

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **TRI-VALLEY TRANSIT INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **297 CREEK RD** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **MIDDLEBURY VT 05753**

D Employer identification number: **03-0335768**

E Telephone number: **802-388-2287**

F Name and address of principal officer:
JIM MOULTON
297 CREEK RD
MIDDLEBURY VT 05753

G Gross receipts\$ **6,596,600**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.TRIVALLEYTRANSIT.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1992** **M** State of legal domicile: **VT**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE THE ECONOMIC, SOCIAL AND ENVIRONMENTAL HEALTH OF THE COMMUNITIES WE SERVE BY PROVIDING PUBLIC TRANSPORTATION SERVICES FOR EVERYONE THAT ARE SAFE, RELIABLE, ACCESSIBLE AND AFFORDABLE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	66
	6 Total number of volunteers (estimate if necessary)	6	68
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,368,771	5,091,332
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,444,314	1,449,378
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,499	-24,123
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,822,404	6,546,858
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,900,581	3,315,023
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,132,870	2,900,889
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,033,451	6,215,912	
19 Revenue less expenses. Subtract line 18 from line 12	-211,047	330,946	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,732,610	7,820,940
	22 Net assets or fund balances. Subtract line 21 from line 20	380,990	1,138,374
		6,351,620	6,682,566

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **JIM MOULTON** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **RANDALL L. SARGENT, CPA** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00136499**

Firm's name ▶ **JMM & ASSOCIATES, PC** Firm's EIN ▶ **03-0280081**
 Firm's address ▶ **336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446** Phone no. **802-655-5665**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO ENHANCE THE ECONOMIC, SOCIAL AND ENVIRONMENTAL HEALTH OF THE COMMUNITIES WE SERVE BY PROVIDING PUBLIC TRANSPORTATION SERVICES FOR EVERYONE THAT ARE SAFE, RELIABLE, ACCESSIBLE AND AFFORDABLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,894,534 including grants of\$) (Revenue \$ 1,363,678)

TRI-VALLEY TRANSIT INC. IS A LEGAL ENTITY SERVING ADDISON, ORANGE, AND NORTHERN WINDSOR COUNTIES. SERVICES INCLUDE PUBLIC TRANSIT BUSES AND DOOR TO DOOR DIAL-A-RIDE SERVICE FOR VULNERABLE POPULATIONS WHO CANNOT ACCESS THE BUSES.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses 4,894,534

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 66		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

JIM MOULTON 297 CREEK ROAD MIDDLEBURY

VT 05753 802-388-2287

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRADFORD ATWOOD CHAIR	2.00 0.00	X		X				0	0	0
(2) RENNY PERRY VICE CHAIR	2.00 0.00	X		X				0	0	0
(3) TOM BURGOS TREASURER	2.00 0.00	X		X				0	0	0
(4) GALE HURD SECRETARY	2.00 0.00	X		X				0	0	0
(5) ADAM LOUGEE DIRECTOR	2.00 0.00	X						0	0	0
(6) TIM CROWLEY DIRECTOR	2.00 0.00	X						0	0	0
(7) NAOMI DRUMMOND DIRECTOR	2.00 0.00	X						0	0	0
(8) PAUL KENDALL DIRECTOR	2.00 0.00	X						0	0	0
(9) MARGARET GLADSTONE DIRECTOR	2.00 0.00	X						0	0	0
(10) JIM MOULTON EXECUTIVE DIRECTOR	40.00 0.00			X				159,504	0	0
(11)										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,506,071			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	585,261			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		5,091,332			
	Program Service Revenue	2a MEDICAID	Business Code 485000	1,363,678	1,363,678	
b PROGRAM SERVICE REVENUE		485000	85,700	85,700		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,449,378			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8		8	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	25,611			
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b	49,742			
	c Gain or (loss)	7c	-24,131			
d Net gain or (loss)		-24,131	-24,131			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code 485000	30,271	30,271		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		30,271			
12 Total revenue. See instructions		6,546,858	1,455,518	0	8	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,156	71,578	71,578	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,488,318	1,822,222	666,096	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,503	5,507	1,996	
9 Other employee benefits	460,413	337,931	122,482	
10 Payroll taxes	215,633	158,269	57,364	
11 Fees for services (nonemployees):				
a Management				
b Legal	43,123		43,123	
c Accounting	18,150		18,150	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,701		6,701	
12 Advertising and promotion	25,929	3,813	22,116	
13 Office expenses	33,431	3,208	30,223	
14 Information technology				
15 Royalties				
16 Occupancy	214,821	88,658	126,163	
17 Travel	11,043	2,596	8,447	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,055		10,055	
20 Interest	83		83	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	794,894	794,894		
23 Insurance	39,732	891	38,841	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER DRIVER REIMBURSEMENT	975,488	975,488		
b VEHICLE EXPENSES	553,574	553,574		
c COVID DIRECT EXPENSES	81,408	38,179	43,229	
d SMALL EQUIPMENT	42,523	19,649	22,874	
e All other expenses	49,934	18,077	31,857	
25 Total functional expenses. Add lines 1 through 24e	6,215,912	4,894,534	1,321,378	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	249,708	1	580,220
	2	Savings and temporary cash investments	77,046	2	77,055
	3	Pledges and grants receivable, net	392,280	3	1,212,942
	4	Accounts receivable, net	119,943	4	73,006
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,314	9	8,061
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,192,665		
	b	Less: accumulated depreciation	10b 5,323,009	10c	5,869,656
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	958	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,732,610	16	7,820,940	
Liabilities	17	Accounts payable and accrued expenses	328,112	17	1,080,993
	18	Grants payable		18	
	19	Deferred revenue	52,878	19	57,381
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	380,990	26	1,138,374
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	795,865	27	1,066,351
	28	Net assets with donor restrictions	5,555,755	28	5,616,215
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	6,351,620	32	6,682,566	
33	Total liabilities and net assets/fund balances	6,732,610	33	7,820,940	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,546,858
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,215,912
3	Revenue less expenses. Subtract line 2 from line 1	3	330,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,351,620
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,682,566

