

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VIA MOBILITY SERVICES		D Employer identification number 84-0777296
	Doing Business As		E Telephone number (303) 447-2848
	Number and street (or P O box if mail is not delivered to street address) Room/suite 2855 N 63RD STREET		
	City or town, state or province, country, and ZIP or foreign postal code BOULDER, CO 803012959		G Gross receipts \$ 17,979,307
F Name and address of principal officer HELENA KOTTKE SANDY SIS 2855 N 63RD STREET BOULDER, CO 803012959		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.VIACOLORADO.ORG			
K Form 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 SEE ATTACHMENT #1		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	316
	6 Total number of volunteers (estimate if necessary)	6	20
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,283,928	3,536,156
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,147,664	9,217,687
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,773	332,848
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,224	50,000
		12,546,589	13,136,691
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,390,725	9,366,296
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>387,802</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,271,736	3,373,351
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,662,461	12,739,647	
19 Revenue less expenses Subtract line 18 from line 12	-115,872	397,044	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	19,984,327	20,621,482
	21 Total liabilities (Part X, line 26)	1,115,692	1,249,693
22 Net assets or fund balances Subtract line 21 from line 20	18,868,635	19,371,789	

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-06-30 Date
	SANDY SISNEROS EXECUTIVE DIRECTOR / FINANCE DIR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERTA GEROU CPA MT	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01483969
	Firm's name BRADLEY CONSULTING GROUP			Firm's EIN 27-1239580	
	Firm's address 225 UNION BOULEVARD SUITE 450 LAKEWOOD, CO 80228			Phone no (303) 988-1900	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE ATTACHMENT #1 (SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 2,977,004 including grants of \$) (Revenue \$ 2,708,286)
MISSION SERVICES SEE ATTACHMENT #1 (SCHEDULE O)

4b (Code) (Expenses \$ 4,223,349 including grants of \$) (Revenue \$ 4,716,550)
ACCESS-A-RIDE SEE ATTACHMENT #1 (SCHEDULE O)

4c (Code) (Expenses \$ 1,991,277 including grants of \$) (Revenue \$ 2,362,358)
HOP TRANSPORTATION SEE ATTACHMENT #1 (SCHEDULE O)

(Code) (Expenses \$ 1,388,896 including grants of \$) (Revenue \$ 2,411,350)
CALL-N-RIDE, MOBILITY PROGRAM AND ALL OTHER PROGRAMS THE TOTAL REVENUE OF \$2,411,350 INCLUDES \$133,855 OF DIRECT PROGRAM REVENUE FOR THE MOBILITY PROGRAM AND \$1,822,504 IS EARNED INCOME REVENUE OF CALL-N-RIDE THE REMAINDER OF \$454,991 IS COMPRISED OF FUNDS DESIGNATED FOR THE PURCHASE OF CAPITAL ASSETS FOR MISSION SERVICES

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,388,896 including grants of \$) (Revenue \$ 2,411,350)

4e Total program service expenses 10,580,526

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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		No
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

		Yes	No
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 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 THE ORGANIZATION 2855 N 63RD STREET
 BOULDER, CO 803012959 (303) 447-2848

