Coupon Rate 3.347 Matures 10/01/29 Maturity Value 4,000	4,269	4,257
	Air Lease	Fixed Income Effec Yield 3.00 Coupon Rate 3.00 Matures 2/01/30 Maturity Value 4,000	4,024	3,996
	Walgreen Boots	Fixed Income Effec Yield 3.02 Coupon Rate 3.20 Matures 4/15/30 Maturity Value 6,000	6,317	6,359
	Dell Intl	Fixed Income Effec Yield 4.91 Coupon Rate 6.20 Matures 7/15/30 Maturity Value 3,000	3,816	3,789

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	Pioneer Nat Res	Fixed Income Effec Yield 2.00 Coupon Rate 1.90 Matures 8/15/30 Maturity Value 4,000	3,790	3,791
	GMAC Inc	Fixed Income Effec Yield 5.65 Coupon Rate 8.00 Matures 11/01/31 Maturity Value 3,000	4,243	4,251
	Pulte Homes	Fixed Income Effec Yield 5.54 Coupon Rate 7.875 Matures 6/15/32 Maturity Value 3,000	4,309	4,263
	FNMA	Fixed Income Effec Yield 3.28 Coupon Rate 3.50 Matures 3/01/35 Maturity Value 13,000	8,205	8,212
	US Treasury Bond	Fixed Income Effec Yield 3.43 Coupon Rate 5.00 Matures 5/15/37 Maturity Value 3,000	4,406	4,376
	US Treasury Bond	Fixed Income Effec Yield 2.78 Coupon Rate 3.50 Matures 2/15/39 Maturity Value 3,000	3,787	3,773
	FNMA	Fixed Income Effec Yield 2.86 Coupon Rate 3.00 Matures 3/01/40 Maturity Value 10,000	10,500	10,496
	US Treasury Bond	Fixed Income Effec Yield 2.14 Coupon Rate 2.25 Matures 5/15/41 Maturity Value 12,000	12,676	12,643

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	AT&T	Fixed Income Effec Yield 3.79 Coupon Rate 4.30 Matures 12/15/42 Maturity Value 4,000	4,482	4,535
	CVS Health	Fixed Income Effec Yield 3.93 Coupon Rate 5.125 Matures 7/20/45 Maturity Value 3,000	3,919	3,911
	FNMA	Fixed Income Effec Yield 4.08 Coupon Rate 4.50 Matures 10/01/45 Maturity Value 41,000	23,462	23,384
	FNMA	Fixed Income Effec Yield 3.64 Coupon Rate 4.00 Matures 3/01/46 Maturity Value 52,000	26,138	26,325
	US Treasury Note	Fixed Income Effec Yield 2.49 Coupon Rate 3.125 Matures 5/15/48 Maturity Value 3,000	3,771	3,764
	Walmart	Fixed Income Effec Yield 3.18 Coupon Rate 4.05 Matures 6/29/48 Maturity Value 3,000	3,791	3,826
	Advocate Health & Hospitals	Fixed Income Effec Yield 3.44 Coupon Rate 4.272 Matures 8/15/48 Maturity Value 4,000	5,004	4,965
	Northern States Power	Fixed Income Effec Yield 2.86 Coupon Rate 2.90 Matures 3/01/50 Maturity Value 4,000	4,094	4,054
	Bank of America	Fixed Income Effec Yield 3.49 Coupon Rate 4.33 Matures 3/15/50 Maturity Value 3,000	3,747	3,724

