

EMERYVILLE TRANSPORTATION MANAGEMENT ASSOCIATION

AGENDA

Board of Directors Meeting August 17, 2023 @ 9:15 AM 1333 Park Avenue, Garden Room Emeryville, CA 94608

Chair

Bobby Lee, At-Large Residential Member

Vice Chair

Andrew Allen At-Large Business Member

Secretary

Besty Cooley, At-Large Residential Member

Treasurer

Geoffrey Sears Wareham Development

Directors

Peter Schreiber Pixar

Colin Osborne At-Large Business Member

Kassandra Kappelos Public Market

Izamar Hook CenterCal/Bay Street 1. Call to Order

2. Public Comment

- 3. Approval of the Minutes of the June 28, 2023 Special Board of Directors Meeting (Attachment, Page 2)
- 4. Executive Directors Report
 - A. Emery Go-Round Ridership & Performance (Attachment, Page 4)
- 5. Business Items
 - A. Review of 2nd Quarter Financial Report (Attachment, Page 9)
 - B. Review and Consider Approval of the 2022 State and Federal Tax Filing (Attachment, Page 12)
 - C. Audit Review Committee re-engagement or appointment
 - Review Sub-Committee's recommendation for a CAD/AVL system to replace Syncromatics (Attachment, Page 41)
 - E. Consider approval to authorize Executive Director to enter into negotiations with selected CAD/AVL vendor to replace Syncromatics
- 6. Confirm date of Next Meeting September 21, 2023
- 7. Comments and Announcements
- 8. Adjournment Strategic Planning Study Session to follow

EMERYVILLE TRANSPORATATION MANAGEMENT ASSOCIATION

SPECIAL MEETING

Board of Directors Special Meeting June 28, 2023

LOCATION: 1333 PARK AVENUE, GARDEN ROOM EMERYVILLE, CA 94608

Directors Present: Bobby Lee, Chair

Betsy Cooley, Secretary Geoffrey Sears, Treasurer Peter Schreiber, Director Izamar Hook, Director

Others Present: Daniel Oliver, Executive Director

Aaron Matthews, TDM Manager Janet Shipp, Executive Assistant Stephen Blaylock, Altrans

Kim Burrowes, City of Emeryville

Dominique, Trakk

1. Call to Order

Bobby Lee called the Board of Director's Special meeting to order at 1:37pm.

2. Public Comment No public comment

- 3. Business Items
 - A. Review and Consider Approval of Amendment 2 to the Professional Services Agreement with the City of Emeryville for a 1-year extension for 8 to Go Paratransit Services.

Bobby Lee motioned for approval. Betsy Cooley seconded the motion.

This item was approved by a unanimous vote.

Yes: 5 No: 0 Abstain: 0

B. Review and Consider Approval of Financial Investment Plan Recommendation 1: Invest \$3,500,000 from ETMA's Savings account into US Treasuries, with funds distributed between Treasury Bills and Treasury Notes

Geoff Sears motioned for approval. Peter Schreiber seconded the motion.

Recommendation 2: Transfer the remainder of the banking funds from a standard business savings account through Bank of America to a Preferred Deposit account through Merrill Lynch.

Geoff Sears motioned for approval. Betsy Cooley seconded the motion.

These items were approved by a unanimous vote.

Yes: 5 No: 0 Abstain: 0

C. Review and Consider Approval of Preliminary Budget & PBID Levy Recommendation to City Council

Bobby Lee motioned to approve. Izamar Hook seconded the motion.

This item was approved by a unanimous vote.

Yes: 5 No: 0 Abstain: 0

- D. Review, Select, and Consider Approval to Replace Syncromatics Two-minute video demonstrations were viewed by the Board of TripShot, Swiftly and Trakk. There were still further questions, so a video call demonstration will be scheduled with TripShot, Swiftly and Trakk. A subcommittee was formed to help in the decision.
- E. Review and Consider Approval of Vehicle Retirement and Spare Part Utilization Recommendation

MV requested to use parts from about 5 vehicles that are not really used.

Geoff Sears motioned to approve. Peter Schreiber seconded the motion.

This item was approved by a unanimous vote.

Yes: 5 No: 0 Abstain: 0

- 4. Confirm date of next Meeting August 17, 2023
- 5. Adjournment

The meeting adjourned at approx. 2:34pm.

June & July 2023 Emery Go-Round Ridership Report

Weekday Ridership

- Total weekday ridership in July was 37,116, down from 40,548 in June. This reduction was
 primarily caused by fewer weekday service days in the month of July, as evidenced by the
 average weekday ridership.
- Average weekday ridership in July was 1,856, up from 1,843 in June, a 1% increase.
- Weekday ridership recovery in June and July, compared to the Pre-COVID Baseline, were both 38%, which has been consistent throughout the summer. Weekend ridership recovery has been steadily increasing throughout the year, with January at 30%.

Weekend Ridership

- Total weekend ridership in July was 7,067, up from 5,397 in June. This increase was primarily
 caused by more weekend service days in the month of July, as evidenced by the average
 weekend ridership.
- Average weekend ridership in July was **707**, up from **675** in June, a **5%** difference.
- Weekend ridership recovery in June and July, compared to the Pre-COVID Baseline, were at **65%** and **67%** respectively. Weekend ridership recovery has been fluctuating throughout the year, ranging from 54% in February to 77% in April.

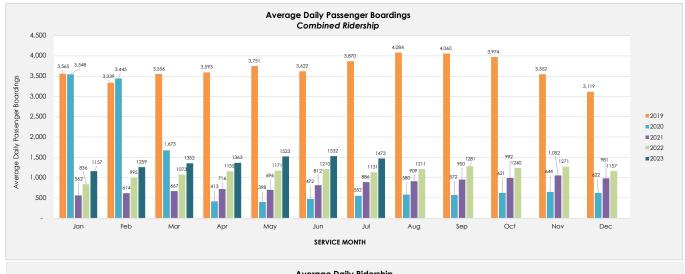
Combined Ridership

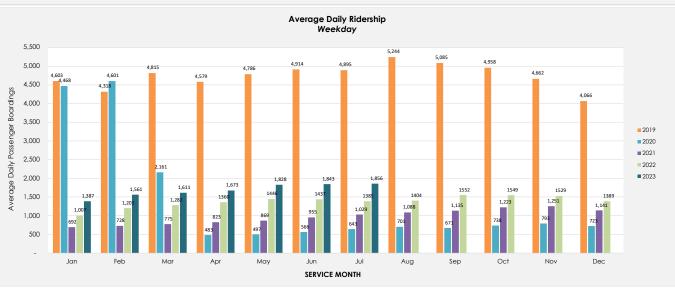
- Total combined ridership in July was **44,183**, down from **45,945** in June. This reduction was primarily caused by fewer weekday service days in the month of July.
- Combined ridership recovery in June and July, compared to the Pre-COVID Baseline, were 42% and 38% respectively. Combined ridership recovery throughout the year has maintained an average of 38% throughout the year.

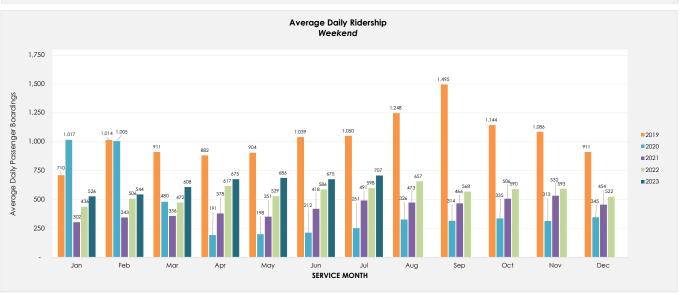
On-Time Performance (OTP)

- Overall on-time performance in June was 85% on-time, 9% late, 6% early;
- Overall on-time performance in July was 84% on-time, 9% late, and 6% early
- These OTP trends are consistent month-over-month.
- Disclaimer: OTP is not reliably accurate with Syncromatics. Once we transition to a new system,
 OTP will be more reliable and provide a more accurate picture.