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or 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 parts VII in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL MUNSON BOARD MEMBER	2 00	X						0	0	0
(2) LIZ ABBOTT VICE PRESIDENT	2 00	X		X				0	0	0
(3) SUZANNE HOOVER BOARD MEMBER	2 00	X						0	0	0
(4) DON BROWN BOARD MEMBER	2 00	X						0	0	0
(5) FRANK BRUNO PRESIDENT	2 00	X		X				0	0	0
(6) JOAN CAMPBELL BOARD MEMBER	2 00	X						0	0	0
(7) STACY CORNAY MEMBER-AT-LARGE	2 00	X						0	0	0
(8) THURSTON MANNING BOARD MEMBER	2 00	X						0	0	0
(9) SAM SUSSMAN BOARD MEMBER	2 00	X						0	0	0
(10) WENDY REYNOLDS SECRETARY	2 00	X		X				0	0	0
(11) FRANK LATINO JR TREASURER	2 00	X		X				0	0	0
(12) FORREST FLEMING BOARD MEMBER	2 00	X						0	0	0
(13) GRETCHEN WAHL PAST PRESIDENT	2 00	X		X				0	0	0
(14) PETER POWERS BOARD MEMBER	2 00	X						0	0	0
(15) B SCOT SMITH BOARD MEMBER	2 00	X						0	0	0
(16) LENNA KOTTKE EXECUTIVE DIRECTOR	45 00					X		134,190	0	0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	3,473,990				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	62,166				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	3,536,156				
Program Service Revenue	2a	TRANSPORTATION					
		Business Code					
		480000	8,935,105	8,935,105			
	b	RIDER FARES					
		480000	282,582	282,582			
	c						
	d						
	e						
f	All other program service revenue						
g	Total. Add lines 2a-2f	9,217,687					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	89,435			89,435	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	b	c	d	(i) Real	(ii) Personal	
	7a	b	c	d	(i) Securities	(ii) Other	
					5,086,029		
					4,842,616		
					243,413		
					243,413		243,413
	8a	b	c	d	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		
	9a	b	c	d	Gross income from gaming activities See Part IV, line 19		
10a	b	c	d	Gross sales of inventory, less returns and allowances			
Miscellaneous Revenue		Business Code					
11a	INSURANCE SETTLEMENT PROCEEDS	900099	50,000	50,000			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	50,000					
12	Total revenue. See Instructions	13,136,691	9,267,687	0		332,848	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	340,942	105,607	235,335	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	6,993,671	6,178,879	532,338	282,454
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	85,042	59,154	18,604	7,284
9	Other employee benefits.	1,368,000	1,233,892	107,275	26,833
10	Payroll taxes.	578,641	498,748	58,075	21,818
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	41,242		41,242	
12	Advertising and promotion.	55,752		55,752	
13	Office expenses.	85,665	39,938	39,938	5,789
14	Information technology.	158,263	20,707	137,556	
15	Royalties.				
16	Occupancy.	154,583	121,706	32,877	
17	Travel.	72,350	35,490	35,490	1,370
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	800,060	632,196	167,864	
23	Insurance.	584,685	547,660	37,025	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	VEHICLE AND FACILITY MA	640,023	636,159	3,864	
b	FUEL AND OIL	264,721	264,721		
c	MISCELLANEOUS	162,809		120,555	42,254
d	PURCHASED TRANSPORTATIO	131,996	131,996		
e	All other expenses	221,202	73,673	147,529	
25	Total functional expenses. Add lines 1 through 24e.	12,739,647	10,580,526	1,771,319	387,802
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,095,795	1	1,883,060
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	99,902	3	3,515
	4 Accounts receivable, net	2,954,101	4	2,471,855
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	73,019	8	117,986
	9 Prepaid expenses and deferred charges	303,399	9	260,505
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 17,948,512		
	b Less accumulated depreciation	10b 5,472,196	12,452,056	10c 12,476,316
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	2,983,852	12	3,397,857
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	22,203	15	10,388
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,984,327	16	20,621,482	
Liabilities	17 Accounts payable and accrued expenses	1,012,205	17	1,116,847
	18 Grants payable		18	
	19 Deferred revenue	103,487	19	132,846
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,115,692	26	1,249,693
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,558,089	27	19,181,619
	28 Temporarily restricted net assets	187,762	28	55,273
	29 Permanently restricted net assets	122,784	29	134,897
	Organizations that do not follow SFAS 117 (ASC 958), 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	18,868,635	33	19,371,789	
34 Total liabilities and net assets/fund balances	19,984,327	34	20,621,482	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,136,691
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,739,647
3	Revenue less expenses Subtract line 2 from line 1	3	397,044
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,868,635
5	Net unrealized gains (losses) on investments	5	106,109
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,371,789

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VIA MOBILITY SERVICES

Employer identification number
84-0777296

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,647,326	11,003,511	1,322,664	3,283,928	3,536,156	24,793,585
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,647,326	11,003,511	1,322,664	3,283,928	3,536,156	24,793,585
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						24,793,585

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	5,647,326	11,003,511	1,322,664	3,283,928	3,536,156	24,793,585
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,278	21,793	46,972	80,566	89,435	307,044
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)						25,100,629
12 Gross receipts from related activities, etc. (see instructions)					12	7,828,093

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.780%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	98.700%

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. 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

b 10%-facts-and-circumstances test—2012. 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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization VIA MOBILITY SERVICES

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Table for Part II Conservation Easements. Includes questions about purpose of easements, conservation contribution details, and monitoring requirements. Includes a sub-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.

Table for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

Part V Endowment Funds. Complete if the 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	921,656	831,901	831,372	686,543	565,428
b Contributions	1,050	1,400	400	129	1,800
c Net investment earnings, gains, and losses	148,566	88,355		143,279	119,315
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,071,272	921,656	831,901	831,372	686,543

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

- a** Board designated or quasi-endowment 100.000 %
- b** Permanent endowment
- c** Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,501,137		2,501,137
b Buildings		7,988,020	646,637	7,341,383
c Leasehold improvements				
d Equipment		1,754,213	951,845	802,368
e Other		5,705,142	3,873,714	1,831,428
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,476,316

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	13,303,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	106,109	
b	Donated services and use of facilities	2b	110,881	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-50,000	
e	Add lines 2a through 2d			2e 166,990
3	Subtract line 2e from line 1			3 13,136,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 13,136,691

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	12,850,528
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	110,881	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e 110,881
3	Subtract line 2e from line 1			3 12,739,647
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 12,739,647

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INSURANCE SETTLEMENT PROCEEDS

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization VIA MOBILITY SERVICES

Employer identification number 84-0777296

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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

29

Table with 3 columns: Question, Yes, No. Rows include 30a (property holding period), 31 (gift acceptance policy), 32a (third parties), 33 (amount reporting).