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	Federal Home Loan Mtg	Fixed Income Effec Yield 3.25 Coupon Rate 3.50 Matures 4/01/50 Maturity Value 45,000	30,117	30,217
	Microsoft	Fixed Income Effec Yield 2.58 Coupon Rate 2.525 Matures 6/01/50 Maturity Value 4,000	3,909	3,916
	Federal Home Loan Mtg	Fixed Income Effec Yield 2.87 Coupon Rate 3.00 Matures 7/01/50 Maturity Value 17,000	12,759	12,740
	US Treasury Bond	Fixed Income Effec Yield 1.89 Coupon Rate 1.875 Matures 2/15/51 Maturity Value 9,000	8,970	8,945
	Stifel FDIC Insured	Bank Deposit Program	92,680	92,680
	iShares S&P 500 Growth	ETF	36,053	36,396
	iShares S&P 500 Value	ETF	38,609	39,471
	iShares S&P 500 Mid Cap	ETF	5,630	5,662
	iShares MSCI USA Quality	ETF	7,625	7,715
	iShares Core MSCI EAFE	ETF	123,258	122,634
	iShares Core MSCI Emerg Mkts	ETF	30,307	29,451
	Vanguard Russell 2000	ETF	16,464	16,256
	Vanguard S&P 500	ETF	42,154	42,784
	Vanguard Mid Cap Value	ETF	9,378	9,471
	Vanguard Mid Cap Growth	ETF	8,589	8,657
	Blackstome Senior Loan	ETF	90,166	90,347
	Schwab US Tips	ETF	90,101	89,744
	American Balanced	Mutual Fund	231,900	229,252

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	Cohen & Steers Realty	Mutual Fund	92,750	94,740
	Pimco Short Term Instl	Mutual Fund	3,606,400	3,606,400
	Value Line Asset Alloc Instl	Mutual Fund	95,894	91,385
	Federated Treas Oblig	Money Market Fund	164,023	164,023
	Conagra Foods	Corporate Bonds Effec Yield 4.008 Coupon Rate 3.20 Matures 1/25/23 Maturity Value 514,000	487,411	523,776
	Pitney Bowes	Corporate Bonds Effec Yield 5.845 Coupon Rate 6.20 Matures 4/01/23 Maturity Value 1,000,000	949,750	1,035,000
	Nabors Inc.	Corporate Bonds Effec Yield 5.123 Coupon Rate 5.10 Matures 9/15/23 Maturity Value 1,000,000	998,450	1,013,250
	Deutsche Bank	Corporate Bonds Effec Yield 4.718 Coupon Rate 3.70 Matures 5/30/24 Maturity Value 1,000,000	948,710	1,050,980
	Timken Co.	Corporate Bonds Effec Yield 4.033 Coupon Rate 3.875 Matures 9/01/24 Maturity Value 2,000,000	1,984,520	2,102,500
	Boardwalk Pipelines	Corporate Bonds Effec Yield 4.530 Coupon Rate 4.950 Matures 12/15/24 Maturity Value 1,000,000	1,020,390	1,083,900
	Western Digital	Corporate Bonds Effec Yield 4.716 Coupon Rate 4.75 Matures 2/15/26 Maturity Value 1,000,000	1,002,250	1,092,500

Name of Plan: North Park Transportation Co Empoyee Stock Ownership Plan

Plan Year Ended: 12/31/20

Employer Identification Number: 84-0364105

Plan Number: 001

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

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	Ford Motor Credit	Corporate Bonds Effec Yield 4.100 Coupon Rate 4.100 Matures 5/20/27 Maturity Value 1,000,000	1,000,000	989,970
	Aluminum Co of America	Corporate Bonds Effec Yield 5.849 Coupon Rate 6.75 Matures 1/15/28 Maturity Value 1,000,000	1,088,750	1,185,000
	CIT Group Common	Stock	536,837	719,684
	Vanguard 500 Index Fund	Equity Mutual Fund	7,921,478	22,703,254
	Participant Loans	Interest Rate 4.25%-6.50%	0	982,779

Print Form

Form **5558**
(Rev. September 2018)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to *www.irs.gov/Form5558* for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
NORTH PARK TRANSPORTATION COMPANY

Number, street, and room or suite no. (If a P.O. box, see instructions)
5150 COLUMBINE ST

City or town, state, and ZIP code
DENVER, CO 80216-2305

B **Filer's identifying number (see instructions)**
Employer identification number (EIN) (9 digits XX-XXXXXXX)
84-0364105