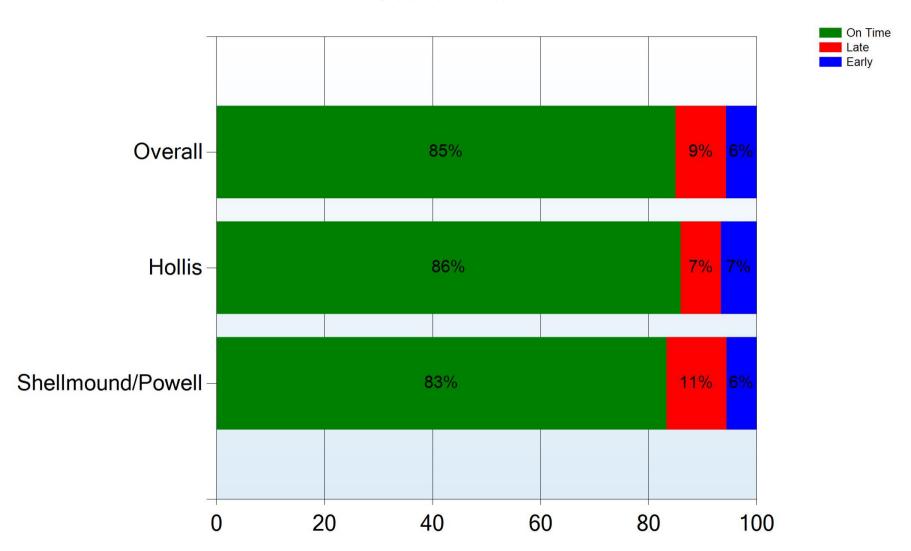




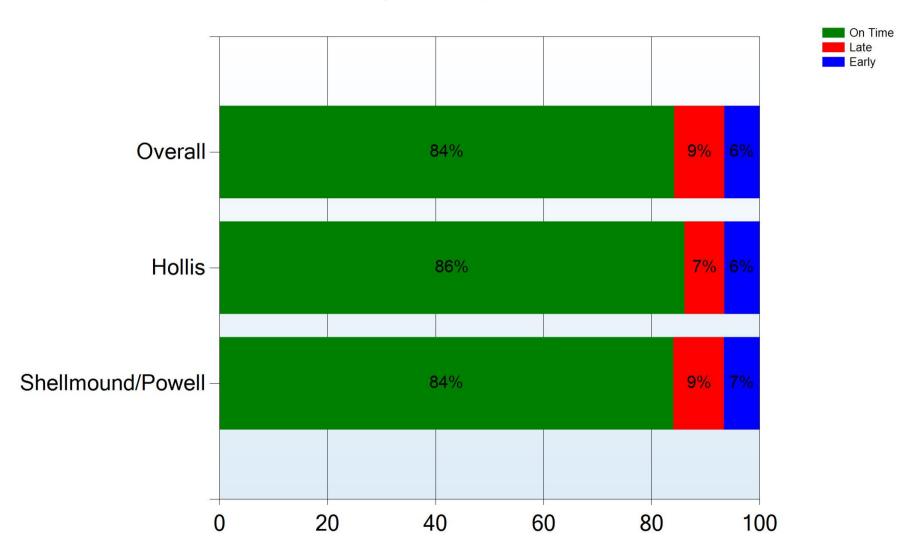


WEEKDAY RIDERSHIP													
2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total to Date
Total Monthly Weekday Ridership	30,511	29,651	37,053	33,462	40,205	40,548	37,116		·				248,546
# of Operating Days	22	19	23	20	22	22	20						148
Average Daily Ridership	1387	1561	1611	1673	1828	1843	1856						1,679
% Increase/Decrease from Prior Month	0%	13%	3%	4%	9%	1%	1%						·
% Increase/Decrease from Prior Year	38%	30%	26%	23%	26%	28%	34%						
% of Pre COVID Baseline	30%	36%	33%	37%	38%	38%	38%	0%	0%	0%	0%	0%	
2019	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total Monthly Ridership	101,269	82,033	101,123	100,741	105,288	98,279	107,689	115,375	101,706	114,041	93,248	85,381	1,206,173
# of Operating Days	22	19	21	22	22	20	22	22	20	23	20	21	254
Average Daily Ridership	4603	4318	4815	4579	4786	4914	4895	5244	5085	4958	4662	4066	4,749
				,	WEEKEND R	IDERSHIP	,						
2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total to Date
Total Monthly Weekend Ridership	4209	4351	4860	6074	5490	5397	7067						37448
# of Operating Days	8	8	8	9	8	8	10						59
Average Daily Ridership	526	544	608	675	686	675	707						635
% Increase/Decrease from Prior Month	1%	3%	12%	11%	2%	-2%	5%						
% Increase/Decrease from Prior Year	21%	7%	29%	9%	30%	15%	18%						
% of Pre COVID Baseline	74%	54%	67%	77%	76%	65%	67%	0%	0%	0%	0%	0%	
2019	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total Monthly Ridership	5681	8,112	9,110	7,055	7,230	10,393	8,402	11,231	11,963	9,153	9,774	8,197	106,301
# of Operating Days	8	8	10	8	8	10	8	9	8	8	9	9	103
Average Daily Ridership	710	1014	911	882	904	1039	1050	1248	1495	1144	1086	911	1,032
				C	OMBINED	RIDERSHIP							
2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total to Date
Total Monthly Ridership	34,720	34,002	41,913	39,536	45,695	45,945	44,183						285,994
# of Operating Days	30	27	31	29	30	30	30						207
Average Daily Ridership	1,157	1,259	1,352	1,363	1,523	1,532	1,473						1,382
% Increase/Decrease from Prior Month	0%	9%	7%	1%	12%	1%	-4%						
% Increase/Decrease from Prior Year	38%	27%	26%	18%	30%	27%	30%						
% of Pre COVID Baseline	32%	38%	38%	38%	41%	42%	38%	0%	0%	0%	0%	0%	
2019	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total Monthly Ridership	106,950	90,145	110,233	107,796	112,518	108,672	116,091	126,606	113,669	123,194	103,022	93,578	1,312,474
# of Operating Days	30	27	31	30	30	30	30	31	28	31	29	30	357
Average Daily Ridership	3,565	3,339	3,556	3,593	3.751	3,622	3.870	4.084	4.060	3.974	3,552	3,119	3,676

Overall Performance



Overall Performance



48%

N/A

0%

0%

97%

0%

49%

41%

(12,115)

5,800

(5,000)

(12,500)

23,573

(4,967)

(13,037)

(436,831)

EMERY GO-ROUND								
(Accrual Basis)	2nd Quarter Financials							
	2023	Actual Revenue		% of revenue				
Revenue	Budget	Accr'd to Date	Variance	received				
PBID Revenue								
Net PBID Revenue	4,373,552	4,373,554	2	100%				
Non-PBID Revenue								
City - General Benefit Contribution	634,164	634,162	(2)	100%				
ETMA Billed Revenue	112,865	113,373	56,940	100%				
BGTMA (Net balance of WBS revenue)	63,600	19,056	(12,744)	30%				
Quarterro - Emery Express Revenue	74,000	32,719	(4,281)	44%				
Other Revenue	3,000	894	(606)	30%				
Subtotal Non-PBID Revenues	887,629	800,203	39,307	90%				
Total Revenue	5,261,181	5,173,757	2,543,167	98%				
	2023	Actual Costs		0/- of Budget				
	2023	Actual Costs		% of Budget				
<u>Expenditures</u>	Budget	to Date	Variance	Expended				
Expenditures Direct Costs			Variance					
-			Variance (141,449)					
Direct Costs	Budget	to Date		Expended				
<u>Direct Costs</u> Bus Leases/Purchases	Budget 500,000	to Date	(141,449)	Expended 22%				
<u>Direct Costs</u> Bus Leases/Purchases Maintenance	Budget 500,000 220,000	to Date 108,551 57,936	(141,449) (52,064)	Expended 22% 26%				
<u>Direct Costs</u> Bus Leases/Purchases Maintenance Operations Contract	500,000 220,000 2,700,000	to Date 108,551 57,936 1,223,807	(141,449) (52,064) (126,193)	22% 26% 45%				
Bus Leases/Purchases Maintenance Operations Contract Fuel	500,000 220,000 2,700,000 360,000	to Date 108,551 57,936 1,223,807 101,145	(141,449) (52,064) (126,193) (78,855)	22% 26% 45% 28%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract Fuel Communications	500,000 220,000 2,700,000 360,000 55,000	to Date 108,551 57,936 1,223,807 101,145	(141,449) (52,064) (126,193) (78,855) (20,234)	22% 26% 45% 28% 13%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract Fuel Communications Miscellaneous Operating Costs Subtotal Direct Costs	500,000 220,000 2,700,000 360,000 55,000 10,000	108,551 57,936 1,223,807 101,145 7,266	(141,449) (52,064) (126,193) (78,855) (20,234) (5,000)	22% 26% 45% 28% 13% 0%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract Fuel Communications Miscellaneous Operating Costs	500,000 220,000 2,700,000 360,000 55,000 10,000	108,551 57,936 1,223,807 101,145 7,266	(141,449) (52,064) (126,193) (78,855) (20,234) (5,000)	22% 26% 45% 28% 13% 0%				

2023 Revenue vs. Expenditures Balance:

Occupancy (site lease, utilities, etc.)

