

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or prnt or type See Specific Instructions	C Name of organization Special Transit Doing Business As		D Employer identification number 84-0777296
		Number and street (or P O box if mail is not delivered to street address) Room/suite 4880 Pearl Street		E Telephone number 303-447-2848
		City or town, state or country, and ZIP + 4 Boulder, CO 80301-2454		G Gross receipts \$ 11,400,755.
		F Name and address of principal officer: Helena Kottke 4880 Pearl Street, Boulder, CO 80301		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.specialtransit.org				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation 1979
				M State of legal domicile CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To promote independence and self-sufficiency for people with limited mobility.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	302
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,910,479.	3,543,621.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,352,238.	7,752,169.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	168,130.	104,965.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	142.	10,430,989.
		10,430,989.	11,400,755.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,605,183.	8,204,282.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 290,149.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,368,538.	2,695,824.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,973,721.	10,900,106.	
19 Revenue less expenses. Subtract line 18 from line 12	457,268.	500,649.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	7,807,567.	7,750,705.
	22 Net assets or fund balances. Subtract line 21 from line 20.	879,584.	940,670.
		6,927,983.	6,810,035.

Part II Signature Block

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

Signature of officer: Helena Kottke Date: June 12, 2009
 Type or print name and title: Helena Kottke, Executive Director DIRECTOR OF FINANCE

Preparer's signature: Thomas Sicut, CPA Date: 6/9/09
 Firm's name (or yours if self-employed), address, and ZIP + 4: Bradley, Allen & Associates, LLP
225 Union Boulevard, Suite 450
Lakewood, CO 80228
 Preparer's identifying number (see instructions): EIN ▶
 Phone no ▶ 303-988-1900

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

G15-18 17

SCANNED JUL 16 2009

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
See Attachment 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes", describe these new services on Schedule O.
Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes", describe these changes on Schedule O.
Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,448,924. including grants of \$) (Revenue \$ 2,952,954.)
See Attachment 2

4b (Code:) (Expenses \$ 3,705,583. including grants of \$) (Revenue \$ 3,983,613.)
See Attachment 2

4c (Code:) (Expenses \$ 1,960,248. including grants of \$) (Revenue \$ 2,101,900.)
See Attachment 2

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,195,262. including grants of \$) (Revenue \$ 1,683,862.)

4e Total program service expenses \$ 9,310,017. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	10		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	302		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		14
1b	Enter the number of voting members that are independent		14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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 in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed CO
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 303-447-2848 4880 Pearl Street, Boulder, CO 80301-2454

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mandy Yick Board Member		X					0.	0.	0.	
Mary Blue Board Member		X					0.	0.	0.	
Dottie Joyce Board Member		X					0.	0.	0.	
Anthony Lozano Board Member		X					0.	0.	0.	
Bob Matheson Board Member		X					0.	0.	0.	
Mariagnes Medrud Board Member		X					0.	0.	0.	
Bill Fischer Board Member		X					0.	0.	0.	
Teresa Rivas Board Member		X					0.	0.	0.	
Ron Secrist Board Member		X					0.	0.	0.	
Sam Sussman Board Member		X					0.	0.	0.	
Rebecca Herman Treasurer				X			0.	0.	0.	
Lee Lawson President				X			0.	0.	0.	
Jana Petersen Vice President				X			0.	0.	0.	
Judy Nock Secretary				X			0.	0.	0.	
Helena Kottke Executive Director	40.00			X			96,280.	0.	0.	
Richard Burns Director of Operations	40.00			X			74,085.	0.	0.	
Sandy Sisneros Director of Finance	40.00			X			68,580.	0.	0.	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	61,863.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	2,363,810.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,117,948.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			3543621.				
	Program Service Revenue	2 a <u>Transportation</u>	Business Code	480000	7752169.	7752169.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				7752169.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			104,965.			104,965.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses						
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses								
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d								
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				11,400,755.	7752169.	0.	104,965.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	288,762.	85,605.	203,157.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,103,284.	5,497,623.	444,200.	161,461.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	77,080.	56,245.	16,645.	4,190.
9 Other employee benefits	1,235,710.	1,133,226.	85,872.	16,612.
10 Payroll taxes	499,446.	440,075.	46,677.	12,694.
11 Fees for services (non-employees):				
a Management				
b Legal	11,023.		11,023.	
c Accounting	34,501.		34,501.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	6,231.		6,231.	
g Other				
12 Advertising and promotion	9,790.		9,790.	
13 Office expenses	116,941.	51,423.	52,511.	13,007.
14 Information technology	87,853.	1,088.	86,765.	
15 Royalties				
16 Occupancy	155,388.	108,157.	47,231.	
17 Travel	65,800.	30,920.	30,920.	3,960.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,065.		915.	150.
20 Interest	925.		925.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	570,477.	544,461.	26,016.	
23 Insurance	491,030.	467,669.	23,361.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>Vehicle and Facility Ma</u>	496,914.	407,274.	89,640.	
b <u>Fuel and Oil</u>	311,413.	311,413.		
c <u>Purchased Transportatio</u>	112,947.	112,947.		
d <u>Miscellaneous</u>	81,535.		3,460.	78,075.
e <u>Telephone</u>	62,133.	30,035.	32,098.	
f All other expenses	79,858.	31,856.	48,002.	
25 Total functional expenses. Add lines 1 through 24f	10,900,106.	9,310,017.	1,299,940.	290,149.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	256,658.	1	817,665.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,451,398.	4	2,363,957.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	70,662.	8	76,822.
	9 Prepaid expenses and deferred charges	160,879.	9	243,926.
	10a Land, buildings, and equipment: cost basis	10a 6,120,034.		
	b Less: accumulated depreciation Complete Part VI of Schedule D	10b 4,321,387.	2,154,609.	10c 1,798,647.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,708,411.	12	2,168,620.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,950.	15	281,068.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,807,567.	16	7,750,705.	
Liabilities	17 Accounts payable and accrued expenses	711,735.	17	718,909.
	18 Grants payable		18	
	19 Deferred revenue	167,849.	19	221,761.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	879,584.	26	940,670.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,620,500.	27	5,911,183.
	28 Temporarily restricted net assets	183,543.	28	807,296.
	29 Permanently restricted net assets	123,940.	29	91,556.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,927,983.	33	6,810,035.	
34 Total liabilities and net assets/fund balances	7,807,567.	34	7,750,705.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits?	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,405,175.	2,184,908.	2,930,688.	2,765,164.	3,271,414.	13,557,349.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	2,405,175.	2,184,908.	2,930,688.	2,765,164.	3,271,414.	13,557,349.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						13,557,349.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,405,175.	2,184,908.	2,930,688.	2,765,164.	3,271,414.	13,557,349.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,644.	82,012.	136,747.	168,130.	104,965.	545,498.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						14,102,847.
12 Gross receipts from related activities, etc. (see instructions)					12	34,519,119.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.13 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.90 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization: Special Transit; Employer identification number: 84-0777296