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization TRI-VALLEY TRANSIT INC.	Employer identification number 03-0335768
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,153,478	2,043,522	4,489,492	4,368,771	5,091,332	18,146,595
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,153,478	2,043,522	4,489,492	4,368,771	5,091,332	18,146,595
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						18,146,595

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2,153,478	2,043,522	4,489,492	4,368,771	5,091,332	18,146,595
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			13	18	8	39
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						18,146,634

12 Gross receipts from related activities, etc. (see instructions) **12** 7,278,562

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14** 100.00%

15 Public support percentage from 2018 Schedule A, Part II, line 14 **15** 100.00%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: TRI-VALLEY TRANSIT INC. Employer identification number: 03-0335768

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for line 2a-d (Held at the End of the Tax Year).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2a-2b.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations Yes No
- (ii) Related organizations Yes No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,679		40,679
b Buildings		4,925,726	1,526,962	3,398,764
c Leasehold improvements				
d Equipment		1,192,824	866,421	326,403
e Other		5,033,436	2,929,626	2,103,810
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,869,656

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,546,858
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,546,858
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,546,858

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,215,912
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,215,912
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,215,912

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

TRI-VALLEY TRANSIT INC. BELIEVES THAT IT HAS ADEQUATE SUPPORT FOR ANY TAX POSITION TAKEN AND, AS SUCH, HAS NOT RECORDED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS.

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TRI-VALLEY TRANSIT INC.

Employer identification number

03-0335768

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X
	4b	X
	4c	X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	X
	5b	X
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	X
	6b	X
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JIM MOULTON EXECUTIVE DIRECTOR	(i)	143,879	15,625	0	0	159,504	0
	(ii)	0	0	0	0	0	0
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

TRI-VALLEY TRANSIT INC.

Employer identification number

03-0335768

FORM 990, PART I, LINE 6

VOLUNTEERS DRIVE RESIDENTS WITHOUT THEIR OWN TRANSPORTATION TO MEDICAL APPOINTMENTS, TO BUY FOOD, AND ON OTHER CRITICAL OUTINGS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE DRAFT 990 IS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE AND IS THEN SHARED WITH THE BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE PERFORMS A REVIEW AND DETERMINES SALARY BASED ON PERFORMANCE, MARKET CONDITIONS AND VALUE TO THE ORGANIZATION. THE COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19, ending 06/30/20		

Name

Taxpayer Identification Number

TRI-VALLEY TRANSIT INC.