Pilot Projects and Research

Subtotal Indirect Costs

Total TMA Expenditures

TMA Insurance

Bus Yard (Site Development & Relocation)

Meeting expenses, supplies, licenses, fees,

Membership/Public Outreach Expenses

236,181

1,180,000

5,025,000

510,000

10,000

25,000

50,000

10,000

3,098,088

2,075,669

576,963

242,885

5,800

48,573

50%

N/A

0%

0%

(2,443)

9,400

(5,000)

(12,500)

EMERY GO-ROUND

(Cash Basis)	2nd Quarter Financials							
	2023	Actual Revenue		% of revenue				
<u>Revenue</u>	Budget	Rec'd to Date	Variance	received				
PBID Revenue								
Net PBID Revenue	4,373,552	2,186,778	2	50%				
Non-PBID Revenue								
City - General Benefit Contribution	634,164	317,080	(2)	50%				
ETMA Billed Revenue	112,865	113,373	508	100%				
BGTMA (Net balance of WBS revenue)	63,600	9,395	(22,405)	15%				
Quarterro - Emery Express Revenue*	74,000	21,918	(15,082)	30%				
Other Revenue	3,000	894	(606)	30%				
Subtotal Non-PBID Revenues	887,629	462,659	(37,588)	52%				
Total Revenue	5,261,181	2,649,437	18,847	50%				
	2023	Actual Costs		% of Budget				
	Budget	to Date	Variance	Expended				
Expenditures Direct Costs								
<u>Direct Costs</u> Bus Leases/Purchases	500,000	108,551	(141,449)	22%				
<u>Direct Costs</u>	500,000 220,000	108,551 70,859	(141,449) (39,141)					
<u>Direct Costs</u> Bus Leases/Purchases	500,000 220,000 2,700,000	108,551 70,859 1,198,534	(141,449)	22% 32% 44%				
<u>Direct Costs</u> Bus Leases/Purchases Maintenance	500,000 220,000	108,551 70,859	(141,449) (39,141)	22% 32%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract	500,000 220,000 2,700,000	108,551 70,859 1,198,534	(141,449) (39,141) (151,466)	22% 32% 44%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract Fuel Communications Miscellaneous Operating Costs	500,000 220,000 2,700,000 360,000 55,000 10,000	108,551 70,859 1,198,534 103,093 7,385	(141,449) (39,141) (151,466) (76,907)	22% 32% 44% 29%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract Fuel Communications	500,000 220,000 2,700,000 360,000 55,000	108,551 70,859 1,198,534 103,093	(141,449) (39,141) (151,466) (76,907) (20,115)	22% 32% 44% 29% 13%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract Fuel Communications Miscellaneous Operating Costs	500,000 220,000 2,700,000 360,000 55,000 10,000	108,551 70,859 1,198,534 103,093 7,385	(141,449) (39,141) (151,466) (76,907) (20,115) (5,000)	22% 32% 44% 29% 13% 0%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract Fuel Communications Miscellaneous Operating Costs Subtotal Direct Costs	500,000 220,000 2,700,000 360,000 55,000 10,000	108,551 70,859 1,198,534 103,093 7,385	(141,449) (39,141) (151,466) (76,907) (20,115) (5,000)	22% 32% 44% 29% 13% 0%				
Direct Costs Bus Leases/Purchases Maintenance Operations Contract Fuel Communications Miscellaneous Operating Costs	500,000 220,000 2,700,000 360,000 55,000 10,000	108,551 70,859 1,198,534 103,093 7,385	(141,449) (39,141) (151,466) (76,907) (20,115) (5,000)	22% 32% 44% 29% 13% 0%				

TMA Insurance	50,000	48,573	23,573	97%
Meeting expenses, supplies, licenses, fees,	10,000	34	(4,967)	0%
etc.				
Subtotal Indirect Costs	1,180,000	<i>599,897</i>	9,897	51%
Total TMA Expenditures	5,025,000	2,088,320	(424,180)	42%

236,181

510,000

10,000

25,000

252,557

561,117

9,400

2023 Revenue vs. Expenditures Balance:

Occupancy (site lease, utilities, etc.)

Pilot Projects and Research

Membership/Public Outreach Expenses

Bus Yard (Site Development & Relocation)

^{*}Revenue from Aug-Dec 2022 Service Months

ETMA Reimbursable Programs

WEST BERKELY SHUTTLE

Accrued

Revenue West Berkeley Shuttle LLC	Actual Revenue Accr'd to Date 146,092
Total Revenue - West Berkeley	146,092
Expenditures	Actual Costs to Date
Shuttle Operations	121,652
Communications	419
Professional Service Contracts	4,965
Total Expenditures - West Berkeley	127,037
- '	10.050

Balance 19,056

City of Emeryville - 8 to Go Paratransit

Revenue City of Emeryville - 8 to Go Paratransit Total Revenue - City	Actual Revenue Accr'd to Date 57,057 57,057
<u>Expenditures</u>	Actual Costs to Date
Shuttle Operations & Maintenance	51,240
Fuel	1,771
Communications	458
Professional Service Contracts	3,588
Total Expenditures - City	57,057

Balance 0

LENNAR - The Emery Express

Actual Revenue Accr'd to Date 202,034 202,034
Actual Costs to Date
151,635
11,562
419
5,699
169,315

Balance 32,719

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

(Expenses \$ including grants of \$ **4e** Total program service expenses 3, 614, 762.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
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>	7		Х
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>	8		Х
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? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
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? If "Yes," complete Schedule D, Part VII.	11b		Х
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? If "Yes," complete Schedule D, Part VIII.	11c		Х
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>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV.	15		Х
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? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) Emeryville Transportation 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.	22		Х
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? <i>If "Yes," complete Schedule J.</i>	23		Х
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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Χ
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
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	26		Х
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.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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.	32		Х
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
15	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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Form 990 (2022) Emeryville Transportation Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		
·	as required?	7 g		
	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
Ū	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	134		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	and the first and access			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?...See. Sch. O. 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule 0..... 7a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule OSee. Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?.... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. John S Tounger CPA 585 Mandana Blvd Ste 10 Oakland CA 94611 (510) 893-0950

	· ·-·			<u> </u>	<u> </u>					, *
	(B)			(0	-					
(A)	Average			check		than o		(D)	(E)	(F)
Name and title	hours per					is both or/trust		Reportable compensation from	Reportable compensation from	Estimated amount
	week (list any	역 글	Ĭ	Q	Key	육표	급	the organization (W-2/1099-	related organizations (W-2/1099-	of other compensation from
	hours for	divic	titut	Officer	y er	Highest co employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	the organization and related
	related organiza	Individual trustee or director	iona		employee	t co	¥			organizations
	- tions below	trus	ı tru		yee	mpe				
	dotted line)	tee	Institutional trustee			Highest compensated employee				
			12			8				
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
4.01										
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section 1. Total Codd lines 11, and 12.								0.	0.	0.
d Total (add lines 1b and 1c).								0.	0.	0.
2 Total number of individuals (including but not limited from the organization	to those i	stea	abov	ve) \	WHO	receiv	vea	more than \$100,00	o or reportable comp	pensation
from the organization 0										Yes No
										Tes No
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc	tor, truste h <i>individu</i>	е, ке <i>al</i>	y ei	mple	oyee	e, or I	high	nest compensated	employee	. 3 Х
· ·										
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	50,00	111pe 00?	If "	illori Yes,	" con	nple	ete Schedule J for	Irom	
such individual										. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e compen	satio	n, fr	om	any	unre	lạte	ed organization or	individual	F
	s," comple	ete S	cne	auie	Jto	or suc	cn p	person		. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated inde	nen	dent	t coi	ntra	rtors	tha	t received more th	nan \$100 000 of	
compensation from the organization. Report compen	sation for	the ca	alen	dar	year	endir	ng v	vith or within the or	ganization's tax year	r
(A)								(B)		(C)
Name and business add	ress							Description of	of services	Compensation
Gray Bowen Scott 1211 Newell Ave Ste 200 W	alnut C	reek	, C	A 9	459	6		Mgmt,Cus.Ser.	,mrtkg	480,787.
MV Transportation Inc P.O. Box 3900 San Fr	ancisco	CA	94	139)			Contract bus	service	2,855,842.
AC Transit 1600 Franklin St Oakland, CA 94	612							Contract bus	service	265,940.
O.C. Jones & Sons Inc 1520 Fourth Street B	erkeley	. CA	94	710				Construction	contractor	168,421.
2 Total number of independent contractors (including to	out not limi	ted to	the	se I	isted	d abov	ve)	who received more	than	
\$100,000 of compensation from the organization	4									
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Part VIII Statement of Revenue П Check if Schedule O contains a response or note to any line in this Part VIII.

