

PUBLIC

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization TRI-VALLEY TRANSIT INC.		<b>D</b> Employer identification number 03-0335768
	Doing business as		<b>E</b> Telephone number 802-388-2287
	Number and street (or P.O. box if mail is not delivered to street address) 297 CREEK RD	Room/suite	<b>G</b> Gross receipts\$ 9,261,366
	City or town, state or province, country, and ZIP or foreign postal code MIDDLEBURY VT 05753		
<b>F</b> Name and address of principal officer: JIM MOULTON 297 CREEK RD MIDDLEBURY VT 05753			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.TRIVALLEYTRANSIT.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1992
			<b>M</b> State of legal domicile: VT

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	8
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	8
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	66
	<b>6</b>	Total number of volunteers (estimate if necessary)	60
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	0
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 5,091,332 / Current Year: 7,949,008
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,449,378 / 1,304,938
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-24,123 / 5,660
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,271 / 1,760
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,546,858 / 9,261,366
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,315,023 / 3,606,561
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,900,889 / 2,751,841
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,215,912 / 6,358,402
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	330,946 / 2,902,964
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 7,820,940 / End of Year: 10,651,913
	<b>21</b>	Total liabilities (Part X, line 26)	1,138,374 / 1,066,383
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	6,682,566 / 9,585,530

**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.

<b>Sign Here</b>	Signature of officer	Date			
	JIM MOULTON Type or print name and title	EXECUTIVE DIRECTOR			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RANDALL L. SARGENT, CPA				P00136499
	Firm's name	Firm's EIN			
JMM & ASSOCIATES, PC		03-0280081			
Firm's address		Phone no.			
336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446		802-655-5665			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ 5,100,064 including grants of\$ ) (Revenue \$ 1,304,938 )

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 5,100,064

**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	<b>Section 501(c)(3) organizations.</b> 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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
<b>2a</b>	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		
	<b>2a</b> 66		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 8, Yes, No. Rows 1a-9. 1a: 8, 1b: 8. 2: X. 3: X. 4: X. 5: X. 6: X. 7a: X. 7b: X. 8a: X, 8b: X. 9: X.

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

Table with 4 columns: Question, Yes, No. Rows 10a-16b. 10a: X. 11a: X. 12a: X, 12b: X, 12c: X. 13: X, 14: X. 15a: X, 15b: X. 16a: X, 16b: X.