03-0335768

		2018	2019	Differences
R e v e n u e	1. Contributions, gifts, grants	492,236	585,261	93,025
	2. Membership dues and assessments			
	3. Government contributions and grants	3,876,535	4,506,071	629,536
	4. Program service revenue	1,444,314	1,449,378	5,064
	5. Investment income	18	8	-10
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-2,517	-24,131	-21,614
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	11,818	30,271	18,453
	12. Total revenue. Add lines 1 through 11	5,822,404	6,546,858	724,454
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	149,954	143,156	-6,798
	16. Salaries, other compensation, and employee benefits	2,750,627	3,171,867	421,240
	17. Professional fundraising fees			
	18. Other professional fees	58,253	67,974	9,721
	19. Occupancy, rent, utilities, and maintenance	212,336	214,821	2,485
	20. Depreciation and Depletion	811,098	794,894	-16,204
	21. Other expenses	2,051,183	1,823,200	-227,983
	22. Total expenses. Add lines 13 through 21	6,033,451	6,215,912	182,461
	23. Excess or (Deficit). Subtract line 22 from line 12	-211,047	330,946	541,993
O t h e r I n f o r m a t i o n	24. Total exempt revenue	5,822,404	6,546,858	724,454
	25. Total unrelated revenue			
	26. Total excludable revenue	1,453,633	1,455,526	1,893
	27. Total assets	6,732,610	7,820,940	1,088,330
	28. Total liabilities	380,990	1,138,374	757,384
	29. Retained earnings	6,351,620	6,682,566	330,946
	30. Number of voting members of governing body	9	9	
31. Number of independent voting members of governing body	9	9		
32. Number of employees	71	66		
33. Number of volunteers	73	68		

PUBLIC

Form 990	Tax Return History	2019
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Name TRI-VALLEY TRANSIT INC.	Employer Identification Number 03-0335768
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	2,153,478	2,043,522	4,489,492	4,368,771	5,091,332	
Membership dues						
Program service revenue	1,404,163	1,281,450	1,597,927	1,444,314	1,449,378	
Capital gain or loss	16,690		3,691	-2,517	-24,131	
Investment income			13	18	8	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	14,641	13,594	14,316	11,818	30,271	
Total revenue	3,588,972	3,338,566	6,105,439	5,822,404	6,546,858	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	131,565	135,901	140,080	149,954	143,156	
Other compensation	1,496,206	1,709,599	2,836,370	2,750,627	3,171,867	
Professional fees	39,154	23,573	44,032	58,253	67,974	
Occupancy costs	44,345	45,450	209,589	212,336	214,821	
Depreciation and depletion	443,147	541,116	799,297	811,098	794,894	
Other expenses	1,113,523	1,037,170	2,077,086	2,051,183	1,823,200	
Total expenses	3,267,940	3,492,809	6,106,454	6,033,451	6,215,912	
Excess or (Deficit)	321,032	-154,243	-1,015	-211,047	330,946	
Total exempt revenue	3,588,972	3,338,566	6,105,439	5,822,404	6,546,858	
Total unrelated revenue						
Total excludable revenue	1,435,494	1,295,044	1,615,947	1,453,633	1,455,526	
Total Assets	5,513,041	5,348,709	7,031,661	6,732,610	7,820,940	
Total Liabilities	292,581	282,492	468,994	380,990	1,138,374	
Net Fund Balances	5,220,460	5,066,217	6,562,667	6,351,620	6,682,566	