		Officer if Octrodu		Contains	a resp	orise or riote to ari	y mic midilis i dit v	1116		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
·à 10	12	Federated campaig	ins		1a					<u> </u>
Contributions, Gifts, Grants, and Other Similar Amounts	ıa ı.				1b					
Ĕ S	b	Membership dues.								
A C	С	Fundraising events			1c					
# #	d	Related organization	ns		1d					
S E	e	Government grants (conf	tributi	ons)	1e	564,726.				
Si Si	f	All other contributions, g				301,720.				
Ē Ē		similar amounts not incl			1f					
윤종	g	Noncash contributions in	nclude	d in						
풀	_	lines 1a-1f			1g					
ة ن	h	Total. Add lines 1a	-1f				564,726.			
e						Business Code				
듄	2a	PBID proceed	ds				4,245,453.	4,245,453.		
ğ	b	West Berkele					254,027.	254,027.		
<u>8</u>	٦	Emery Expres	-7 -,	<u> </u>	<u> </u>		187,805.	187,805.		
ž	٦									
လွ	u	<u>Paratransit</u>	<u>se</u> :	<u>rvices</u>			112,688.	112,688.		
띭	е	<u>Direct bille</u> All other program s	e <u>d</u> _1	<u>revenu</u>	e		109,763.	109,763.		
Program Service Revenue										
č	g	Total. Add lines 2a	-2f				4,909,736.			
	3	Investment income (inclu	ding divide	ends, ir	nterest, and				
		other similar amou	nts).				1,630.	1,630.		
	4	Income from invest	tmen	it of tax-e	xempt	bond proceeds				
	5	Royalties								
		,		(i) R		(ii) Personal				
	62	Gross rents	6a	.,		**				
			6b							
		Less: rental expenses								
		Rental income or (loss)								
	d	Net rental income of	or (lo	oss)						
	7a	Gross amount from		(i) Secu	ırities	(ii) Other				
		sales of assets	7a							
	<u>ہ</u>	other than inventory Less: cost or other basis								
	ט	and sales expenses	7b							
	_	Gain or (loss)	7c							
		Net gain or (loss).								
Φ		Gross income from fund								
2		(not including \$		3						
Š		of contributions reported	d on li	ne 1c).						
8		See Part IV, line 18			8a					
40	h	Less: direct expens			8b					
Other Reve		Net income or (loss								
0					iisiiig e	T				
	9a	Gross income from gami	ing ac	tivities.						
		See Part IV, line 19			9a					
		Less: direct expens			9b					
	С	Net income or (loss	s) fro	om gamin	g activ	ities				
	10a	Gross sales of inventory,	. less							
	• • •	returns and allowances.			10a	ı				
	ь	Less: cost of goods	s solo	d	1 Ob					
		Net income or (loss								
	ـ		٠, ،،٠	50105		Business Code				
Miscellaneous Revenue	112									
ž 3	11a b c d									
급	g									
ह ह	С									
<u>ਲ</u> &	d	All other revenue.								
Σ	е	Total. Add lines 11	a-11	<u>d</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·				
	12	Total revenue. See	inst	ructions.			5.476.092.	4.911.366.	0.	0.

Part IX

campaign and fundraising solicitation. if following

SOP 98-2 (ASC 958-720).....

Check here

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. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 0. 0. 0. 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0 0 0 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 11 Fees for services (nonemployees): 379,475 265,025 114,450 8,993 8,993 c Accounting..... 42,024 42,024 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion..... 12 13 Information technology..... 14 3,368. 3,368 15 Royalties..... 211,990 211,990 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 211 211 8,234 8,234. 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization. . . . 241,661. 241,661 23 49,235 49,235. 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.)..... 3,108,076 3,108,076 Bus shuttle operating costs b 284,657 284,657 <u>Security</u> 88,456 88,456 Yard site development & reloca 199 199 City taxes and fees e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 4,426,579 3,614,762 811,817 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational

		Check if Schedule O contains a response or note to	any line	e in this Part X			
			-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			320,389.	1	149,846.
	2	Savings and temporary cash investments		L	3,324,531.	2	4,076,161.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			93,995.	4	199,202.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribu sons	r, director, itor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,289,041.			
	b	Less: accumulated depreciation	10b	4,071,068.	459,634.	1 0 c	217,973.
	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			14,325.	15	14,325.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		4,212,874.	16	4,657,507.
	17	Accounts payable and accrued expenses			681,115.	17	334,248.
	18	Grants payable			001/1101	18	001/2101
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I		-		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 3	5%		22	
_	23	Secured mortgages and notes payable to unrelated th		_	500,604.	23	242,592.
	24	Unsecured notes and loans payable to unrelated third	parties.		•	24	,
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	1.
	26	Total liabilities. Add lines 17 through 25			1,181,719.	26	576,841.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	L	X			
ala	27	Net assets without donor restrictions		-	3,031,155.	27	4,080,666.
d B	28	Net assets with donor restrictions				28	
Fun		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment				30	
188	31	Retained earnings, endowment, accumulated income,				31	
et.	32	Total net assets or fund balances			3,031,155.	32	4,080,666.
Ž	33	Total liabilities and net assets/fund balances			4,212,874.	33	4,657,507.

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Par	1 XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,4	76,0	92.
2	Total expenses (must equal Part IX, column (A), line 25).	2	4,4	26,5	579.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,0	49,5	513.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	3,0	31,1	L55.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	9			-2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	0	4 O	20 <i>(</i>	566.
Par	t XII Financial Statements and Reporting	•	4,0	00,0	
ı uı					
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · ·		_—
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	Г		Yes	No
1	Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:	;			
	X Separate basis Consolidated basis Both consolidated and separate basis	L			
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R Part 200, Subpart F?	niform 	3a		Х
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		3b		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization

Open to Public Inspection
Employer identification number

	eryville Transportation	0.4.00.440.50							
	nagement Association	94-3244359							
Par		ds 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 are the organization's property, subject to the organization's exclusive legal control?	advised funds Yes No							
6	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?								
Par	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).								
•		of a historically important land area							
		of a certified historic structure							
	Preservation of open space								
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.								
		Held at the End of the Tax Year							
	a Total number of conservation easements	2 a							
	b Total acreage restricted by conservation easements								
(Number of conservation easements on a certified historic structure included in (a)	2 c							
C	Number of conservation easements included in (c) acquired after July 25, 2006 and not on a	2.4							
2	historic structure listed in the National Register	2d							
3	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								
	and enforcement of the conservation easements it holds?								
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser-	vation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	Yes No							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exinclude, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	spense statement and balance sheet, and ribes the organization's accounting for							
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.							
1 a	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in full Part XIII the text of the footnote to its financial statements that describes these items.	ment and balance sheet works of art, irtherance of public service, provide in							
ŀ	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemen historical treasures, or other similar assets held for public exhibition, education, or research in furtheran following amounts relating to these items:	ce of public service, provide the							
	(i) Revenue included on Form 990, Part VIII, line 1.(ii) Assets included in Form 990, Part X.	Ş							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under FASB ASC 958 relating to these items:	gain, provide the following							
2	a Revenue included on Form 990, Part VIII, line 1	\$							
t	3 Assets included in Form 990, Part X	\$							

TEEA3301L 07/06/22

Part III Organizations Main	taining Col	iections of	Art, Histori	cai ireasures, c	or Other Similar As	ssets	(contii	nuea)		
3 Using the organization's acquisition items (check all that apply):	, accession, a			· ·	ke significant use of its	collectio	n			
a Public exhibition		d		change program						
b Scholarly research		е	Other							
c Preservation for future gener										
4 Provide a description of the organiz Part XIII.										
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained as pa	rt of the organ	ization's collection?		Yes		No		
Part IV Escrow and Custod reported an amount on Fo	orm 990, Part	ements. Com X, line 21.	iplete if the org	ganization answered	"Yes" on Form 990, Par	t IV, line	e 9, or			
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other inte	ermediary for o	ontributions or othe	r assets not included	Yes		No		
b If "Yes," explain the arrangement in	n Part XIII and	complete the fo	ollowing table:							
Amount										
c Beginning balance										
d Additions during the year					1 d					
e Distributions during the year										
f Ending balance										
2 a Did the organization include an a	imount on For	m 990, Part X	(, line 21, for e	escrow or custodial a	account liability?	Yes		No		
b If "Yes," explain the arrangemen	t in Part XIII.	Check here if	the explanation	n has been provide	d on Part XIII		[
Part V Endowment Funds.	Complete if the	ne organizatior	n answered "Ye	s" on Form 990, Par	t IV, line 10.					
	(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) l	our year	s back		
1 a 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	e of the curre	nt year end ba	alance (line 1g	, column (a)) held a	s:					
a Board designated or quasi-endov	vment	9	8							
b Permanent endowment	%									
c Term endowment	%									
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.								
3-1			P 11 1 1		· 11					
3a Are there endowment funds not in to organization by:	ne possession	or the organiza	ation that are no	eid and administered	ior trie	ſ	Yes	No		
(i) Unrelated organizations						3a(i)				
(ii) Related organizations						3a(ii)				
b If "Yes" on line 3a(ii), are the rel						3b				
4 Describe in Part XIII the intended	-		•							
Part VI Land, Buildings, an		_								
Complete if the organizati			990, Part IV, Ii	ne 11a. See Form 99	0, Part X, line 10.					
Description of property		(a) Cost or oth (investme		b) Cost or other basis (other)	(c) Accumulated depreciation	(d) [Book va	lue		
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment				4,289,041.	4,071,068.		217	,973.		
e Other					, , , ,					
Total. Add lines 1a through 1e. (Colum		gual Form 990	, Part X, colur	nn (B), line 10c.)			217	,973.		
BAA			<u> </u>	,		ule D (F				