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) JIM MOULTON EXECUTIVE DIRECTOR	40.00 0.00			X				159,504	0	9,535
(2) RENNY PERRY CHAIR	2.00 0.00	X		X				0	0	0
(3) TOM BURGOS VICE CHAIR	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 TREASURER	2.00 0.00	X		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) MARGARET GLADSTONE DIRECTOR	2.00 0.00	X						0	0	0
(9) PAUL KENDALL DIRECTOR	2.00 0.00	X						0	0	0
(10) BRAD ATWOOD (UNTIL NOVEMBER 2020) DIRECTOR	2.00 0.00	X						0	0	0
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(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			
<b>1b Subtotal</b>							159,504		9,535	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							159,504		9,535	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**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	7,224,179			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	724,829			
	g Noncash contributions included in lines 1a-1f	1g	\$ 31,862			
	<b>h Total. Add lines 1a-1f</b>		<b>7,949,008</b>			
Program Service Revenue	2a MEDICAID	Business Code 485000	1,184,966	1,184,966		
	b PROGRAM SERVICE REVENUE	485000	119,972	119,972		
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>1,304,938</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4		4	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	<b>d Net rental income or (loss)</b>					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,656		
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
c Gain or (loss)	7c	5,656				
<b>d Net gain or (loss)</b>		<b>5,656</b>	<b>5,656</b>			
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					
<b>c Net income or (loss) from fundraising events</b>						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
<b>c Net income or (loss) from gaming activities</b>						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
<b>c Net income or (loss) from sales of inventory</b>						
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code 485000	1,760	1,760		
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>		<b>1,760</b>			
<b>12 Total revenue. See instructions</b>		<b>9,261,366</b>	<b>1,312,354</b>	<b>0</b>	<b>4</b>	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	185,840	92,920	92,920	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,712,018	2,076,612	635,406	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,919	5,945	1,974	
<b>9</b> Other employee benefits	503,176	380,379	122,797	
<b>10</b> Payroll taxes	197,608	148,121	49,487	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	18,998		18,998	
<b>c</b> Accounting	18,600		18,600	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,753		9,753	
<b>12</b> Advertising and promotion	94,218	74,170	20,048	
<b>13</b> Office expenses	60,426	17,420	43,006	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	233,363	89,324	144,039	
<b>17</b> Travel	2,758	2,011	747	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,916		1,916	
<b>20</b> Interest	42		42	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	821,757	821,757		
<b>23</b> Insurance	51,210	900	50,310	
<b>24</b> 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.)				
<b>a</b> VOLUNTEER DRIVER REIMBURSEMENTS	791,105	791,105		
<b>b</b> VEHICLE EXPENSES	562,878	562,878		
<b>c</b> SMALL EQUIPMENT	30,136	16,320	13,816	
<b>d</b> COVID DIRECT EXPENSES	25,239	8,323	16,916	
<b>e</b> All other expenses	29,442	11,879	17,563	
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,358,402	5,100,064	1,258,338	0
<b>26</b> 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)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	580,220	1	680,745
	2	Savings and temporary cash investments	77,055	2	77,059
	3	Pledges and grants receivable, net	1,212,942	3	1,213,425
	4	Accounts receivable, net	73,006	4	109,876
	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	8,061	9	113,856
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,986,613		
	b	Less: accumulated depreciation	10b 5,529,661	10c	8,456,952
	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		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	7,820,940	16	10,651,913	
Liabilities	17	Accounts payable and accrued expenses	1,080,993	17	947,540
	18	Grants payable		18	
	19	Deferred revenue	57,381	19	118,843
	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	<b>Total liabilities.</b> Add lines 17 through 25	1,138,374	26	1,066,383
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	1,066,351	27	1,469,599
	28	Net assets with donor restrictions	5,616,215	28	8,115,931
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	6,682,566	32	9,585,530
33	<b>Total liabilities and net assets/fund balances</b>	7,820,940	33	10,651,913	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,261,366
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,358,402
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,902,964
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,682,566
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	9,585,530

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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	

PUBLIC

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>TRI-VALLEY TRANSIT INC.</b>	Employer identification number <b>03-0335768</b>
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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 331/3% 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)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,043,522	4,489,492	4,368,771	5,091,332	7,949,008	23,942,125
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,043,522	4,489,492	4,368,771	5,091,332	7,949,008	23,942,125
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						23,942,125

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	2,043,522	4,489,492	4,368,771	5,091,332	7,949,008	23,942,125
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		13	18	8	4	43
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						23,942,168

**12** Gross receipts from related activities, etc. (see instructions) **12** 7,149,766

**13 First 5 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**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	100.00%

**16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</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>		
<b>3b</b>		

## PUBLIC

Schedule A (Form 990 or 990-EZ) 2020

TRI-VALLEY TRANSIT INC.

03-0335768

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**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2020

**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—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			



PUBLIC

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

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.**

**2020**

▶ **Attach to Form 990.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

TRI-VALLEY TRANSIT INC.

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply): <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	<b>2a</b>
b Total acreage restricted by conservation easements	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**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:

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

	Amount
1c	
1d	
1e	
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
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		4,979,162	1,659,009	3,320,153
c Leasehold improvements				
d Equipment		1,205,729	1,016,720	189,009
e Other		7,761,043	2,853,932	4,907,111
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,456,952

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	9,261,366
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	9,261,366
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	9,261,366

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,358,402
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,358,402
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	6,358,402

**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.





PUBLIC

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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**

**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.

- |  |  |
|--|--|
| <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) |

**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 .....

**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? .....

**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.

- |  |  |
|--|--|
| <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 |

**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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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	9,535	169,039	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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	3	31,862	FAIR MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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.

## PUBLIC

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning 07/01/20, ending 06/30/21		

Name

Taxpayer Identification Number

TRI-VALLEY TRANSIT INC.