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
10	2 File Cabinets	3/01/96	528			528	10 MO S/L	528	0
15	Bookcases	8/01/99	240			240	10 MO S/L	240	0
21	TV VCR Combo	7/01/04	104			104	5 MO S/L	104	0
24	Paper Shredder	1/31/06	250			250	5 MO S/L	250	0
45	Bus Shelter	6/30/05	16,900			16,900	15 MO S/L	15,774	1,126
46	Bicycle Racks	2/18/05	14,329			14,329	5 MO S/L	14,329	0
78	2-Return RT File Credenza	6/30/01	423			423	10 MO S/L	423	0
79	Credenza Install Charges	6/30/01	427			427	10 MO S/L	427	0
80	2 Chairs	6/30/01	160			160	5 MO S/L	160	0
81	Filing Cabinet	6/30/01	540			540	10 MO S/L	540	0
82	Straight Cabinet	6/30/01	421			421	10 MO S/L	421	0
83	HP Server and Software	3/31/04	7,475			7,475	3 MO S/L	7,475	0
84	Accufund Software	6/30/04	17,965			17,965	3 MO S/L	17,965	0
101	3 2010 Ford E-450s - ESI/ARRA	3/31/10	164,685			164,685	5 MO S/L	164,685	0
	Sold/Scrapped: 2/25/20								
105	File Server and 8 Workstations	1/01/11	19,409			19,409	5 MO S/L	19,409	0
106	Donated Microsoft Software	1/01/11	15,470			15,470	3 MO S/L	15,470	0
107	2014 Ford F-550 #42	2/27/14	85,756			85,756	5 MO S/L	85,756	0
110	2014 Ford E-450 Aerotech #43	4/28/14	69,975			69,975	5 MO S/L	69,975	0
113	Furniture	9/30/13	8,060			8,060	10 MO S/L	4,635	806
114	Chairs for Training Room	10/22/13	3,550			3,550	10 MO S/L	2,012	355
115	Furniture for Training Room	10/23/13	3,387			3,387	10 MO S/L	1,920	338
116	Copiers and Printers	11/19/13	8,092			8,092	5 MO S/L	8,092	0
117	Computers	6/11/14	8,996			8,996	5 MO S/L	8,996	0
118	Shop Equipment	4/11/14	13,115			13,115	10 MO S/L	6,885	1,312
119	Plow Truck	9/26/13	34,332			34,332	5 MO S/L	34,332	0
120	Snow Blower	11/26/13	1,699			1,699	5 MO S/L	1,699	0
121	Transit Center Equip & Furniture	7/01/13	77,654			77,654	5 MO S/L	77,654	0
122	Transit Center Facility	7/01/13	3,899,384			3,899,384	40 MO S/L	578,347	97,484
123	2011 Ford E450 Cutaway #37	1/05/12	60,191			60,191	5 MO S/L	60,191	0
124	ESI 2012 Ford E450 Phoenix	3/29/12	55,400			55,400	5 MO S/L	55,400	0
125	ESI 2012 Ford E350 Phoenix	3/29/12	51,174			51,174	5 MO S/L	51,174	0
126	Bus Shelter	4/30/12	12,384			12,384	15 MO S/L	5,917	825
127	Computer	6/04/12	1,043			1,043	3 MO S/L	1,043	0
128	On-board bus cameras	5/06/13	39,715			39,715	5 MO S/L	39,715	0
129	2013 El Dorado bus #40	5/06/13	95,748			95,748	5 MO S/L	95,748	0
130	2012 Ford E450 bus #38	10/02/12	72,516			72,516	5 MO S/L	72,516	0
131	2012 Ford E450 bus #39	10/02/12	72,516			72,516	5 MO S/L	72,516	0
132	Green St. Shelter	6/27/15	12,035			12,035	15 MO S/L	3,276	803
133	2-Way Mobile Radios & Base	5/19/15	38,042			38,042	5 MO S/L	31,702	6,340
134	Maintenance Mitchell Software	6/01/15	16,655			16,655	5 MO S/L	13,602	3,053
135	Web design	6/01/15	6,674			6,674	5 MO S/L	5,451	1,223
136	Marketing Salesforce upgrade	6/22/15	1,800			1,800	5 MO S/L	1,470	330
137	2015 Eldorado Ford #45	6/08/15	89,696			89,696	5 MO S/L	73,252	16,444
138	2015 Eldorado Ford #46	6/08/15	89,696			89,696	5 MO S/L	73,252	16,444
139	2015 Eldorado Ford #47	6/08/15	89,696			89,696	5 MO S/L	73,252	16,444
140	2015 Eldorado Ford #48	6/29/15	89,696			89,696	5 MO S/L	73,252	16,444
141	2015 Eldorado Ford #49	6/29/15	89,696			89,696	5 MO S/L	73,252	16,444
142	Vehicle repairs R/I	6/22/15	14,579			14,579	5 MO S/L	11,906	2,673
143	Other equipment	7/01/14	5,744			5,744	5 MO S/L	5,744	0
144	Vehicle for ESI	6/29/15	64,145			64,145	5 MO S/L	52,385	11,760
145	Route Match software & install	6/30/16	115,639			115,639	5 MO S/L	69,383	23,128
146	2-Way Radios	1/31/16	3,461			3,461	5 MO S/L	2,365	692
147	2016 Aerolite #50	3/29/16	92,093			92,093	5 MO S/L	59,861	18,418
148	2016 Aerolite #51	3/29/16	92,093			92,093	5 MO S/L	59,861	18,418
149	2016 Aerolite #52	4/27/16	92,093			92,093	5 MO S/L	58,326	18,419
150	2016 Aerolite #53	4/27/16	92,093			92,093	5 MO S/L	58,326	18,419
151	Website	1/11/16	14,160			14,160	5 MO S/L	10,384	2,832
152	Phone recording system	3/08/16	7,815			7,815	5 MO S/L	5,210	1,563
153	Vehicle lift & 4 jack stands	5/02/16	28,135			28,135	5 MO S/L	17,819	5,627
154	Shop equipment	4/30/16	1,998			1,998	5 MO S/L	1,265	400
155	Office redesign & 2 work stations	5/31/16	8,819			8,819	5 MO S/L	5,438	1,764
156	Sedan VIN 114663	8/22/16	21,486			21,486	5 MO S/L	12,534	4,297
157	Office expansion	1/31/17	44,433			44,433	10 MO S/L	10,738	4,443
158	Computers	5/31/17	13,768			13,768	5 MO S/L	5,737	2,753
159	Canon copier/printer	12/21/16	4,575			4,575	5 MO S/L	2,288	915
160	Dump the Pump materials	6/30/17	1,502			1,502	5 MO S/L	601	300
161	Route Match software & install	7/01/16	249,622			249,622	5 MO S/L	149,773	49,925