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	ne 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation: Cost or end-of-year market value
) Financial derivatives		
) OH		
A) 3) 		
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<u>G) </u>		
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l) 		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27 /2
Part VIII Investments — Program Related. Complete if the organization answered "Yes" or	Form 990 Part IV lin	N/A ne 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 valuation
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/	A
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De		
(10) Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(10) (otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	n Form 990, Part IV, lin	te 11d. See Form 990, Part X, line 15. (b) Book value
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Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Other Liabilities.	n Form 990, Part IV, linescription	te 11d. See Form 990, Part X, line 15. (b) Book value
Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column	n Form 990, Part IV, linescription	te 11d. See Form 990, Part X, line 15. (b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X) Complete if the organization answered "Yes" or (a) Description of the column (b) Federal income taxes	B) line 15.)	ne 11d. See Form 990, Part X, line 15. (b) Book value the 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X) Complete if the organization answered "Yes" or Complete if the organization answered "Yes" or (a) Description (column (b) Federal income taxes (2) Rounding	B) line 15.)	ne 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X) Complete if the organization answered "Yes" or . (a) Description (b) Federal income taxes (2) Rounding (3)	B) line 15.)	ne 11d. See Form 990, Part X, line 15. (b) Book value the 11e or 11f. See Form 990, Part X, line 25. (b) Book value
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Other Assets. Complete if the organization answered "Yes" or (a) De (b) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	B) line 15.)	ne 11d. See Form 990, Part X, line 15. (b) Book value the 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (c) Other Liabilities. Complete if the organization answered "Yes" or (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	B) line 15.)	ne 11d. See Form 990, Part X, line 15. (b) Book value the 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) Federal income taxes (2) Rounding (3) (4) (5) (6) (7) (8) (6) (7) (8) (7) (8) (7) (8) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	B) line 15.)	ne 11d. See Form 990, Part X, line 15. (b) Book value the 11e or 11f. See Form 990, Part X, line 25. (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Re	venue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		5,476,092.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1		5,476,092.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-, -, -,
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,476,092.
Part XII Reconciliation of Expenses per Audited Financial Statements With Ex	xnenses ner Return	
	Apolisos poi itotalli	•
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Aponoco por recurr	•
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
		4,426,579.
Total expenses and losses per audited financial statements		
1 Total expenses and losses per audited financial statements2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
1 Total expenses and losses per audited financial statements		
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b		
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2e	4,426,579.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2e	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1 2e	4,426,579.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a b Prior year adjustments. 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	4,426,579.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b c Other losses. 2 c d Other (Describe in Part XIII.) 2 e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIII.) 5 c Add lines 4a and 4b.	2e 3	4,426,579.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a b Prior year adjustments. 2 b c Other losses. 2 c d Other (Describe in Part XIII.) 2 d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b	2e 3	4,426,579.

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

		- 3 -
Name of the organization Emeryville Transportation	Employer identification number	
Management Association	94-3244359	

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

2022 California Exempt Organization Annual Information Return

FORM

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Calendar Y	ear 20	022 or fiscal	year beginning (mm/	dd/yyyy)		, ar	nd ending (ı	mm/dd/y	ууу)			
Corporation/O	rganiza	tion name	MERYVILLE TR	ANSPORTATI	ON				<u>'</u>	(California corporation n	umber
		N	MANAGEMENT AS								1970886	
Additional info	rmation	n. See instructi	ons.								FEIN 94-3244359	
Street address	(suite	or room)									PMB no.	
	RAD	SHAW RD	STE #H-347									
City SACRAM	FNTC	`						State CA			Zip code 95827	
Foreign countr								_	rovince/state/county		Foreign postal code	
B Amended C IRC Secti D Final info Enter dat C Check ac 1 □ 0 F Federal r 4 □ 0tl G Is this a	I returnion 494 primatico prissolve e: (mm countin Cash eturn f her 990 group	1	rual 3	Yes	X No X No X No Reorganized Ch H (990) X No X No	not J If e: orga See K Is ti If "\non non L Is ti M Did taxa N Is ti aud O Is fo	reported to the xempt under lanization enga- instructions he organization enganization enganization enganization the organization he organization he organization ited in a priori enganization in the priori enganization eng	he FTB? Si R&TC Sectaged in po on exempt the gross recices on a limite tion file Fo on under a r year? 1023/1024	eipts from d liability company rm 100 or Form 10	e on 2370 ??9 to rep	Yes Yes Yes Yes Yes Yes Yes Yes	X No No N/A X No X No X No No
Part I	Com	-	I unless not require			neral In	ıformation	B and (1	4,911	,366.
Receipts and Revenues	2 3 4 5 6 7	Gross due Gross con Total gros This line Cost of ge Cost or or Total cost	es and assessments ntributions, gifts, grass receipts for filing must be completed bods soldther basis, and sales and line 5 and line 5 and line	from members ants, and similar requirement test. If the result is less expenses of as the 6	and affilia amounts r . Add line ess than \$ sets sold.	tes received 1 throu	d	eral Infor	rmation B •	2 3 4	5,476	,726.
	9		ss income. Subtract enses and disburser							9	•	,092. ,579.
Expenses	10		f receipts over exper							10		,513.
	11	Total pay								11		,
	12		See General Informa						-	12		
	13	-	s balance. If line 11							13		
Filing	14	Use tax b	alance. If line 12 is	more than line 1	1, subtrac	t line 1	1 from line	: 12	• • • •	14		
Fee	15	Penalties	and interest. See G	General Information	on J					15		
	16	Balance du	e. Add line 12 and line 15	. Then subtract line 1	11 from the r	result			_	16		0.
Sign Here	corre	r penalties of pot, and comple ature	perjury, I declare that I have te. Declaration of preparer	e examined this return (other than taxpayer)	, including ac is based on a Title PRESII	all informa	& CEO	and statem preparer ha	as any knowledge. Date		● Telephone	it is true,
D-11	Prepa	arer's	NIN C MOINICES	CDA			Date 7 / 21 / 7	2 2	Check if self-		• PTIN	
December 1				P01265219 ● Firm's FEIN								
Use Only	(or yours, if							68-0166029				
	self-employed, and address 585 MANDANA BLVD STE 10 OAKLAND, CA 94610								● Telephone			
			ORIGINAL CA	. J-1010							(510) 893-0	950
	Mag	y the FTB	discuss this return w	ith the preparer	shown abo	ove? Se	ee instructi	ions		•	X Yes	No