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending — MM	DD	YYYY
NORTH PARK TRANSPORTATION CO-EMPLOYEE STOCK OWNERSHIP PLAN	001	12	31	2021

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 10/15/2022 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10/15/2022 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

An extension of time to file Form 5500 Series (Form 5500, Annual Return/Report of Employee Benefit Plan; Form 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan; Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan); and/or Form 8955-SSA, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits; and an extension of time to file Form 5330, Return of Excise Taxes Related to Employee Benefit Plans, must be submitted on separate Forms 5558. A signature is not required for an extension of time to file Form 5500 series and Form 8955-SSA. However, a signature is required for an extension of time to file Form 5330.

Future Developments

For the latest information about developments related to Form 5558 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form5558*.

Purpose of Form

Use Form 5558 to apply for a one-time extension of time to file the Form 5500 series, Form 8955-SSA, or Form 5330.

CAUTION *To avoid processing delays, the most recent version of this Form 5558 should always be used. For example, this Form 5558 (Rev. September 2018) should be used instead of the August 2012 version or any other prior version. To determine the most recent version of this form, go to* www.irs.gov/Retirement.

Where To File

File Form 5558 with the Department of Treasury, Internal Revenue Service Center, Ogden, UT 84201-0045.

Private delivery services. You can use certain private delivery services (PDS) designated by the IRS to meet the "timely mailing as timely filing" rule for tax returns. Go to *www.irs.gov/PDS* for the current list of designated services.

The PDS can tell you how to get written proof of the mailing date.

For the IRS mailing address to use if you're using PDS, go to *www.irs.gov/PDSstreetAddresses*.

CAUTION *PDS can't deliver items to P.O. boxes. You must use the U.S. Postal Service to mail any item to an IRS P.O. box address.*

Specific Instructions

Part I. Identification

A. Name and Address

Enter your name and address in the heading if you are requesting an extension of time to file the Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, or Form 5330.

The plan sponsor (generally, the employer for a single-employer plan) or plan administrator listed on the application should be the same as the plan sponsor or plan administrator listed on the annual return/report filed for the plan.

Include the suite, room, or other unit number after the street address. If the Post Office does not deliver mail to the street address and you have a P.O. box, show the box number instead of the street address.

If the entity's address is outside the United States or its possessions, or territories, enter in the space for city or town, state, and ZIP code, the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Do not abbreviate the country name.

If your mailing address has changed since you filed your last return, use Form 8822-B, Change of Address or Responsible Party—Business, to notify the IRS of the change. A new address shown on Form 5558 will not update your records. You can get Form 8822-B at *www.irs.gov/Form8822B*.

B. Filer's Identifying Number

Employer identification number (EIN). Enter the nine-digit EIN in an XX-XXXXXXX format, assigned to the employer for all applications filed for the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) and/or Form 8955-SSA. Also enter the EIN for applications filed for Form 5330 (see *Social security number (SSN)* next for exceptions).

An entity that does not have an EIN should apply online by visiting the IRS website at *www.irs.gov/EIN*. The organization may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. Customers outside the United States or U.S. possessions may also apply for an EIN by calling 267-941-1099 (toll call).

Social security number (SSN). If you made excess contributions to a section 403(b)(7)(A) custodial account or you are a disqualified person other than an employer, and you are applying for an extension of time to file Form 5330, enter your nine-digit SSN in an XXX-XX-XXXX format. Do not enter your SSN for Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA.

C. Plan Information

Complete the plan name, plan number, and plan year ending for the plan included on this Form 5558.

Part II. Extension of Time To File Form 5500 Series and/or Form 8955-SSA

Use Form 5558 to apply for a one-time extension of time to file the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) and/or Form 8955-SSA.