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

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

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a-2d.

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

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

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

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

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	614,286.				
b Contributions	104,675.				
c Investment earnings or losses	<153,533.>				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	565,428.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings	1,379,675.		781,394.	598,281.
c Leasehold improvements				
d Equipment	4,740,359.		3,539,993.	1,200,366.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				1,798,647.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Fundraising (event type)	(event type)	None (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	61,863.		61,863.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	61,863.		61,863.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	3,728.		3,728.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(3,728.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			58,135.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

17a

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

Special Transit

Employer identification number

84-0777296

Form 990, Part I, Line 1, Description of Organization Mission:

See attachment #1 for continuation.

Form 990, Part III, Line 4d, Other Program Services:

Under contract agreement with the Regional Transportation District

(RTD), Special Transit operates eight call-n-Ride transportation

services in the communities of Longmont, Broomfield, Superior,

Interlocken/Westmoor, Louisville, Brighton, South Thornton and North

Thornton. call-n-Ride is a hybrid demand responsive service

established in 2000 to serve residents living in specific communities

where fixed routes are generally not cost effective. Drivers take ride

requests directly from a passenger and arrange their own driving

schedules on a daily basis. Designed to connect people to the RTD

park-n-Rides during peak hours of commuter travel, the service is open

to anyone living or working within the defined geographic area for

general transportation purposes. Special Transit provided 161,733

trips in 2008.

Expenses \$ 1195262. including grants of \$ 0. Revenue \$ 1683862.

Form 990, Part VI, Section A, line 4: The Organization revised its

by-laws during the 2008 tax year.

Form 990, Part VI, Section A, line 10: The Organization's Executive

Director, Director of Finance and Board of Directors review the tax return

prior to filing.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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84-0777296

Form 990, Part VI, Section B, Line 12c: In January of each year, the Board of Directors and senior staff are required to review and sign a new Conflict of Interest Disclosure Statement.

Form 990, Part VI, Section B, Line 15: The Organization uses information from CANPO and Mountain States Employers Council to determine wage grade tables.

Form 990, Part VI, Section C, Line 19: The Organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Jon Kottke

(b) Relationship Between Interested Person and Organization:

Spouse of Executive Director of the Organization

(d) Description of Transaction: Legal Mr. Kottke was hired as legal council by the Board to assist with the purchase of land for the Organization's new facility.

(a) Name of Person: Bill Fischer

(b) Relationship Between Interested Person and Organization:

Board Member with Frasier Meadows Retirement Community.

(d) Description of Transaction: The Organization has a contract for services with Frasier Meadows Retirement Community.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization

Special Transit

Employer identification number

84-0777296

(a) Name of Person: Rebecca Herman

(b) Relationship Between Interested Person and Organization:

Vice President of Clinical Support Services for Longmont United Hospital

(d) Description of Transaction: The Organization has a contract with Homestead, which is part of Longmont United Hospital.