03-0335768

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	585,261	724,829	139,568
	2. Membership dues and assessments			
	3. Government contributions and grants	4,506,071	7,224,179	2,718,108
	4. Program service revenue	1,449,378	1,304,938	-144,440
	5. Investment income	8	4	-4
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-24,131	5,656	29,787
	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	30,271	1,760	-28,511
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>6,546,858</b>	<b>9,261,366</b>	<b>2,714,508</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	143,156	185,840	42,684
	16. Salaries, other compensation, and employee benefits	3,171,867	3,420,721	248,854
	17. Professional fundraising fees			
	18. Other professional fees	67,974	47,351	-20,623
	19. Occupancy, rent, utilities, and maintenance	214,821	233,363	18,542
	20. Depreciation and Depletion	794,894	821,757	26,863
	21. Other expenses	1,823,200	1,649,370	-173,830
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>6,215,912</b>	<b>6,358,402</b>	<b>142,490</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>330,946</b>	<b>2,902,964</b>	<b>2,572,018</b>
<b>Other Information</b>	24. Total exempt revenue	6,546,858	9,261,366	2,714,508
	25. Total unrelated revenue			
	26. Total excludable revenue	1,455,526	1,312,358	-143,168
	27. Total assets	7,820,940	10,651,913	2,830,973
	28. Total liabilities	1,138,374	1,066,383	-71,991
	29. Retained earnings	6,682,566	9,585,530	2,902,964
	30. Number of voting members of governing body	9	8	
31. Number of independent voting members of governing body	9	8		
32. Number of employees	66	66		
33. Number of volunteers	68	60		



## PUBLIC

Form <b>990</b>	<b>Tax Return History</b>	<b>2020</b>
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Name <b>TRI-VALLEY TRANSIT INC.</b>	Employer Identification Number <b>03-0335768</b>
--	---

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	2,043,522	4,489,492	4,368,771	5,091,332	7,949,008	
Membership dues						
Program service revenue	1,281,450	1,597,927	1,444,314	1,449,378	1,304,938	
Capital gain or loss		3,691	-2,517	-24,131	5,656	
Investment income		13	18	8	4	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	13,594	14,316	11,818	30,271	1,760	
<b>Total revenue</b>	<b>3,338,566</b>	<b>6,105,439</b>	<b>5,822,404</b>	<b>6,546,858</b>	<b>9,261,366</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	135,901	140,080	149,954	143,156	185,840	
Other compensation	1,709,599	2,836,370	2,750,627	3,171,867	3,420,721	
Professional fees	23,573	44,032	58,253	67,974	47,351	
Occupancy costs	45,450	209,589	212,336	214,821	233,363	
Depreciation and depletion	541,116	799,297	811,098	794,894	821,757	
Other expenses	1,037,170	2,077,086	2,051,183	1,823,200	1,649,370	
<b>Total expenses</b>	<b>3,492,809</b>	<b>6,106,454</b>	<b>6,033,451</b>	<b>6,215,912</b>	<b>6,358,402</b>	
<b>Excess or (Deficit)</b>	<b>-154,243</b>	<b>-1,015</b>	<b>-211,047</b>	<b>330,946</b>	<b>2,902,964</b>	
<b>Total exempt revenue</b>	<b>3,338,566</b>	<b>6,105,439</b>	<b>5,822,404</b>	<b>6,546,858</b>	<b>9,261,366</b>	
Total unrelated revenue						
Total excludable revenue	1,295,044	1,615,947	1,453,633	1,455,526	1,312,358	
Total Assets	5,348,709	7,031,661	6,732,610	7,820,940	10,651,913	
Total Liabilities	282,492	468,994	380,990	1,138,374	1,066,383	
Net Fund Balances	5,066,217	6,562,667	6,351,620	6,682,566	9,585,530	