CAUTION *Do not include the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) or the Form 8955-SSA with this form.*

Exception: Form 5500, Form 5500-SF, Form 5500-EZ, and Form 8955-SSA filers are automatically granted extensions of time to file until the extended due date of the federal income tax return of the employer (and are not required to file Form 5558) if both of the following conditions are met: (1) the plan year and the employer's tax year are the same; and (2) the employer has been granted an extension of time to file its federal income tax return to a date later than the normal due date for filing the Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA. An extension granted under this exception cannot be extended further by filing a Form 5558 after the normal due date of the Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA.

An extension of time to file a Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA does not operate as an extension of time to file the PBGC (Pension Benefit Guaranty Corporation) Form 1, Annual Premium Payment.

How to file. A separate Form 5558 must be used for each plan for which an extension is requested. For example, if an employer maintains a defined benefit plan and a profit-sharing plan, a separate Form 5558 must be filed for each plan. A single Form 5558 may, however, be used to extend the time to file a plan's Form 5500 series return/report and its Form 8955-SSA.

Lists of other plans should not be attached to a Form 5558. Only the plan listed on Form 5558 will be processed. Lists attached to the Form 5558 will not be processed.

When to file. To request an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, file Form 5558 on or before the return/report's normal due date. The normal due date is the date the Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA would otherwise be due, without extension.

Applications for extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA that are filed on or before the return/report's normal due date on a properly completed Form 5558 will be automatically approved to the date that is no later than the 15th day of the 3rd month after the return/report's normal due date.

Note: If the filing date falls on a Saturday, Sunday, or a legal holiday, the return may be filed on the next day that is not a Saturday, Sunday, or a legal holiday.

Approved copies of Form 5558 requesting an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA will not be returned to the filer from the IRS.

Line 1. Check this box if the extension of time being requested on line 2 is for the first Form 5500 series return/report filed for the plan. This box should not be checked if the plan previously filed a Form 5500 series return/report at any time for any year.

Line 2. Enter on line 2 the due date for which you are requesting to file Form 5500, Form 5500-SF, or Form 5500-EZ. This date should not be later than the 15th day of the 3rd month after the normal due date of the return/report.

When using Form 5558 to request an extension of time to file Form 5500, Form 5500-SF, or Form 5500-EZ, plan sponsors or plan administrators are not required to sign the form. If Form 5558 is timely filed and complete, you will be granted an extension to not later than the 15th day of the 3rd month after the return/report's normal due date to file Form 5500, Form 5500-SF, or Form 5500-EZ.

Line 3. Enter on line 3 the due date for which you are requesting to file Form 8955-SSA. This date should not be later than the 15th day of the 3rd month after the normal due date of the return.

When using Form 5558 to request an extension of time to file Form 8955-SSA, plan sponsors or plan administrators are not required to sign the form. If Form 5558 is timely filed and complete, you will be granted an extension to not later than the 15th day of the 3rd month after the return's normal due date to file Form 8955-SSA.

Part III. Extension of Time To File Form 5330

File one Form 5558 to request an extension of time to file Form 5330 for excise taxes with the same filing due date. For specific information on excise tax due dates, see the Instructions for Form 5330.

How to file. A separate Form 5558 must be used for an extension of time to file Form 5330. For example, if an employer maintains a profit-sharing plan and wishes to request extensions of time to file Form 5500 and Form 5330 for the plan, a separate Form 5558 must be used for an extension of time to file Form 5500 and an extension of time to file Form 5330.



An extension of time to file does not extend the time to pay the tax due. Any tax due must be paid with this application for an extension of time to file Form 5330. Additionally, interest is charged on taxes not paid by the due date even if an extension of time to file is granted.

Note: The IRS will no longer return stamped copies of the Form 5558 to filers who request an extension of time to file a Form 5330. Instead, you will receive a computer-generated notice to inform you if your extension is approved or denied. Because of this change, we ask you to attach a photocopy of this notice to your Form 5330.

When to file. To request an extension of time to file Form 5330, file Form 5558 in sufficient time for the IRS to consider and act on it before the return's normal due date.

The normal due date is the date the Form 5330 would otherwise be due, without extension.