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EMERYVILLE TRANSPORTATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		regai	uless of aniounit of gross receipts -	- complete rant il or lumi	วท วนมะ	stitute illiorillation	l.				
		1	Gross sales or receipts from all I	business activities. See	instru	ctions		1			
		2	Interest					2			
		3	Dividends					3			_
Rece		4	Gross rents						1		_
from Othe		5	Gross royalties		+		_				
Soul	ces	6	Gross amount received from sale						+		—
		7	Other income. Attach schedule.	c or assets (occ mstrac	,110113).	SEE ST	ATEMENT 1	7	+	4,911,366	_
		8	Total gross sales or receipts from other s						+	4,911,366	
		9	Contributions, gifts, grants, and similar a	_					+-	4,911,300	<u>. </u>
		10	Disbursements to or for member						+		
			Compensation of officers, director					11	+		_
		11							+	0	<u>.</u>
Expe	enses	12	Other salaries and wages								_
and		13	Interest						₩	8,234	•
Disb	urse-	14	Taxes						\bot		_
men	ıs	15	Rents							211,990	
		16	Depreciation and depletion (See							241,661	
		17	Other expenses and disburseme	nts. Attach schedule		SEE ST	ATEMENT 3	17		3,964,694	
		18	Total expenses and disbursements. Add I	ine 9 through line 17. Enter he	ere and c	on Side 1, Part I, line	9	18		4,426,579	١.
Sch	edule	: L	Balance Sheet	Beginning of	f taxab	le year	En	d of tax	kable	year	
Asse	ets			(a)		(b)	(c)			(d)	_
1	Cash					3,644,920.			•	4,226,007	·-
2	Net acc	ounts	receivable			93,995.			•	199,202	-
3	Net not	es rece	eivable			•			•		
4	Invento	ries									
5	Federal	and s	tate government obligations					•	•		
6	6 Investments in other bonds								•		
7	7 Investments in stock								•		
8	Mortga	ge loar	ns						•		
9	Other in	nvestm	ents. Attach schedule					•	D		
10 a	Depreci	able a	ssets	4,289,041.			4,289,0	041.			
Ł	Less ac	cumul	ated depreciation	3,829,407.		459,634.	4,071,0	068.		217,973	<u>.</u>
11	Land					•			•		
12	Other a	ssets.	Attach schedule			14,325.			•	14,325	<u> </u>
13						4,212,874.				4,657,507	
			et worth								_
14	Accoun	ts nava	able			681,115.			•	334,248	_
			gifts, or grants payable						•		Ť
16			tes payable						•		_
17			yable			500,604.			•	242,592	
18	Other li	ahilitie	es. Attach schedule			000,0011					. •
19			or principal fund			3,031,155.			•	4,080,666	_
20			oital surplus. Attach reconciliation			<u> </u>			•	4,000,000	•
21			ings or income fund						•		
22			es and net worth			4,212,874.				4,657,507	_
	edule			books with income pe	r returi	1	(d) is less than	\$50.00	n		
	Not in a	ome r	er books				books this year not in		J.		
			er books	1,049,313	⊣ ′		ch schedule	_	•		
3			ital losses over capital gains)	8	Deductions in this			-		
4			corded on books this year.		∃ ຶ	against book incom	3				
_			ile								
5			orded on books this year not deducted		9		nd line 8				—
•			Attach schedule		10	Net income per					
6			e 1 through line 5	1,049,513		•	from line 6			1,049,513	-
			• • • • • • • • • • • • • • • • • • • •	, ,				I			_

2022 Corporation Depreciation and Amortization

3885

Attac	ch to Form 100 or For	m 100W. FO F	<u>.</u> RM 199						
Corpo	ration name EMERYV	ILLE TRANSE	PORTATION				Califor	nia corpor	ation number
	MANAGE	MENT ASSOCI	ATION				197	0886	
Par	Election To Ex	kpense Certain Pı	operty Under IRC S	ection 179					
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	
3	Threshold cost of IR	C Section 179 pro	perty before reduct	ion in limitation				3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t	taxable year. Sub	tract line 4 from line	1. If zero or less,	enter -0			5	
6	(a)	Description of propert	у	(b) Cost (business	use only)	(c) Electe	d cost		
7	Listed property (elec	cted IRC Section	79 cost)		7				
8	Total elected cost of					ine 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov	wed deduction from	m prior taxable year	S				10	
11	Business income lim	nitation. Enter the	smaller of business	income (not less t	han zero) d	r line 5		11	
12	IRC Section 179 exp	ense deduction.	Add line 9 and line 1	IO, but do not enter	more than	line 11		12	
13	Carryover of disallov	wed deduction to 2	2023. Add line 9 and	d line 10, less line 1	12	13			
Par	t II Depreciation a	nd Election of Add	itional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(<u>ç</u>	3)	(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation		Deprecia	ation for	
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year	year depreciation
				earlier years					doprosidio.
BIF	KE RACKS	5/28/2008	12,239.	12,239.	S/L	5			
200	7 DODGE SPRI	8/01/2009	37,964.	37,964.	S/L	5			
200	9 ELDORADO N	6/10/2011	293,482.	293,482.	S/L	5			
201	3 STARCRAFT	11/06/2012	143,226.	143,226.		7			
	08 INTL HC #1	2/15/2012	31,523.	31,523.	S/L	3			
	Add the amounts in					1			
13	\$2,000. See instruct						241	1,661	ē
Par		, , ,							- 1
16		tion is electing:							
	IRC Section 179 exp	ense, add the am	ount on line 12 and	line 15, column (g) or				
	Additional first year Depreciation (if no e								
17	Total depreciation cl	• •		·	107				
	Depreciation adjustn								
	Form 100W, Side 1,	line 6. If line 17 i	s less than line 16,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or							18	
Par		TFOITH 100 OF FOI	iii 100vv, 110 aujusti	nent is necessary).				10	
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
13	Description	Date acquir		or l Amort	ization	R&TC	Period	or	Amortization
	of property	(mm/dd/yyy	y) other ba		allowable	Section	percenta	age	for this year
				ın earlı	er years	(see instr)			
						1			
						-			
						1			
						1			
							<u> </u>		
20	Total. Add the amou	ınts in column (g)						20	
21	Total amortization cl	laimed for federal	purposes from fede	eral Form 4562, line	: 44			21	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is	greater than line 20	, enter the difference	ce here and	l on_Form 10	00 or		
	Form 100W, Side 1,	line 6. If line 21 i	s less than line 20,	enter the difference	e here and	on Form 100	or	22	
	Form 100W, Side 2,	IIIIE 12						22	

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2022 Corporation Depreciation and Amortization

3885

		•	•						
	ch to Form 100 or For	m 100W. FORI	м 199						
Corpo	ration name EMERYV	ILLE TRANSPO	ORTATION				Californ	nia corpoi	ration number
		MENT ASSOCIA					1970	0886	
Par	t Election To Ex	kpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25 , 000
2	Total cost of IRC Se						F	2	
3	Threshold cost of IR		-				F	3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business i	use only)	(c) Electe	d cost		
_	Listed property (elec		•						
8	Total elected cost of							8	
9	Tentative deduction.						F	9	
10	Carryover of disallov		•					10	
11	Business income lim			•	•		F	11 12	
12	IRC Section 179 exp				_			12	
13 Par	Carryover of disallov			reciation Deduction			256		
	· · · · · · · · · · · · · · · · · · ·		•			1			(6)
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g Deprecia	I) ation fo	r Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this		year
				allowable in earlier years					depreciation
201	4 STARCRAFT	10/14/2013	149,504.	149,504.	S/L	5			
	4 STARCRAFT	10/14/2013	149,504.	•	S/L	5			
	4 STARCRAFT	10/14/2013	149,504.	149,504.	S/L	5			
	4 STARCRAFT	10/14/2013	149,504.	149,504.		5			
			•		S/L	3			
	BRID RESIDUAL		18,322.	18,322.	S/L				
15	Add the amounts in								
Par	\$2,000. See instruct	ions for line 14, co	iumm (ii)			13			
	Total: If the corporat	tion is electing:							
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, column (g)	or or				
	Additional first year								
17	Depreciation (if no e Total depreciation cl	•							
	Depreciation adjustn							··· <u>''</u>	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	efore	18	,
Par		TFORM TOO OF FORM	ii 100vv, 110 aujustii	nent is necessary).				10)
19	(a)	(b)	(c)		d)	(0)	(f)		(g)
13	Description	Date acquire		or Amorti	ization	(e) R&TC	Period	or	Amortization
	of property	(mm/dd/yyyy	v) other bas		allowable	Section	percenta	age	for this year
				III earne	er years	(see instr)			
								+	
								+	
							Ţ		
20	Total. Add the amou	107					ŀ	20	
21	Total amortization cl		•					21	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line b. It line 21 is	iess than line 20,	enter the difference	e nere and o	on Form 100	or	22	
	1 3/111 100 VV, Oluc Z,	12							