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	16,900	0
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
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
	Sold/Scrapped: 11/12/20								
110	2014 Ford E-450 Aerotech #43 56525	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	5,441	806
114	Chairs for Training Room	10/22/13	3,550			3,550	10 MO S/L	2,367	355
115	Furniture for Training Room	10/23/13	3,387			3,387	10 MO S/L	2,258	339
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	8,197	1,311
119	Plow Truck 26416	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	675,831	97,485
123	2011 Ford E450 Cutaway #37	1/05/12	60,191			60,191	5 MO S/L	60,191	0
	Sold/Scrapped: 11/19/20								
124	ESI 2012 Ford E450 Phoenix 16883	3/29/12	55,400			55,400	5 MO S/L	55,400	0
125	ESI 2012 Ford E350 Phoenix 15230	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	6,742	826
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
	Sold/Scrapped: 11/19/20								
130	2012 Ford E450 bus #38	10/02/12	72,516			72,516	5 MO S/L	72,516	0
	Sold/Scrapped: 11/19/20								
131	2012 Ford E450 bus #39	10/02/12	72,516			72,516	5 MO S/L	72,516	0
	Sold/Scrapped: 11/19/20								
132	Green St. Shelter	6/27/15	12,035			12,035	15 MO S/L	4,079	802
133	2-Way Mobile Radios & Base	5/19/15	38,042			38,042	5 MO S/L	38,042	0
134	Maintenance Mitchell Software	6/01/15	16,655			16,655	5 MO S/L	16,655	0
135	Web design	6/01/15	6,674			6,674	5 MO S/L	6,674	0
136	Marketing Salesforce upgrade	6/22/15	1,800			1,800	5 MO S/L	1,800	0
137	2015 Eldorado Ford #45 - 00316	6/08/15	89,696			89,696	5 MO S/L	89,696	0
138	2015 Eldorado Ford #46 - 59148	6/08/15	89,696			89,696	5 MO S/L	89,696	0
139	2015 Eldorado Ford #47 - 00317	6/08/15	89,696			89,696	5 MO S/L	89,696	0
140	2015 Eldorado Ford #48 - 12098	6/29/15	89,696			89,696	5 MO S/L	89,696	0
141	2015 Eldorado Ford #49 - 12097	6/29/15	89,696			89,696	5 MO S/L	89,696	0
142	Vehicle repairs R/I	6/22/15	14,579			14,579	5 MO S/L	14,579	0
143	Other equipment	7/01/14	5,744			5,744	5 MO S/L	5,744	0
144	Vehicle for ESI - 10195	6/29/15	64,145			64,145	5 MO S/L	64,145	0
145	Route Match software & install	6/30/16	115,639			115,639	5 MO S/L	92,511	23,128
146	2-Way Radios	1/31/16	3,461			3,461	5 MO S/L	3,057	404
147	2016 Aerolite #50 - 60347	3/29/16	92,093			92,093	5 MO S/L	78,279	13,814
148	2016 Aerolite #51 - 60335	3/29/16	92,093			92,093	5 MO S/L	78,279	13,814
149	2016 Aerolite #52 - 51259	4/27/16	92,093			92,093	5 MO S/L	76,745	15,348
150	2016 Aerolite #53 - 61216	4/27/16	92,093			92,093	5 MO S/L	76,745	15,348
151	Website	1/11/16	14,160			14,160	5 MO S/L	13,216	944
152	Phone recording system	3/08/16	7,815			7,815	5 MO S/L	6,773	1,042
153	Vehicle lift & 4 jack stands	5/02/16	28,135			28,135	5 MO S/L	23,446	4,689
154	Shop equipment	4/30/16	1,998			1,998	5 MO S/L	1,665	333
155	Office redesign & 2 work stations	5/31/16	8,819			8,819	5 MO S/L	7,202	1,617
156	Sedan VIN 114663	8/22/16	21,486			21,486	5 MO S/L	16,831	4,297
157	Office expansion	1/31/17	44,433			44,433	10 MO S/L	15,181	4,443
158	Computers	5/31/17	13,768			13,768	5 MO S/L	8,490	2,754