Line 4. On line 4, enter the requested due date. If your application for extension of time to file Form 5330 is approved, you may be granted an extension of up to 6 months after the normal due date of Form 5330.

Line 4a. Indicate the section(s) for the excise tax for which you are requesting an extension.

Line 4b. Enter the amount of tax estimated to be due with Form 5330 and attach your payment to this form.

Make your check or money order payable to "United States Treasury." Do not send cash. On all checks or money orders, write your name, filer's identifying number (EIN or SSN), plan number, Form 5330 section number, and the tax year to which the payment applies.

Line 5. The IRS will grant a reasonable extension of time (not to exceed 6 months) for filing Form 5330 if you file a timely application showing that you are unable to file Form 5330 because of circumstances beyond your control. Clearly describe these circumstances. Generally, an application will be considered on the basis of your own efforts to fulfill this filing responsibility, rather than the convenience of anyone providing help in preparing the return. However, consideration will be given to any circumstances that prevent your practitioner, for reasons beyond his or her control, from filing the return by the normal due date, and to circumstances in which you are unable to get needed professional help in spite of timely efforts to do so.



If we grant you an extension of time to file Form 5330 and later find that the statements made on this form are false or misleading, the extension will be null and void. A late filing penalty associated with the form for which you filed this extension will be charged.

Signature

If you are filing Form 5558 for an extension of time to file Form 5330, the Form 5558 must be signed. The person who signs this form may be an employer, a plan sponsor, a plan administrator, a disqualified person required to file Form 5330, an attorney or certified public accountant qualified to practice before the IRS, a person enrolled to practice before the IRS, or a person holding a power of attorney.

If you are filing Form 5558 for an extension of time to file Form 5500 series return/report or Form 8955-SSA, a signature is not required.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States and the Employee Retirement Income Security Act of 1974 (ERISA). We need it to determine if you are entitled to an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, or Form 5330. You are not required to request an extension; however, if you want an extension, section 6081 requires you to provide the information. Section 6109 requires you to provide your identification number. Failure to provide this information may delay or prevent processing your request; providing false information may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by section 6103.

However, section 6103 allows or requires the IRS to disclose this information to others. We may disclose to the Department of Justice for civil or criminal litigation, to the Department of Labor and the Pension Benefit Guaranty Corporation for the administration of ERISA, and to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may also disclose the information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 24 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments through *www.irs.gov/FormComments*. Or you can write to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the tax form to this address. Instead, see *Where To File*, earlier.

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

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.	Plan Sponsor Stock	951,500	25,549,440
Goldman Sachs	Money Market Fund	6,995,722	6,995,722
Stifel Acct #6497			
Stifel Acct FDIC Insured	Bank Deposit Program	14,578	14,578
American Express	Preferred Stock Effec Yield 3.54 Maturity Value 4,000	3,970	4,007
Bank NY Mellon	Preferred Stock Effec Yield 4.41 Maturity Value 4,000	4,260	4,267
Metlife	Preferred Stock Effec Yield 3.78 Maturity Value 4,000	4,075	4,080
Sub Total - Preferreds		**12,305**	**12,354**
New Jersey St Transn Tr	Municipal Bond Effec Yield 4.92 Coupon Rate 5.754 Matures 12/15/28 Maturity Value 5,000	5,812	5,849
University of CA	Municipal Bond Effec Yield 1.66 Coupon Rate 1.614	4,844	4,851

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

	Matures 5/15/30 Maturity Value 5,000		
Los Angeles CA Uni Sch Dist	Municipal Bond Effec Yield 4.42 Coupon Rate 5.75 Matures 7/01/34 Maturity Value 5,000	6,618	6,508
JOBSOHIO Beverage Sys	Municipal Bond Effec Yield 3.74 Coupon Rate 4.532 Matures 1/01/35 Maturity Value 5,000	5,999	6,053
California St Various	Municipal Bond Effec Yield 4.52 Coupon Rate 7.55 Matures 4/01/39 Maturity Value 5,000	8,397	8,344
Sub Total - Fixed Income-Muni		**31,670**	**31,605**
US Treasury Note	Fixed Income Effec Yield 1.97 Coupon Rate 2.0 Matures 11/30/22 Maturity Value 20,000	20,311	20,290
US Treasury Note	Floating Rate Matures 1/31/23 Maturity Value 4,000	4,002	4,002