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
162	Bus #54 VIN 57885	7/26/16	76,719			76,719	5 MO S/L	44,753	15,344
163	Engine #46	4/26/17	6,523			6,523	5 MO S/L	2,827	1,304
165	Vehicle inspection station	5/04/17	1,624			1,624	5 MO S/L	704	325
166	Shop scan tool	6/06/17	4,395			4,395	5 MO S/L	1,831	879
167	Transit Center furn & equip	7/01/14	5,934			5,934	5 MO S/L	5,934	0
168	Office furniture	6/30/17	1,840			1,840	5 MO S/L	736	368
169	Bus 51 engine replacement	1/09/18	4,500			4,500	7 MO S/L	964	643
170	2018 F450 Aerolite ESI 11853	2/28/18	70,752			70,752	10 MO S/L	9,434	7,075
171	2018 F450 Aerolite ESI 11854	2/28/18	70,752			70,752	10 MO S/L	9,434	7,075
172	2017 El Dorado E450 51616	7/31/17	80,897			80,897	10 MO S/L	15,505	8,090
173	2017 El Dorado E450 51613	7/31/17	80,897			80,897	10 MO S/L	15,505	8,090
174	2017 El Dorado E450 51626	7/31/17	80,897			80,897	10 MO S/L	15,505	8,090
175	2017 El Dorado E450 50680	7/31/17	80,897			80,897	10 MO S/L	15,505	8,090
176	2018 Glaval Entourage 1733	10/05/18	112,835			112,835	5 MO S/L	16,925	22,567
177	2018 Glaval Entourage 1737	10/05/18	112,835			112,835	5 MO S/L	16,925	22,567
178	2019 Glaval Entourage 7869	1/04/19	116,179			116,179	5 MO S/L	11,618	23,236
179	Server	3/24/20	11,569			11,569	3 MO S/L	0	964
180	2019 Dodge Paratransit Van 40562	11/01/19	44,675			44,675	5 MO S/L	0	5,957
181	2020 Odyssey Bus 71361	2/12/20	122,840			122,840	5 MO S/L	0	10,237
182	2019 Odyssey Bus 41361	4/23/20	103,045			103,045	5 MO S/L	0	3,435
183	2019 Odyssey Bus 91082	4/23/20	122,613			122,613	5 MO S/L	0	4,087
184	2019 Odyssey Bus 91083	4/23/20	122,613			122,613	5 MO S/L	0	4,087
185	2020 Alliance Transit Van 25488	6/09/20	65,446			65,446	5 MO S/L	0	1,091
187	Branding - logo	6/30/20	17,405			17,405	5 MO S/L	0	0
Total Other Depreciation			<u>7,944,634</u>			<u>7,944,634</u>		<u>2,798,533</u>	<u>546,562</u>
Total ACRS and Other Depreciation			<u>7,944,634</u>			<u>7,944,634</u>		<u>2,798,533</u>	<u>546,562</u>
Grand Totals			7,944,634			7,944,634		2,798,533	546,562
Less: Dispositions and Transfers			164,685			164,685		164,685	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>7,779,949</u>			<u>7,779,949</u>		<u>2,633,848</u>	<u>546,562</u>