03-0335768

**Federal Asset Report**

PUBLIC

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
159	Canon copier/printer	12/21/16	4,575			4,575	5 MO S/L	3,203	915
160	Dump the Pump materials	6/30/17	1,502			1,502	5 MO S/L	901	301
161	Route Match software & install	7/01/16	249,622			249,622	5 MO S/L	199,698	49,924
162	Bus #54 VIN 57885	7/26/16	76,719			76,719	5 MO S/L	60,097	15,344
163	Engine #46	4/26/17	6,523			6,523	5 MO S/L	4,131	1,305
165	Vehicle inspection station	5/04/17	1,624			1,624	5 MO S/L	1,029	325
166	Shop scan tool	6/06/17	4,395			4,395	5 MO S/L	2,710	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	1,104	368
169	Bus 51 engine replacement	1/09/18	4,500			4,500	7 MO S/L	1,607	643
170	2018 F450 Aerolite ESI 11853 - Y	2/28/18	70,752			70,752	10 MO S/L	16,509	7,075
171	2018 F450 Aerolite ESI 11854 - Z	2/28/18	70,752			70,752	10 MO S/L	16,509	7,075
172	2017 El Dorado E450 51616 #740	7/31/17	80,897			80,897	10 MO S/L	23,595	8,090
173	2017 El Dorado E450 51613 #742	7/31/17	80,897			80,897	10 MO S/L	23,595	8,090
174	2017 El Dorado E450 51626 #739	7/31/17	80,897			80,897	10 MO S/L	23,595	8,090
175	2017 El Dorado E450 50680 #741	7/31/17	80,897			80,897	10 MO S/L	23,595	8,090
176	2018 Glaval Entourage 1733 #55	10/05/18	112,835			112,835	5 MO S/L	39,492	22,567
177	2018 Glaval Entourage 1737 #56	10/05/18	112,835			112,835	5 MO S/L	39,492	22,567
178	2019 Glaval Entourage 7869 #57	1/04/19	116,179			116,179	5 MO S/L	34,854	23,236
179	Server	3/24/20	11,569			11,569	3 MO S/L	964	3,856
180	2019 Dodge Paratransit Van 40562	11/01/19	44,675			44,675	5 MO S/L	5,957	8,935
181	2020 Odyssey Bus 71361 #58	2/12/20	122,840			122,840	5 MO S/L	10,237	24,568
182	2019 Odyssey Bus 41361 #746	4/23/20	103,045			103,045	5 MO S/L	3,435	20,609
183	2019 Odyssey Bus 91082 #747/61	4/23/20	122,613			122,613	5 MO S/L	4,087	24,523
184	2019 Odyssey Bus 91083 #59	4/23/20	122,613			122,613	5 MO S/L	4,087	24,523
185	2020 Alliance Transit Van 25488 #60	6/09/20	65,446			65,446	5 MO S/L	1,091	13,089
187	Branding - logo	6/30/20	17,405			17,405	5 MO S/L	0	3,481
188	2021 Odyssey 02253 #B	9/28/20	87,133			87,133	7 MO S/L	0	9,336
189	2021 Odyssey 17770 #C	9/28/20	87,133			87,133	7 MO S/L	0	9,336
190	2021 Odyssey 17771 #D	9/28/20	87,133			87,133	7 MO S/L	0	9,336
191	2019 Defender 41873 #748	12/22/20	127,147			127,147	7 MO S/L	0	9,082
192	2019 Defender 41874 #749	12/22/20	127,147			127,147	7 MO S/L	0	9,082
193	Heat pump	12/23/20	5,140			5,140	10 MO S/L	0	257
194	Scaffolding	7/27/20	7,766			7,766	10 MO S/L	0	712
195	Branding FY21	6/30/21	7,591			7,591	5 MO S/L	0	0
<b>Total Other Depreciation</b>			<b>8,316,139</b>			<b>8,316,139</b>		<b>3,180,410</b>	<b>559,508</b>
<b>Total ACRS and Other Depreciation</b>			<b>8,316,139</b>			<b>8,316,139</b>		<b>3,180,410</b>	<b>559,508</b>
<b>Grand Totals</b>			<b>8,316,139</b>			<b>8,316,139</b>		<b>3,180,410</b>	<b>559,508</b>
<b>Less: Dispositions and Transfers</b>			<b>386,727</b>			<b>386,727</b>		<b>386,727</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>7,929,412</b>			<b>7,929,412</b>		<b>2,793,683</b>	<b>559,508</b>