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

Toronto Dominion Bk	Variable Rate Matures 9/10/24 Maturity Value 4,000	3,998	4,000
Cheniere	Fixed Income Effec Yield 5.30 Coupon Rate 5.875 Matures 3/31/25 Maturity Value 3,000	3,335	3,326
Southwest Airlines	Fixed Income Effec Yield 4.72 Coupon Rate 5.25 Matures 5/04/25 Maturity Value 4,000	4,437	4,445
National Rural Utilities	Fixed Income Effec Yield 3.05 Coupon Rate 3.25 Matures 11/01/25 Maturity Value 4,000	4,248	4,259
Anheuser Busch INBEV	Fixed Income Effec Yield 3.40 Coupon Rate 3.65 Matures 2/01/26 Maturity Value 4,000	4,304	4,297
Bank Nova Scotia	Fixed Income Variable Rate Matures 3/02/26 Maturity Value 8,000	7,999	7,999

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

GLP Cap LP Fing II	Fixed Income Effec Yield 4.83 Coupon Rate 5.375 Matures 4/15/26 Maturity Value 5,000	5,583	5,568
Sunoco Logistics Partners	Fixed Income Effec Yield 3.63 Coupon Rate 3.90 Matures 7/15/26 Maturity Value 4,000	4,315	4,300
US Treasury Bond	Fixed Income Effec Yield 5.41 Coupon Rate 6.75 Matures 8/15/26 Maturity Value 6,000	7,498	7,482
Goldman Sachs	Fixed Income Effec Yield 3.28 Coupon Rate 3.50 Matures 11/16/26 Maturity Value 6,000	6,381	6,397
Broadcom	Fixed Income Effec Yield 3.57 Coupon Rate 3.875 Matures 1/15/27 Maturity Value 4,000	4,341	4,340
JP Morgan Chase	Fixed Income	8,037	8,032

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

	Variable Rate Matures 9/22/27 Maturity Value 8,000		
Discovery Communications	Fixed Income Effec Yield 3.63 Coupon Rate 3.95 Matures 3/20/28 Maturity Value 4,000	4,348	4,350
US Treasury Note	Fixed Income Effec Yield 2.64 Coupon Rate 2.875 Matures 5/15/28 Maturity Value 10,000	10,958	10,904
Fiserv Inc	Fixed Income Effec Yield 3.74 Coupon Rate 4.20 Matures 10/01/28 Maturity Value 4,000	4,478	4,488
Comcast	Fixed Income Effec Yield 3.65 Coupon Rate 4.15 Matures 10/15/28 Maturity Value 4,000	4,538	4,545
Verizon Communications	Fixed Income Effec Yield 3.49 Coupon Rate 3.875 Matures 2/08/29	4,453	4,436

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

	Maturity Value 4,000		
Crown Castle	Fixed Income Effec Yield 3.85 Coupon Rate 4.30 Matures 2/15/29 Maturity Value 4,000	4,457	4,469
Parker Hannifin	Fixed Income Effec Yield 3.06 Coupon Rate 3.25 Matures 6/14/29 Maturity Value 4,000	4,249	4,243
HCA Inc	Fixed Income Effec Yield 3.75 Coupon Rate 4.125 Matures 6/15/29 Maturity Value 4,000	4,391	4,405
Boston Properties LP	Fixed Income Effec Yield 3.20 Coupon Rate 3.40 Matures 6/21/29 Maturity Value 4,000	4,258	4,249
Common Spirit Health	Fixed Income Effec Yield 3.14 Coupon Rate 3.347 Matures 10/01/29 Maturity Value 4,000	4,269	4,257