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
10		2 File Cabinets	3/01/96	528.00	0.00	0.00	528.00	0.00	528.00	0.00	S/L	10.00
15		Bookcases	8/01/99	240.00	0.00	0.00	240.00	0.00	240.00	0.00	S/L	10.00
21		TV VCR Combo	7/01/04	104.00	0.00	0.00	104.00	0.00	104.00	0.00	S/L	5.00
24		Paper Shredder	1/31/06	250.00	0.00	0.00	250.00	0.00	250.00	0.00	S/L	5.00
45		Bus Shelter	6/30/05	16,900.00	0.00	0.00	15,774.04	1,125.96	16,900.00	0.00	S/L	15.00
46		Bicycle Racks	2/18/05	14,329.00	0.00	0.00	14,329.00	0.00	14,329.00	0.00	S/L	5.00
78		2-Return RT File Credenza	6/30/01	423.00	0.00	0.00	423.00	0.00	423.00	0.00	S/L	10.00
79		Credenza Install Charges	6/30/01	427.00	0.00	0.00	427.00	0.00	427.00	0.00	S/L	10.00
80		2 Chairs	6/30/01	160.00	0.00	0.00	160.00	0.00	160.00	0.00	S/L	5.00
81		Filing Cabinet	6/30/01	540.00	0.00	0.00	540.00	0.00	540.00	0.00	S/L	10.00
82		Straight Cabinet	6/30/01	421.00	0.00	0.00	421.00	0.00	421.00	0.00	S/L	10.00
83		HP Server and Software	3/31/04	7,475.00	0.00	0.00	7,475.00	0.00	7,475.00	0.00	S/L	3.00
84		Accufund Software	6/30/04	17,965.00	0.00	0.00	17,965.00	0.00	17,965.00	0.00	S/L	3.00
101	d	3 2010 Ford E-450s - ESI/ARRA	3/31/10	164,685.00	0.00	0.00	164,685.00	0.00	164,685.00	0.00	S/L	5.00
105		File Server and 8 Workstations	1/01/11	19,409.31	0.00	0.00	19,409.31	0.00	19,409.31	0.00	S/L	5.00
106		Donated Microsoft Software	1/01/11	15,470.00	0.00	0.00	15,470.00	0.00	15,470.00	0.00	S/L	3.00
107		2014 Ford F-550 #42	2/27/14	85,756.00	0.00	0.00	85,756.00	0.00	85,756.00	0.00	S/L	5.00
110		2014 Ford E-450 Aerotech #43	4/28/14	69,975.00	0.00	0.00	69,975.00	0.00	69,975.00	0.00	S/L	5.00
113		Furniture	9/30/13	8,060.00	0.00	0.00	4,634.50	806.00	5,440.50	2,619.50	S/L	10.00
114		Chairs for Training Room	10/22/13	3,550.00	0.00	0.00	2,011.67	355.00	2,366.67	1,183.33	S/L	10.00
115		Furniture for Training Room	10/23/13	3,387.39	0.00	0.00	1,919.53	338.74	2,258.27	1,129.12	S/L	10.00
116		Copiers and Printers	11/19/13	8,091.61	0.00	0.00	8,091.61	0.00	8,091.61	0.00	S/L	5.00
117		Computers	6/11/14	8,996.25	0.00	0.00	8,996.25	0.00	8,996.25	0.00	S/L	5.00
118		Shop Equipment	4/11/14	13,114.81	0.00	0.00	6,885.27	1,311.48	8,196.75	4,918.06	S/L	10.00
119		Plow Truck	9/26/13	34,332.40	0.00	0.00	34,332.40	0.00	34,332.40	0.00	S/L	5.00
120		Snow Blower	11/26/13	1,699.00	0.00	0.00	1,699.00	0.00	1,699.00	0.00	S/L	5.00
121		Transit Center Equip & Furniture	7/01/13	77,653.58	0.00	0.00	77,653.58	0.00	77,653.58	0.00	S/L	5.00
122		Transit Center Facility	7/01/13	3,899,384.00	0.00	0.00	578,346.86	97,484.60	675,831.46	3,223,552.54	S/L	40.00
123		2011 Ford E450 Cutaway #37	1/05/12	60,191.00	0.00	0.00	60,191.00	0.00	60,191.00	0.00	S/L	5.00
124		ESI 2012 Ford E450 Phoenix	3/29/12	55,400.00	0.00	0.00	55,400.00	0.00	55,400.00	0.00	S/L	5.00
125		ESI 2012 Ford E350 Phoenix	3/29/12	51,174.00	0.00	0.00	51,174.00	0.00	51,174.00	0.00	S/L	5.00
126		Bus Shelter	4/30/12	12,384.00	0.00	0.00	5,916.80	825.60	6,742.40	5,641.60	S/L	15.00
127		Computer	6/04/12	1,043.00	0.00	0.00	1,043.00	0.00	1,043.00	0.00	S/L	3.00
128		On-board bus cameras	5/06/13	39,715.00	0.00	0.00	39,715.00	0.00	39,715.00	0.00	S/L	5.00
129		2013 El Dorado bus #40	5/06/13	95,748.00	0.00	0.00	95,748.00	0.00	95,748.00	0.00	S/L	5.00
130		2012 Ford E450 bus #38	10/02/12	72,515.93	0.00	0.00	72,515.93	0.00	72,515.93	0.00	S/L	5.00
131		2012 Ford E450 bus #39	10/02/12	72,515.93	0.00	0.00	72,515.93	0.00	72,515.93	0.00	S/L	5.00
132		Green St. Shelter	6/27/15	12,035.00	0.00	0.00	3,276.18	802.33	4,078.51	7,956.49	S/L	15.00
133		2-Way Mobile Radios & Base	5/19/15	38,042.00	0.00	0.00	31,701.67	6,340.33	38,042.00	0.00	S/L	5.00
134		Maintenance Mitchell Software	6/01/15	16,655.47	0.00	0.00	13,601.95	3,053.52	16,655.47	0.00	S/L	5.00
135		Web design	6/01/15	6,674.25	0.00	0.00	5,450.64	1,223.61	6,674.25	0.00	S/L	5.00
136		Marketing Salesforce upgrade	6/22/15	1,800.00	0.00	0.00	1,470.00	330.00	1,800.00	0.00	S/L	5.00
137		2015 Eldorado Ford #45	6/08/15	89,695.91	0.00	0.00	73,251.65	16,444.26	89,695.91	0.00	S/L	5.00
138		2015 Eldorado Ford #46	6/08/15	89,695.91	0.00	0.00	73,251.65	16,444.26	89,695.91	0.00	S/L	5.00
139		2015 Eldorado Ford #47	6/08/15	89,695.91	0.00	0.00	73,251.65	16,444.26	89,695.91	0.00	S/L	5.00
140		2015 Eldorado Ford #48	6/29/15	89,695.91	0.00	0.00	73,251.65	16,444.26	89,695.91	0.00	S/L	5.00
141		2015 Eldorado Ford #49	6/29/15	89,695.91	0.00	0.00	73,251.65	16,444.26	89,695.91	0.00	S/L	5.00
142		Vehicle repairs R/I	6/22/15	14,579.00	0.00	0.00	11,906.18	2,672.82	14,579.00	0.00	S/L	5.00
143		Other equipment	7/01/14	5,744.34	0.00	0.00	5,744.34	0.00	5,744.34	0.00	S/L	5.00
144		Vehicle for ESI	6/29/15	64,145.00	0.00	0.00	52,385.08	11,759.92	64,145.00	0.00	S/L	5.00
145		Route Match software & install	6/30/16	115,639.14	0.00	0.00	69,383.49	23,127.83	92,511.32	23,127.82	S/L	5.00