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
VIA MOBILITY SERVICES

Employer identification number
84-0777296

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE, AUDIT COMMITTEE AND BOARD OF DIRECTORS REVIEW THE TAX RETURN PRIOR TO FILING
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
FORM 990, PART III, LINE 1	<p>VIA MOBILITY SERVICES EIN 84-0777296 ATTACHMENT #1 FORM 990, VIAS 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 OLDER ADULTS, INDIVIDUALS WITH DISABILITIES, AND OTHERS WITH LIMITED MOBILITY VIA MOBILITY SERVICES EXEMPT PURPOSE ALSO ENCOMPASSES OUR CONTRACT TRANSPORTATION SERVICES THAT REDUCE VEHICULAR TRAFFIC IN HIGH DENSITY AREAS AND ENHANCE LOCAL GOVERNMENTS' EFFORTS TO PROVIDE ACCESSIBLE, APPROPRIATE AND AVAILABLE TRANSPORTATION OPTIONS TO ALL MEMBERS OF THE COMMUNITY FORM 990, PAGE 2, PART III - VIAS 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 VIA WAS ESTABLISHED IN 1979 AS SPECIAL TRANSPORTATION FOR BOULDER COUNTY (DBA SPECIAL TRANSIT) 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 VIA 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 VIA 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, AND BYERS IN ADAMS AND ARAPAHOE COUNTIES, AND THE TOWN OF ESTES PARK IN LARIMER COUNTY WHY VIA MOBILITY SERVICES (VIA) IS NEEDED THE LINK TO OUR SOCIETY'S DISCRETE AND SPATIALLY-DISPersed ACTIVITIES IS TRAVEL ACCESS TO FRIENDS, FAMILIES, EMPLOYMENT, SHOPPING AND COMMERCE, HEALTH AND 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 VIA 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 FORM 990 VIAS PARATRANSIT PROGRAM IS A WHEELCHAIR-ACCESSIBLE, DOOR- THROUGH-DOOR, DRIVER-ASSISTED, DEMAND-RESPONSE SERVICE SERVING OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES VIA PARATRANSIT PROVIDED 143,719 TRIPS AND SERVED 2,639 UNDUPLICATED INDIVIDUALS IN 2013 THE MOST RECENT PROGRAM OUTCOMES MEASUREMENT EVALUATION SHOWED THAT 94% OF OUR RIDERS AGREED OR STRONGLY AGREED VIA HELPS THEM TO BE MORE INDEPENDENT AND 95% AGREED OR STRONGLY AGREED THAT VIA HELPS THEM TO BE MORE SELF-SUFFICIENT WITH A FLEET OF 41 MINI BUSES, HYBRID SEDANS AND VOLUNTEER DRIVER COLLABORATIONS, VIA ENSURES THAT INDEPENDENCE, ACCESS TO THE COMMUNITY AND SELF-SUFFICIENCY ARE WITHIN REACH FOR OUR TARGET POPULATIONS VIA 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 A TOTAL OF 55 PEOPLE WERE SERVED IN 2013 IN THE COMPREHENSIVE INDIVIDUAL TRAVEL TRAINING PROGRAM AND EVALUATIONS INDICATE THAT SUCCESSFUL TRAINEES TAKE AN AVERAGE OF 24 TRIPS PER MONTH ON PUBLIC TRANSIT VIA ACTS AS A TRAVEL NAVIGATOR AND HELPS ALL NEW CLIENTS TO CONNECT TO THE MANY TRANSPORTATION OPTIONS THAT EXIST IN THEIR COMMUNITIES DURING 2013, 1,583 NEW CLIENTS WERE CONTACTED AND 585 HAD INDIVIDUAL TRAVEL PLANS 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, VIA 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, PARATRANSIT SERVICES FOR ELIGIBLE INDIVIDUALS VIA IS ONE OF FOUR PROVIDERS OF ACCESS-A-RIDE WHICH OPERATES THROUGHOUT RTD'S EIGHT COUNTY METRO-DENVER SERVICE AREA IN 2013, VIAS ACCESS-A-RIDE PROGRAM PROVIDED 98,111 TRIPS FORM 990 PAGE 2, PART III QUESTION 4C UNDER CONTRACT AGREEMENT WITH THE CITY OF BOULDER AND THE UNIVERSITY OF COLORADO-BOULDER, VIA 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 882,270 TRIPS IN 2013 THE HOP REMAINS A MODEL FOR COST-EFFECTIVE, CUSTOMER-FRIENDLY, COMMUNITY-BASED TRANSIT IN THE AREA FORM 990, PAGE 2, PART III QUESTION 4D UNDER CONTRACT AGREEMENT WITH THE REGIONAL TRANSPORTATION DISTRICT (RTD), VIA OPERATES EIGHT CALL-N-RIDE TRANSPORTATION SERVICES IN THE COMMUNITIES OF LONGMONT, BROOMFIELD, INTERLOCKENWESTMOOR, LOUISVILLE, FEDERAL HEIGHTS, 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 VIAS CALL-N-RIDE PROGRAM PROVIDED 134,288 TRIPS IN 2013</p>