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	16,900.00	0.00	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
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	d	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 #43 565:	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	5,440.50	806.00	6,246.50	1,813.50	S/L	10.00
114		Chairs for Training Room	10/22/13	3,550.00	0.00	0.00	2,366.67	355.00	2,721.67	828.33	S/L	10.00
115		Furniture for Training Room	10/23/13	3,387.39	0.00	0.00	2,258.27	338.74	2,597.01	790.38	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	8,196.75	1,311.48	9,508.23	3,606.58	S/L	10.00
119		Plow Truck 26416	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	675,831.46	97,484.60	773,316.06	3,126,067.94	S/L	40.00
123	d	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 16883	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 15230	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	6,742.40	825.60	7,568.00	4,816.00	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	d	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	d	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	d	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	4,078.51	802.33	4,880.84	7,154.16	S/L	15.00
133		2-Way Mobile Radios & Base	5/19/15	38,042.00	0.00	0.00	38,042.00	0.00	38,042.00	0.00	S/L	5.00
134		Maintenance Mitchell Software	6/01/15	16,655.47	0.00	0.00	16,655.47	0.00	16,655.47	0.00	S/L	5.00
135		Web design	6/01/15	6,674.25	0.00	0.00	6,674.25	0.00	6,674.25	0.00	S/L	5.00
136		Marketing Salesforce upgrade	6/22/15	1,800.00	0.00	0.00	1,800.00	0.00	1,800.00	0.00	S/L	5.00
137		2015 Eldorado Ford #45 - 00316	6/08/15	89,695.91	0.00	0.00	89,695.91	0.00	89,695.91	0.00	S/L	5.00
138		2015 Eldorado Ford #46 - 59148	6/08/15	89,695.91	0.00	0.00	89,695.91	0.00	89,695.91	0.00	S/L	5.00
139		2015 Eldorado Ford #47 - 00317	6/08/15	89,695.91	0.00	0.00	89,695.91	0.00	89,695.91	0.00	S/L	5.00
140		2015 Eldorado Ford #48 - 12098	6/29/15	89,695.91	0.00	0.00	89,695.91	0.00	89,695.91	0.00	S/L	5.00
141		2015 Eldorado Ford #49 - 12097	6/29/15	89,695.91	0.00	0.00	89,695.91	0.00	89,695.91	0.00	S/L	5.00
142		Vehicle repairs R/I	6/22/15	14,579.00	0.00	0.00	14,579.00	0.00	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 - 10195	6/29/15	64,145.00	0.00	0.00	64,145.00	0.00	64,145.00	0.00	S/L	5.00
145		Route Match software & install	6/30/16	115,639.14	0.00	0.00	92,511.32	23,127.82	115,639.14	0.00	S/L	5.00
146		2-Way Radios	1/31/16	3,461.25	0.00	0.00	3,057.44	403.81	3,461.25	0.00	S/L	5.00