2022 Corporation Depreciation and Amortization

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-23	ZZ	h
. 10		

	ch to Form 100 or For	m 100W. FORM	1 199						
Corpo	ration name EMERYV	ILLE TRANSPO	RTATION				Califor	nia corp	oration number
	MANAGEI	MENT ASSOCIA	TION				197	0886	i
Part		pense Certain Pro							
1	Maximum deduction							1	\$25 , 000
2	Total cost of IRC Sec		•					2	
3	Threshold cost of IRO		-					3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business (use only)	(c) Elected	d cost		
7	Listed property (elec		•						
8	Total elected cost of Tentative deduction.							8	
9								10	
10 11	Carryover of disallow Business income lim		,					11	_
12	IRC Section 179 exp			•	•			12	
13	Carryover of disallow				_				
Parl				reciation Deduction			356		
14	(a)	(b)	(c)	(d)	(e)	(f)		3)	(h)
'-	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreci	ation f	or Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year	year depreciation
				earlier years					depreciation
201	4 STARCRAFT	9/11/2014	157,737.	157,737.	S/L	5			
	4 STARCRAFT	9/11/2014	157,737.	157,737.	S/L	5			
	.5 STARCRAFT#	6/01/2015	141,026.	141,026.	S/L	5			
	.5 STARCRAFT#	6/01/2015	141,026.	141,026.	S/L	5			
	.5 STARCRAFT#	6/01/2015	141,026.	141,026.	S/L	5			
	Add the amounts in	•			•	· I			
13	\$2,000. See instructi								
Parl		,	/			·			
	Total: If the corporat	ion is electing:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)) or	Г I	(-) (l-		
	Additional first year of Depreciation (if no e								6
17	Total depreciation cl	• •		·	,				7
	Depreciation adjustm	nent. If line 17 is g	reater than line 16,	, enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,								
	state adjustments or							1	8
Parl									
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			ization allowable	R&TC Section	Period percent		Amortization
	or property	(IIIII/dd/yyyy) Unlei bas		er years	(see instr)	percent	aye	for this year
					-				
20	Total. Add the amou	nts in column (a)						20	
21	Total amortization cl	107						21	
	Amortization adjustn	nent. If line 21 is a	reater than line 20.	. enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and o	on Form 100	or		
	Form 100W, Side 2,	line 12						22	_

2022 Corporation Depreciation and Amortization

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2006	
$\Delta \Omega \Omega^{-}$	1

Λ++c	ch to Form 100 or For	m 100\\/ ====	. 100						
	ration name	m 100W. FORM	<u>4 199</u>				California	corporati	ion number
Corpo	EMERYV	ILLE TRANSPO						·	ion number
		MENT ASSOCIA					19708	86	
<u>Par</u>		cpense Certain Pro							
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se		•					2	
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation							4	
	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
7	Listed property (elec	ted IRC Section 17	'9 cost)		7				
8	Total elected cost of							8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9	
10	Carryover of disallow		•						
11	Business income lim			•	,				
12	IRC Section 179 exp				_		12	2	
13	Carryover of disallow								
Par	t II Depreciation ar	ı	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		,
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	n for	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciation this year		Additional first year
	5. p. 1p. 19	(allowable in					depreciation
				earlier years					
	L6 STARCRAFT	8/02/2016	140,678.	140,678.		5			
	L6 STARTCRAFT	8/02/2016	140,678.	140,678.		5			
	L6 STARCRAFT	8/02/2016	140,678.	140,678.		5			
20:	L6 STARCRAFT	3/28/2016	148,895.	148,895.	S/L	5			
20:	L6 STARCRAFT	3/28/2016	148,895.	148,895.	S/L	5			
15	Add the amounts in								
Par	\$2,000. See instructi	ions for line 14, co	iumin (11)			13			
16	Total: If the corporat	tion is alacting:							1
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	its on line 1				
17	Depreciation (if no e	• •		·	,				
	Total depreciation cl Depreciation adjustn							17	
10	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2,							10	
Davi	state adjustments or	n Form 100 or Form	n 100w, no adjustn	nent is necessary)				18	
Par 19		(b)	(0)		·4/	(a)	(6)		(m)
19	(a) Description	(b) Date acquire	d (c) Cost o		(d) tization	(e) R&TC	(f) Period or		(g) Amortization
	of property	(mm/dd/yyyy		sis allowed or	r allowable	Section	percentage	Э	for this year
				ın earlı	er years	(see instr)			
								_	
								_	
							T -		
20	Total. Add the amou	(0)						_	
21	Total amortization cl		•					1	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the differen	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line b. It line 21 is	iess than line 20,	enter the difference	e nere and o	on Form 100	or 2:	2	
	1 Jilli 100 VV, Jiuc Z,	12						-	

2022 Corporation Depreciation and Amortization

3885

Attac	ch to Form 100 or For	m 100W. FOR	<u>.</u> М 199						
Corpo	ration name EMERYV	ILLE TRANSP	ORTATION				Californ	nia corporati	ion number
	MANAGE	MENT ASSOCI	ATION				1970	886	
Par	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction						l-	1	\$25,000
2	Total cost of IRC Sec	, , ,	•				L	2	
3	Threshold cost of IR	C Section 179 pro	perty before reducti	ion in limitation				3	\$200 , 000
4	Reduction in limitation							4	
5	Dollar limitation for t	taxable year. Subti	ract line 4 from line	1. If zero or less,	enter -0			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 1	79 cost)		7				
8	Total elected cost of	IRC Section 179	property. Add amou	unts in column (c),	line 6 and li	ine 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9	
10	Carryover of disallow	ved deduction from	n prior taxable year	·s				10	
11	Business income lim	nitation. Enter the	smaller of business	income (not less t	han zero) o	or line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but do not enter	more than	line 11		12	
13	Carryover of disallow								
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	_ (a)	(b)	(c)	(d)	(e)	(f)	_ (g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		Additional first year
	or property	(IIIII/dd/yyyy)	Otrici basis	allowable in	motilou	Tate	uns y	rcai	depreciation
				earlier years					
	.6 STARCRAFT	3/28/2016	148,895.		S/L	5			
201	.7 STARCRAFT	4/01/2017	150,542.	143,013.	S/L	5		,529.	
201	.7 STARCRAFT	4/01/2017	150,542.	143,013.	S/L	5	7	,529.	
201	.7 STARCRAFT	4/01/2017	150,542.	143,013.	S/L	5	7	,529.	
201	.8 INTERNATIO	5/03/2018	153,055.	112,240.	S/L	5	30	,611.	
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed	t			
	\$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat	tion is electing:	10	U. 15 L 4					
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	i line 15, column (g 356 add the amour) or its on line 1	5 columns	(a) and (h)	or	
	Depreciation (if no e								
17	Total depreciation cl	aimed for federal	ourposes from fede	eral Form 4562, line	22			17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the difference	ce here and	l on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	s less than line 16, nia denreciation am	enter the difference	e nere and (determine r	on Form 100 net income h	or efore		
	state adjustments or							18	
Par	IV Amortization							•	
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyy	ed Cost o v) other bas	or Amort	ization allowable	R&TC Section	Period	-	Amortization
	or property	(ITIITI/dd/yyy)	y) Unlei bas		er years	(see instr)	percenta	ige	for this year
						, ,			
						1			
20	Total. Add the amou	ints in column (a)						20	
21	Total amortization cl	107					F	21	
			•				F		
~~	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2,	line 12						22	

2022 **Corporation Depreciation and Amortization**

3885

		porudon 20							
	ch to Form 100 or For	m 100W. FORI	4 199						
Corpo	ration name EMERYV	ILLE TRANSPO	RTATION				California co	rporatio	n number
	MANAGE	MENT ASSOCIA	ATION				197088	6	
Par		pense Certain Pro							
1	Maximum deduction								\$25,000
2	Total cost of IRC Se								
3	Threshold cost of IR		-						\$200,000
4	Reduction in limitation								
5_	Dollar limitation for t	-	act line 4 from line						
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
7	Listed property (elec								
8	Total elected cost of								
9	Tentative deduction.								
10	Carryover of disallov								
11	Business income lim			•	-				
12	IRC Section 179 exp				_		12		
13	Carryover of disallov			•			NEC .		
Par		l I		reciation Deduction	1		ı		
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciation	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this year	101	year
	, , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		allowable in			,		depreciation
		- /00 /0010	450.055	earlier years	- /-	_			
_	L8 INTERNATIO	5/03/2018	153,055.	112,240.	S/L	5			
	L8 INTERNATIO	5/03/2018	153,055.	112,240.	S/L	5	•		
	L8 INTERNATIO	5/03/2018	153,055.	112,240.	S/L	5	•		
_	L9 INTL #751	10/28/2019	161,050.	69,788.	S/L	5	•		
201	L9 INTL # 752	10/28/2019	161,050.	69 , 788.	S/L	5	32,2	10.	
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed				
	\$2,000. See instruct	ions for line 14, co	lumn (h)			15			
Par									
16	Total: If the corporat IRC Section 179 exp	tion is electing:	umb am lima 10 amal	line 15 eek waa (a)	\ -				
	Additional first year	depreciation under	R&TC Section 243	356. add the amoun) or its on line 1:	5. columns	(a) and (h) or		
	Depreciation (if no e							16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562, line	22			17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the difference	ce here and	on_Form_10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,								
	state adjustments or							18	
Par	t IV Amortization								
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			ization allowable	R&TC Section	Period or		Amortization
	or property	(IIIII/dd/yyyy	Olliei bas		er years	(see instr)	percentage		for this year
						<u> </u>			
								+	
20	Total. Add the amou	ints in column (a)		<u> </u>		1	20		
21	Total amortization cl	107						+	
								1	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter the difference enter the difference	ce nere and e here and c	on Form 10 on Form 100	or or		
	Form 100W, Side 1,	line 12					22		
	· · · · · · · · · · · · · · · · · · ·								