Special Transit
EIN 84-0777296
Attachment #1

Form 990, Page 2, Part III: Question 1. Special Transit's mission is to promote independence and self-sufficiency for people with limited mobility by providing caring, customer-focused transportation options. We provide a variety of transportation and mobility options that improve the quality of life for seniors, individuals with disabilities, and others with limited mobility in the many communities we serve. The organizational beliefs that support our mission and purpose are:

- We believe all people are entitled to live as independently as possible within their life circumstances.
- We believe freedom of movement is a basic human need in our society.
- We believe everybody counts (regardless of age, health, disability, income or ethnicity) and has a contribution to make to the community in which they live.

Special Transit was established in 1979 with initial funding from the Boulder County Commissioners to coordinate an efficient, cost-effective and accessible transportation system for older adults, people with disabilities and low-income individuals residing in the county. Special Transit links hundreds of individuals every day to medical appointments, treatment centers, meal sites, shelters, adult day care, educational facilities, and jobs. Our clients include older adults, mentally and physically challenged individuals, persons with chronic illnesses, temporarily disabled individuals, children in crisis, and individuals who are homeless. Special Transit is the only private, nonprofit paratransit provider in Boulder County and one of only two in the metro Denver region.

Special Transit now provides its traditional paratransit service in five counties in Colorado: all of Boulder County; Erie in rural Weld County; Brighton in Adams County; the very rural towns of Bennett, Strasburg, Deer Trail, Watkins, Henderson, and Byers in Adams and Arapahoe counties; and the Town of Estes Park in Larimer County.

Why Special Transit is Needed: The link to our society's discrete and spatially-dispersed activities is travel. Access to friends, families, employment, shopping and commerce, personal care, social interaction, education and cultural enrichment, and religious expression—nearly all of the benefits of modern society—depends on our ability to transport ourselves from one location to another. High levels of mobility mean high levels of access, choice, and opportunity, which can lead to self-fulfillment, enrichment, and independence. Low levels of mobility can lead to isolation from friends, services and an individual's community. For many older adults and individuals with disabilities, a lack of mobility options poses one of the greatest challenges to remaining independent.

Special Transit uses several performance measures to assess effectiveness and efficiency of service including:

1. Program Outcomes Measurement Evaluations (impact of mission)
2. Cost per trip
3. Trips per hour
4. Trips by Community
5. Trip Purpose
6. Client Demographics
7. Number of Revenue Hours
8. On-time performance measures
9. Call-center wait time
10. Number of preventable accidents per 100,000 miles traveled

Special Transit
EIN 84-0777296
Attachment #2

Form 990, Page 2, Part III: Question 4a. **Special Transit Service (STS)**, our mission-based service established in 1979, is a wheelchair-accessible, door-through-door, driver-assisted, demand-responsive service serving older adults and individuals with disabilities. Special Transit provided 123,356 trips and served 1,963 unduplicated individuals in 2008. The most recent Program Outcomes Measurement Evaluation showed that 97% of our riders agreed or strongly agreed Special Transit helps them to be more independent and self-sufficient. With a fleet of 32 mini buses, hybrid sedans and volunteer driver collaborations, Special Transit ensures that independence, access to the community and self-sufficiency are within reach for our target populations. Special Transit also provides a travel training program designed to teach older adults and people with disabilities how to safely and confidently use accessible public transportation to expand their independent travel options. Over 150 people were served in 2008 and evaluations indicate that successful trainees take an average of 14 trips per month on public transit. Special Transit's Mobility Specialist acts as a travel navigator and helps all new clients to connect to the many transportation options that exist in their communities. During 2008, over 800 new clients were contacted and 420 individual travel plans were developed. These transportation and mobility programs are funded by multiple sources including government grants, United Ways, foundations, businesses and individuals.

Form 990, Page 2, Part III: Question 4b. Under contract agreement with the Regional Transportation District (RTD) since 1996, Special Transit operates **access-a-Ride**, a paratransit program for individuals with disabilities that prevent them from using general public fixed route transit. As the regional publicly funded fixed route transit operator, RTD is mandated by the Americans with Disabilities Act (ADA) to fund accessible, demand-responsive, complementary paratransit services for eligible individuals. Special Transit is one of five providers of **access-a-Ride**, which operates throughout RTD's eight county metro-Denver service area. In 2008, Special Transit traveled 1,808,946 miles and provided 104,239 trips, a 10% increase over the prior year.

Form 990, Page 2, Part III: Question 4c. Under contract agreement with the city of Boulder and the University of Colorado-Boulder, Special Transit operates the **HOP**, an innovative, high frequency circulator shuttle that connects the major retail, business and educational centers in the congested core of the city. Operating on 7-to-10 minute frequencies, seven days/week, commuters, students, downtown workers, visitors, seniors and people with disabilities are all well served by the **HOP**. The Late Night **HOP** service (operating between 10 p.m. and 3 a.m. Thursday-Saturday during the academic year) ensures safe transit for students and late-night workers in this college town. Using smaller (28-32 foot-long), cleaner fuel-burning buses, the **HOP** helps reduce pollution, improves air quality, mitigates traffic and supports the local economy by increasing accessibility to the main areas of the city. The **HOP** provided 983,518 trips in 2008. Since its beginning in 1994, the **HOP** has provided 13,360,481 passenger trips and remains a model for cost-effective, customer-friendly, community-based transit in the area.