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

Air Lease	Fixed Income Effec Yield 3.00 Coupon Rate 3.00 Matures 2/01/30 Maturity Value 4,000	4,024	3,996
Walgreen Boots	Fixed Income Effec Yield 3.02 Coupon Rate 3.20 Matures 4/15/30 Maturity Value 6,000	6,317	6,359
Dell Intl	Fixed Income Effec Yield 4.91 Coupon Rate 6.20 Matures 7/15/30 Maturity Value 3,000	3,816	3,789
Pioneer Nat Res	Fixed Income Effec Yield 2.00 Coupon Rate 1.90 Matures 8/15/30 Maturity Value 4,000	3,790	3,791
GMAC Inc	Fixed Income Effec Yield 5.65 Coupon Rate 8.00 Matures 11/01/31 Maturity Value 3,000	4,243	4,251
Pulte Homes	Fixed Income Effec Yield 5.54	4,309	4,263

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

	Coupon Rate 7.875 Matures 6/15/32 Maturity Value 3,000		
FNMA	Fixed Income Effec Yield 3.28 Coupon Rate 3.50 Matures 3/01/35 Maturity Value 13,000	8,205	8,212
US Treasury Bond	Fixed Income Effec Yield 3.43 Coupon Rate 5.00 Matures 5/15/37 Maturity Value 3,000	4,406	4,376
US Treasury Bond	Fixed Income Effec Yield 2.78 Coupon Rate 3.50 Matures 2/15/39 Maturity Value 3,000	3,787	3,773
FNMA	Fixed Income Effec Yield 2.86 Coupon Rate 3.00 Matures 3/01/40 Maturity Value 10,000	10,500	10,496
US Treasury Bond	Fixed Income Effec Yield 2.14 Coupon Rate 2.25 Matures 5/15/41	12,676	12,643

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

	Maturity Value 12,000		
AT&T	Fixed Income Effec Yield 3.79 Coupon Rate 4.30 Matures 12/15/42 Maturity Value 4,000	4,482	4,535
CVS Health	Fixed Income Effec Yield 3.93 Coupon Rate 5.125 Matures 7/20/45 Maturity Value 3,000	3,919	3,911
FNMA	Fixed Income Effec Yield 4.08 Coupon Rate 4.50 Matures 10/01/45 Maturity Value 41,000	23,462	23,384
FNMA	Fixed Income Effec Yield 3.64 Coupon Rate 4.00 Matures 3/01/46 Maturity Value 52,000	26,138	26,325
US Treasury Note	Fixed Income Effec Yield 2.49 Coupon Rate 3.125 Matures 5/15/48 Maturity Value 3,000	3,771	3,764

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

Walmart	Fixed Income Effec Yield 3.18 Coupon Rate 4.05 Matures 6/29/48 Maturity Value 3,000	3,791	3,826
Advocate Health & Hospitals	Fixed Income Effec Yield 3.44 Coupon Rate 4.272 Matures 8/15/48 Maturity Value 4,000	5,004	4,965
Northern States Power	Fixed Income Effec Yield 2.86 Coupon Rate 2.90 Matures 3/01/50 Maturity Value 4,000	4,094	4,054
Bank of America	Fixed Income Effec Yield 3.49 Coupon Rate 4.33 Matures 3/15/50 Maturity Value 3,000	3,747	3,724
Federal Home Loan Mtg	Fixed Income Effec Yield 3.25 Coupon Rate 3.50 Matures 4/01/50 Maturity Value 45,000	30,117	30,217
Microsoft	Fixed Income Effec Yield 2.58	3,909	3,916