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2022 **Corporation Depreciation and Amortization**

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	ch to Form 100 or For	m 100W. FORI	м 199								
Corpo	ration name EMERYV	ILLE TRANSPO	ORTATION					Califo	rnia corp	ooratio	n number
		MENT ASSOCIA	ATION					197	0886	5	
Par		kpense Certain Pro									
1	Maximum deduction								1		\$25 , 000
_	Total cost of IRC Se								2		
3	Threshold cost of IR		-						3		\$200,000
4	Reduction in limitation								5		
<u>5</u>	Dollar limitation for t		act line 4 from line	1					3		
-	(a)	Description of property		(n) c	ost (business ı	use only)	(C) Elec	ted cost	-		
									-		
				-					-		
									-		
7	Listed property (elec	stad IDC Section 17	79 cost)	1		7			-		
8	Total elected cost of		•				ine 7		8	ı	
9	Tentative deduction.								9		
10	Carryover of disallov								10		
11	Business income lim		•						11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but c	lo not enter	more than	line 11		12		
13	- · · · · · · · · · · · · · · · · · · ·										
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section 2	4356			
14	(a)	(b)	(c)	_	(d)	(e)	(f)	(g) _.		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate	Deprec	ation '	for	Additional first year
	[]	(**************************************			wable in				,		depreciation
	10 "	10/00/0010	1.61 0.50		er years	~ /-					
20.	19 INTL # 753	10/28/2019	161,050.		69 , 788.	S/L		5 3	2,21	.0.	
				-				-			
				1			1				
15	Add the amounts in										
Par	\$2,000. See instruct till Summary	ions for line 14, co	lumn (n)				15				
	Total: If the corporat	tion is electing:									
10	IRC Section 179 exp	non is electing. Dense, add the amo	ount on line 12 and	l line 15.	, column (g)	or or					
	Additional first year										
17	Depreciation (if no e Total depreciation cl	•								16 17	
	Depreciation adjustn									'	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	here and	on Form 10	00 or			
	Form 100W, Side 2, state adjustments or	line 12. (It Californ	na depreciation am	nounts a	re used to (determine r	net income	before	١.	18	
Par		11 01111 100 01 1 0111	ir 100vv, no adjusti	Herit is i	iccessary).						
19	(a)	(b)	(c)		((d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&TC	Period			Amortization
	of property	(mm/dd/yyy)	v) other bas	SIS	allowed or in earlie		Section (see instr	percen	age		for this year
					σαι πο	,	(555 11150)	<u> </u>			
							<u> </u>				
							<u> </u>				
							1				
20	Total. Add the amou	ınts in column (a)						_ 	20		
21	Total amortization cl	107							21		
22			•								
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form 10	00 or			
	Form 100W, Side 2,	line 12							22		

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2022	California Statements Emeryville Transportation Management Association	Page 2
Insurance Legal Fees Management fees Security	y. . & reloca . Total	49,235. 8,993. 379,475. 284,657. 88,456.
Statement 4 Form 199, Schedule L, Line Other Assets Rent security deposit	e 12 . Total	14,325. \$ 14,325.
Statement 5 Form 199, Schedule L, Line Other Liabilities Rounding	e 18 Total	\$ 1. \$ 1.

Syncromatics Replacement Options

History/Background

Emery Go-Round has been using GMV Syncromatics for real-time, ridership, and on-time performance (OTP) tracking since 2016. The program provides a passenger-facing app and Automatic Passenger Counter (APC) integration. Unfortunately, the APC integration has never functioned properly, providing a 50% variance from the drivers' manually-tracked ridership. Additionally, issues with their system's OTP tracking has prevented accurate reporting. Because Syncromatics' ridership and OTP reporting has had regular and ongoing issues, the only accurate function it provides is real-time locations.

As a result, we have reached out to three vendors to identify potential replacements for Syncromatics, TripShot, Swiftly and Trakk.

At the June 2023 ETMA Board Meeting, after viewing video demos provided by the three vendors, a sub-committee was formed to meet with each vendor, receive live demos, and participate in Q&A sessions. These meetings occurred during the first two weeks of July.

The sub-committee consisted of:

- Bobby Lee
- Betsy Cooley
- Peter Schreiber
- Izamar Hook

Sub-Committee Recommendation

On Tuesday, August 8, 2023, the sub-committee met to discuss the three vendors and to decide on a recommendation to be presented to the full ETMA board. Peter and Izamar were unable to attend, but Bobby, Betsy, Daniel and Aaron came to a consensus.

It is the sub-committee's recommendation to discontinue the use of Syncromatics and engage TripShot for real-time, ridership, and on-time performance tracking.

We recommend maintaining use of the APCs that are already installed in the shuttles.

If approved we will begin negotiations/discussions with TripShot regarding an Emery Go-Round branded app.

TripShot

Information:

Features/Benefits	Integrated Rider App, Real-Time Monitoring,
	Public and Private Facing Options, push
	notifications
Drawbacks	Higher Cost
Other Systems That Use	Mountain View Community Shuttle, Genentech,
	City of Santa Maria, Google

Pricing:

	Annual Price without APC Integration	Annual Price with APC Integration
Year 1	\$75,000 (\$240 PVPM)	\$81,120 (\$260 PVPM)
Year 2	\$75,000 (\$240 PVPM)	\$81,120 (\$260 PVPM)
Year 3	\$77,250 (\$248 PVPM)	\$84,240 (\$270 PVPM)



Information:

Features/Benefits	Real-Time Monitoring, Automated Reports,
	Integration with Transit App
Drawbacks	No dedicated passenger app, passenger interface
	limited and reliant on third-party systems
Other Systems That Use	AC Transit, FAST Transit, VTA

Pricing:

	Annual Price without APC Integration	Annual Price with APC Integration
Year 1	\$33,800 (\$108 PVPM) + \$8,632 setup	\$47,944 (\$154 PVPM) + \$8,632 setup
Year 2	\$34,814 (\$111 PVPM)	\$49,382.32 (\$160 PVPM)
Year 3	\$35,858.42 (\$115 PVPM)	\$50,863.79 (\$163 PVPM)



Information:

Features/Benefits	Branded "No-App" rider experience, Real-Time		
	Monitoring, Multiple individually branded		
	tracking sites, rider opt-in SMS alerts		
Drawbacks	Some features, such as SMS alerts and		
	wheelchair/bike tracking are in the process of		
	being implemented		
Other Systems That Use	TransAction Shuttles (Shuttle Operator), SP Plus		
	(Shuttle Operator), Wendy Silvani/Alexandria Real		
	Estate		

Pricing:

	Annual Price without APC Integration	Annual Price with APC Integration		
Year 1 \$39,000 (\$125 PVPM)	\$42,250 (\$125 PVPM + one-time \$3,250			
	\$39,000 (\$125 PVPIVI)	APC implementation)		
Year 2	\$39,000 (\$125 PVPM)*	\$39,000 (\$125 PVPM)*		
Year 3	\$39,000 (\$125 PVPM)*	\$39,000 (\$125 PVPM)*		

Transit Software Comparisons

	SYNCROMATICS	TripShot	Swiftly	↑ TRAKK		
Transit Systems						
Public Route Systems	Х	Х	X	X		
Private Route Systems		Х		X		
Connecting with Passengers						
Integrated Rider App	Х	Х				
Push Alerts	X	Χ		X		
GTFS-RT to Transit App, Google Maps, etc.	х	X	X	x		
Service Alerts through GTFS (not push)	Х	Х	х	х		
Real-Time Location Tracking	Х	Х	X	X		
Passenger Web Interface	X	Χ	Limited	X		
Estimated Arrival Times	X	Χ	X	X		
Headsign Connectivity	X	X	X			
Reporting/Performance Tracking						
On Time Performance Tracking	X	X	X	X		
Driver-Lead Passenger Counting		X	X	X		
Automatic Passenger Counter (APC) Compatibility	х	X	X	X		
Bike Tracking	X	Χ	X	X (Aug 2023)		
Wheelchair Tracking	X	X	X	X (Aug 2023)		
GPS Historical Playback	X	X	X	X		