Tax Asset Detail PUBLIC
7/01/19 - 6/30/20

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
146		2-Way Radios	1/31/16	3,461.25	0.00	0.00	2,365.19	692.25	3,057.44	403.81	S/L	5.00
147		2016 Aerolite #50	3/29/16	92,093.46	0.00	0.00	59,860.74	18,418.69	78,279.43	13,814.03	S/L	5.00
148		2016 Aerolite #51	3/29/16	92,093.46	0.00	0.00	59,860.74	18,418.69	78,279.43	13,814.03	S/L	5.00
149		2016 Aerolite #52	4/27/16	92,093.46	0.00	0.00	58,325.85	18,418.69	76,744.54	15,348.92	S/L	5.00
150		2016 Aerolite #53	4/27/16	92,093.46	0.00	0.00	58,325.85	18,418.69	76,744.54	15,348.92	S/L	5.00
151		Website	1/11/16	14,160.36	0.00	0.00	10,384.26	2,832.07	13,216.33	944.03	S/L	5.00
152		Phone recording system	3/08/16	7,814.89	0.00	0.00	5,209.93	1,562.98	6,772.91	1,041.98	S/L	5.00
153		Vehicle lift & 4 jack stands	5/02/16	28,135.28	0.00	0.00	17,819.02	5,627.06	23,446.08	4,689.20	S/L	5.00
154		Shop equipment	4/30/16	1,998.04	0.00	0.00	1,265.43	399.61	1,665.04	333.00	S/L	5.00
155		Office redesign & 2 work stations	5/31/16	8,819.00	0.00	0.00	5,438.38	1,763.80	7,202.18	1,616.82	S/L	5.00
156		Sedan VIN 114663	8/22/16	21,486.00	0.00	0.00	12,533.50	4,297.20	16,830.70	4,655.30	S/L	5.00
157		Office expansion	1/31/17	44,432.79	0.00	0.00	10,737.93	4,443.28	15,181.21	29,251.58	S/L	10.00
158		Computers	5/31/17	13,768.02	0.00	0.00	5,736.67	2,753.60	8,490.27	5,277.75	S/L	5.00
159		Canon copier/printer	12/21/16	4,575.00	0.00	0.00	2,287.50	915.00	3,202.50	1,372.50	S/L	5.00
160		Dump the Pump materials	6/30/17	1,502.22	0.00	0.00	600.88	300.44	901.32	600.90	S/L	5.00
161		Route Match software & install	7/01/16	249,621.91	0.00	0.00	149,773.14	49,924.38	199,697.52	49,924.39	S/L	5.00
162		Bus #54 VIN 57885	7/26/16	76,719.35	0.00	0.00	44,752.95	15,343.87	60,096.82	16,622.53	S/L	5.00
163		Engine #46	4/26/17	6,523.07	0.00	0.00	2,826.66	1,304.61	4,131.27	2,391.80	S/L	5.00
165		Vehicle inspection station	5/04/17	1,624.26	0.00	0.00	703.84	324.85	1,028.69	595.57	S/L	5.00
166		Shop scan tool	6/06/17	4,395.00	0.00	0.00	1,831.25	879.00	2,710.25	1,684.75	S/L	5.00
167		Transit Center furn & equip	7/01/14	5,934.32	0.00	0.00	5,934.32	0.00	5,934.32	0.00	S/L	5.00
168		Office furniture	6/30/17	1,840.00	0.00	0.00	736.00	368.00	1,104.00	736.00	S/L	5.00
169		Bus 51 engine replacement	1/09/18	4,500.00	0.00	0.00	964.29	642.86	1,607.15	2,892.85	S/L	7.00
170		2018 F450 Aerolite ESI 11853	2/28/18	70,751.79	0.00	0.00	9,433.57	7,075.18	16,508.75	54,243.04	S/L	10.00
171		2018 F450 Aerolite ESI 11854	2/28/18	70,751.79	0.00	0.00	9,433.57	7,075.18	16,508.75	54,243.04	S/L	10.00