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
147		2016 Aerolite #50 - 60347	3/29/16	92,093.46	0.00	0.00	78,279.43	13,814.03	92,093.46	0.00	S/L	5.00
148		2016 Aerolite #51 - 60335	3/29/16	92,093.46	0.00	0.00	78,279.43	13,814.03	92,093.46	0.00	S/L	5.00
149		2016 Aerolite #52 - 51259	4/27/16	92,093.46	0.00	0.00	76,744.54	15,348.92	92,093.46	0.00	S/L	5.00
150		2016 Aerolite #53 - 61216	4/27/16	92,093.46	0.00	0.00	76,744.54	15,348.92	92,093.46	0.00	S/L	5.00
151		Website	1/11/16	14,160.36	0.00	0.00	13,216.33	944.03	14,160.36	0.00	S/L	5.00
152		Phone recording system	3/08/16	7,814.89	0.00	0.00	6,772.91	1,041.98	7,814.89	0.00	S/L	5.00
153		Vehicle lift & 4 jack stands	5/02/16	28,135.28	0.00	0.00	23,446.08	4,689.20	28,135.28	0.00	S/L	5.00
154		Shop equipment	4/30/16	1,998.04	0.00	0.00	1,665.04	333.00	1,998.04	0.00	S/L	5.00
155		Office redesign & 2 work stations	5/31/16	8,819.00	0.00	0.00	7,202.18	1,616.82	8,819.00	0.00	S/L	5.00
156		Sedan VIN 114663	8/22/16	21,486.00	0.00	0.00	16,830.70	4,297.20	21,127.90	358.10	S/L	5.00
157		Office expansion	1/31/17	44,432.79	0.00	0.00	15,181.21	4,443.28	19,624.49	24,808.30	S/L	10.00
158		Computers	5/31/17	13,768.02	0.00	0.00	8,490.27	2,753.60	11,243.87	2,524.15	S/L	5.00
159		Canon copier/printer	12/21/16	4,575.00	0.00	0.00	3,202.50	915.00	4,117.50	457.50	S/L	5.00
160		Dump the Pump materials	6/30/17	1,502.22	0.00	0.00	901.32	300.44	1,201.76	300.46	S/L	5.00
161		Route Match software & install	7/01/16	249,621.91	0.00	0.00	199,697.52	49,924.39	249,621.91	0.00	S/L	5.00
162		Bus #54 VIN 57885	7/26/16	76,719.35	0.00	0.00	60,096.82	15,343.87	75,440.69	1,278.66	S/L	5.00
163		Engine #46	4/26/17	6,523.07	0.00	0.00	4,131.27	1,304.61	5,435.88	1,087.19	S/L	5.00
165		Vehicle inspection station	5/04/17	1,624.26	0.00	0.00	1,028.69	324.85	1,353.54	270.72	S/L	5.00
166		Shop scan tool	6/06/17	4,395.00	0.00	0.00	2,710.25	879.00	3,589.25	805.75	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	1,104.00	368.00	1,472.00	368.00	S/L	5.00
169		Bus 51 engine replacement	1/09/18	4,500.00	0.00	0.00	1,607.15	642.86	2,250.01	2,249.99	S/L	7.00
170		2018 F450 Aerolite ESI 11853 - Y	2/28/18	70,751.79	0.00	0.00	16,508.75	7,075.18	23,583.93	47,167.86	S/L	10.00
171		2018 F450 Aerolite ESI 11854 - Z	2/28/18	70,751.79	0.00	0.00	16,508.75	7,075.18	23,583.93	47,167.86	S/L	10.00
172		2017 El Dorado E450 51616 #740	7/31/17	80,897.17	0.00	0.00	23,595.01	8,089.72	31,684.73	49,212.44	S/L	10.00
173		2017 El Dorado E450 51613 #742	7/31/17	80,897.17	0.00	0.00	23,595.01	8,089.72	31,684.73	49,212.44	S/L	10.00
174		2017 El Dorado E450 51626 #739	7/31/17	80,897.17	0.00	0.00	23,595.01	8,089.72	31,684.73	49,212.44	S/L	10.00
175		2017 El Dorado E450 50680 #741	7/31/17	80,897.17	0.00	0.00	23,595.01	8,089.72	31,684.73	49,212.44	S/L	10.00
176		2018 Glaval Entourage 1733 #55	10/05/18	112,834.70	0.00	0.00	39,492.15	22,566.94	62,059.09	50,775.61	S/L	5.00
177		2018 Glaval Entourage 1737 #56	10/05/18	112,834.70	0.00	0.00	39,492.15	22,566.94	62,059.09	50,775.61	S/L	5.00
178		2019 Glaval Entourage 7869 #57	1/04/19	116,179.00	0.00	0.00	34,853.70	23,235.80	58,089.50	58,089.50	S/L	5.00
179		Server	3/24/20	11,568.63	0.00	0.00	964.05	3,856.21	4,820.26	6,748.37	S/L	3.00
180		2019 Dodge Paratransit Van 40562	11/01/19	44,675.00	0.00	0.00	5,956.67	8,935.00	14,891.67	29,783.33	S/L	5.00
181		2020 Odyssey Bus 71361 #58	2/12/20	122,840.00	0.00	0.00	10,236.67	24,568.00	34,804.67	88,035.33	S/L	5.00
182		2019 Odyssey Bus 41361 #746	4/23/20	103,045.00	0.00	0.00	3,434.83	20,609.00	24,043.83	79,001.17	S/L	5.00
183		2019 Odyssey Bus 91082 #747/61	4/23/20	122,613.00	0.00	0.00	4,087.10	24,522.60	28,609.70	94,003.30	S/L	5.00
184		2019 Odyssey Bus 91083 #59	4/23/20	122,613.00	0.00	0.00	4,087.10	24,522.60	28,609.70	94,003.30	S/L	5.00
185		2020 Alliance Transit Van 25488 #t	6/09/20	65,446.00	0.00	0.00	1,090.77	13,089.20	14,179.97	51,266.03	S/L	5.00
187		Branding - logo	6/30/20	17,405.00	0.00	0.00	0.00	3,481.00	3,481.00	13,924.00	S/L	5.00
188		2021 Odyssey 02253 #B	9/28/20	87,133.48	0.00c	0.00	0.00	9,335.73	9,335.73	77,797.75	S/L	7.00
189		2021 Odyssey 17770 #C	9/28/20	87,133.48	0.00c	0.00	0.00	9,335.73	9,335.73	77,797.75	S/L	7.00
190		2021 Odyssey 17771 #D	9/28/20	87,133.48	0.00c	0.00	0.00	9,335.73	9,335.73	77,797.75	S/L	7.00
191		2019 Defender 41873 #748	12/22/20	127,146.55	0.00c	0.00	0.00	9,081.90	9,081.90	118,064.65	S/L	7.00
192		2019 Defender 41874 #749	12/22/20	127,146.55	0.00c	0.00	0.00	9,081.90	9,081.90	118,064.65	S/L	7.00
193		Heat pump	12/23/20	5,140.00	0.00c	0.00	0.00	257.00	257.00	4,883.00	S/L	10.00
194		Scaffolding	7/27/20	7,766.00	0.00c	0.00	0.00	711.88	711.88	7,054.12	S/L	10.00
195		Branding FY21	6/30/21	7,591.00	0.00c	0.00	0.00	0.00	0.00	7,591.00	S/L	5.00