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

	Coupon Rate 2.525 Matures 6/01/50 Maturity Value 4,000		
Federal Home Loan Mtg	Fixed Income Effec Yield 2.87 Coupon Rate 3.00 Matures 7/01/50 Maturity Value 17,000	12,759	12,740
US Treasury Bond	Fixed Income Effec Yield 1.89 Coupon Rate 1.875 Matures 2/15/51 Maturity Value 9,000	8,970	8,945
Sub Total - Fixed Other		**339,424**	**339,338**
Total 6497		**397,977**	**397,875**
Stifel Acct #0648			
Stifel FDIC Insured	Bank Deposit Program	92,680	92,680
iShares S&P 500 Growth	ETF	36,053	36,396
iShares S&P 500 Value	ETF	38,609	39,471
iShares S&P 500 Mid Cap	ETF	5,630	5,662
iShares MSCI USA Quality	ETF	7,625	7,715
iShares Core MSCI EAFE	ETF	123,258	122,634
iShares Core MSCI Emerg Mkts	ETF	30,307	29,451

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

Vanguard Russell 2000	ETF	16,464	16,256
Vanguard S&P 500	ETF	42,154	42,784
Vanguard Mid Cap Value	ETF	9,378	9,471
Vanguard Mid Cap Growth	ETF	8,589	8,657
Sub Total - Equities		**318,067**	**318,497**
Blackstome Senior Loan	ETF	90,166	90,347
Schwab US Tips	ETF	90,101	89,744
Sub Total - Fixed Income Other		**180,267**	**180,091**
American Balanced	Mutual Fund	231,900	229,252
Cohen & Steers Realty	Mutual Fund	92,750	94,740
Pimco Short Term Instl	Mutual Fund	3,606,400	3,606,400
Value Line Asset Alloc Instl	Mutual Fund	95,894	91,385
Sub Total - Mutual Funds		**4,026,944**	**4,021,777**
Total 0648		**4,617,958**	**4,613,045**
Federated Treas Oblig	Money Market Fund	164,023	164,023
Conagra Foods	Corporate Bonds Effec Yield 4.008 Coupon Rate 3.20 Matures 1/25/23 Maturity Value 514,000	487,411	523,776

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

Pitney Bowes	Corporate Bonds Effec Yield 5.845 Coupon Rate 6.20 Matures 4/01/23 Maturity Value 1,000,000	949,750	1,035,000
Nabors Inc.	Corporate Bonds Effec Yield 5.123 Coupon Rate 5.10 Matures 9/15/23 Maturity Value 1,000,000	998,450	1,013,250

Identity	Description	Cost	Current Value
Deutsche Bank	Corporate Bonds Effec Yield 4.718 Coupon Rate 3.70 Matures 5/30/24 Maturity Value 1,000,000	948,710	1,050,980
Timken Co.	Corporate Bonds Effec Yield 4.033 Coupon Rate 3.875 Matures 9/01/24 Maturity Value 2,000,000	1,984,520	2,102,500
Boardwalk Pipelines	Corporate Bonds Effec Yield 4.530 Coupon Rate 4.950 Matures 12/15/24	1,020,390	1,083,900

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

	Maturity Value 1,000,000		
Western Digital	Corporate Bonds Effec Yield 4.716 Coupon Rate 4.75 Matures 2/15/26 Maturity Value 1,000,000	1,002,250	1,092,500

Identity	Description	Cost	Current Value
Ford Motor Credit	Corporate Bonds Effec Yield 4.100 Coupon Rate 4.100 Matures 5/20/27 Maturity Value 1,000,000	1,000,000	989,970
Aluminum Co of America	Corporate Bonds Effec Yield 5.849 Coupon Rate 6.75 Matures 1/15/28 Maturity Value 1,000,000	1,088,750	1,185,000

Identity	Description	Cost	Current Value
CIT Group Common	Stock	536,837	719,684
Vanguard 500 Index Fund	Equity Mutual Fund	7,921,478	22,703,254
Participant Loans	Interest Rate 4.25%-6.50%	0	982,779

Name of Plan: North Park Transportation Co. ESOP

Plan Year Ended: 12/31/21

Employer Identification Number: 84-0364105

Plan Number: 001

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

Reconciliation to Bal Sheet	72,202,698
1010-04-00	9,221,044
NPT contribution	1,400,000
1050-02-00	122,500
Total Assets 12-31-20	82,946,242