172		2017 El Dorado E450 51616	7/31/17	80,897.17	0.00	0.00	15,505.29	8,089.72	23,595.01	57,302.16	S/L	10.00
173		2017 El Dorado E450 51613	7/31/17	80,897.17	0.00	0.00	15,505.29	8,089.72	23,595.01	57,302.16	S/L	10.00
174		2017 El Dorado E450 51626	7/31/17	80,897.17	0.00	0.00	15,505.29	8,089.72	23,595.01	57,302.16	S/L	10.00
175		2017 El Dorado E450 50680	7/31/17	80,897.17	0.00	0.00	15,505.29	8,089.72	23,595.01	57,302.16	S/L	10.00
176		2018 Glaval Entourage 1733	10/05/18	112,834.70	0.00	0.00	16,925.21	22,566.94	39,492.15	73,342.55	S/L	5.00
177		2018 Glaval Entourage 1737	10/05/18	112,834.70	0.00	0.00	16,925.21	22,566.94	39,492.15	73,342.55	S/L	5.00
178		2019 Glaval Entourage 7869	1/04/19	116,179.00	0.00	0.00	11,617.90	23,235.80	34,853.70	81,325.30	S/L	5.00
179		Server	3/24/20	11,568.63	0.00c	0.00	0.00	964.05	964.05	10,604.58	S/L	3.00
180		2019 Dodge Paratransit Van 40562	11/01/19	44,675.00	0.00c	0.00	0.00	5,956.67	5,956.67	38,718.33	S/L	5.00
181		2020 Odyssey Bus 71361	2/12/20	122,840.00	0.00c	0.00	0.00	10,236.67	10,236.67	112,603.33	S/L	5.00
182		2019 Odyssey Bus 41361	4/23/20	103,045.00	0.00c	0.00	0.00	3,434.83	3,434.83	99,610.17	S/L	5.00
183		2019 Odyssey Bus 91082	4/23/20	122,613.00	0.00c	0.00	0.00	4,087.10	4,087.10	118,525.90	S/L	5.00
184		2019 Odyssey Bus 91083	4/23/20	122,613.00	0.00c	0.00	0.00	4,087.10	4,087.10	118,525.90	S/L	5.00
185		2020 Alliance Transit Van 25488	6/09/20	65,446.00	0.00c	0.00	0.00	1,090.77	1,090.77	64,355.23	S/L	5.00
187		Branding - logo	6/30/20	17,405.00	0.00c	0.00	0.00	0.00	0.00	17,405.00	S/L	5.00
Grand Total				<u>7,944,637.85</u>	<u>0.00c</u>	<u>0.00</u>	<u>2,798,530.40</u>	<u>546,564.77</u>	<u>3,345,095.17</u>	<u>4,599,542.68</u>		
Less: Dispositions and Transfers				<u>164,685.00</u>	<u>0.00</u>	<u>0.00</u>	<u>164,685.00</u>	<u>0.00</u>	<u>164,685.00</u>	<u>0.00</u>		
Net Grand Total				<u><u>7,779,952.85</u></u>	<u><u>0.00c</u></u>	<u><u>0.00</u></u>	<u><u>2,633,845.40</u></u>	<u><u>546,564.77</u></u>	<u><u>3,180,410.17</u></u>	<u><u>4,599,542.68</u></u>		

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ <u>8</u>		14			
TOTAL	\$ <u><u>8</u></u>					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 6,701	\$	\$ 6,701	\$
TOTAL	\$ 6,701	\$ 0	\$ 6,701	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
FEES	\$ 20,565	\$	\$ 20,565	\$
PROGRAM EXPENSES	13,197	13,197		
BAD DEBT EXPENSE	9,964		9,964	
DUES	6,208	4,880	1,328	
TOTAL	\$ 49,934	\$ 18,077	\$ 31,857	\$ 0