**Tax Asset Detail** PUBLIC **7/01/20 - 6/30/21**

<u>Asset</u>	<u>d</u> <u>t</u>	<u>Property Description</u>	<u>Date In</u> <u>Service</u>	<u>Tax</u> <u>Cost</u>	<u>Sec 179 Exp</u> <u>Current = c</u>	<u>Tax</u> <u>Bonus Amt</u>	<u>Tax Prior</u> <u>Depreciation</u>	<u>Tax Current</u> <u>Depreciation</u>	<u>Tax</u> <u>End Depr</u>	<u>Tax Net</u> <u>Book Value</u>	<u>Tax</u> <u>Method</u>	<u>Tax</u> <u>Period</u>
				<u>8,316,143.39</u>	<u>0.00c</u>	<u>0.00</u>	<u>3,180,410.17</u>	<u>559,505.81</u>	<u>3,739,915.98</u>	<u>4,576,227.41</u>		
		<b>Less: Dispositions and Transfers</b>		<u>386,726.86</u>	<u>0.00</u>	<u>0.00</u>	<u>386,726.86</u>	<u>0.00</u>	<u>386,726.86</u>	<u>0.00</u>		
		<b>Net Grand Total</b>		<u><u>7,929,416.53</u></u>	<u><u>0.00c</u></u>	<u><u>0.00</u></u>	<u><u>2,793,683.31</u></u>	<u><u>559,505.81</u></u>	<u><u>3,353,189.12</u></u>	<u><u>4,576,227.41</u></u>		

**Federal Statements**

PUBLIC

**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>4</u>				14	
TOTAL	\$ <u><u>4</u></u>					

PUBLIC  
**Federal Statements**

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 9,753	\$	\$ 9,753	\$
TOTAL	<u>\$ 9,753</u>	<u>\$ 0</u>	<u>\$ 9,753</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
FEES	\$ 16,936	\$	\$ 16,936	\$
DUES	7,921	7,294	627	
PROGRAM EXPENSES	4,585	4,585		
TOTAL	<u>\$ 29,442</u>	<u>\$ 11,879</u>	<u>\$ 17,563</u>	<u>\$ 0</u>