Form	99	0
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Extended to November 15, 2024 **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) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

	epartment of the Treasury ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection		
A For the 2023 calendar year, or tax year beginning and ending						
B C a	heck if oplicat	f C Name o	forganization		D Employer identifica	tion number
Address Via Mobility Services						
	Nam chan	e	usiness as		84-077729	6
	Initia retur			Room/suit	e E Telephone number	
	 retur	2855	N. 63rd Street		303-447-2	848
	termi ated	in_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	26,138,846.
	Ame retur		der, CO 80301-2959		H(a) Is this a group retu	ım
	Appl tion	^{ica-} F Name a	nd address of principal officer: Frank Bruno / Bill	Patte	for subordinates?	Yes X No
	pend	same	as C above		H(b) Are all subordinates inclu	uded? Yes No
<u>I</u> T	ax-ex	xempt status: [or 🗌 52	7 If "No," attach a lis	st. See instructions
	Vebs		viacolorado.org		H(c) Group exemption	
			X Corporation Trust Association Other	L Yea	r of formation: 1979 M	State of legal domicile: CO
Pa	rt I	Summary				
Ð	1	Briefly describ	be the organization's mission or most significant activities: See	Attac	hment #1	
Governance						
erné	2	Check this bo		sed of mor		
0 Č	3					16
	4		lependent voting members of the governing body (Part VI, line 1b)			16
ies	5		of individuals employed in calendar year 2023 (Part V, line 2a)			442
Activities &	6		of volunteers (estimate if necessary)			20
Act						0.
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year
	0	Contributions	and grants (Dart) (III line 1b)		9,814,468.	9,424,064.
Ine	8 9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		17,008,897.	16,200,340.
Revenue	10		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		24,963.	13,924.
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		102,095.	500,518.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,950,423.	26,138,846.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		19,554,368.	19,422,201.
Ise	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ing expenses (Part IX, column (D), line 25) 337,82	10.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		7,913,061.	9,022,899.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,467,429.	28,445,100.
	19	Revenue less	expenses. Subtract line 18 from line 12		-517,006.	-2,306,254.
s or				В	eginning of Current Year	End of Year
sets alan						35,862,389.
t As	21		(Part X, line 26)		13,632,151.	13,219,128.
			fund balances. Subtract line 21 from line 20		24,603,833.	22,643,261.
	rt II					
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of my k	nowledge 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. Т

Sign	Signature of officer			Date			
-	Frank Bruno / Bill Patter	son, CEO/Director of	Finan	ce			
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	Leanna Velotta, EA	Leanna Velotta, EA	08/29	/24 self-employed	P01775411		
Preparer	Firm's name Wipfli LLP			Firm's EIN 39-	0758449		
Use Only	Firm's address 3615 Delgany St.,	Suite 500					
	Denver, CO 80216			Phone no. 303 .	759.0089		
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions						
LHA For	A For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

Form	n 990 (2023) Via Mobility Services rt III Statement of Program Service Accomplishments	84-	0777296 Page 2
ra			X
1	Check if Schedule O contains a response or note to any line in this Part III		A
•	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 X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program s		Yes X No
5	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measure	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.		
4a) (Revenue \$	3,346,659.
	Mission Services: See Attachment #1 (Schedule O)		
4b	(Code:) (Expenses \$4, 382, 419. including grants of \$) (Revenue \$	4,760,378.
	Access-a-Ride: See Attachment #1. (Schedule O)		
	2 (07 (11		2 717 012
4c	(Code:) (Expenses \$3,687,611. including grants of \$ Hop Transportation: See Attachment #1 (Schedule O)) (Revenue \$	3,717,913.
	hop fransportation: see Attachment #1 (Schedule 0)		
4d	Other program services (Describe on Schedule O.)	7 510 1	
4-	(Expenses \$ 5,905,840. including grants of \$) (Revenue \$ Total program service expenses 23,211,712.	7,518,	• 000
4e	Total program service expenses23,211,712.		Form 990 (2023
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00	2 12-21-23		

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Form 990 (2023) Via Mobility Services
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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
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)? If "Yes," complete Schedule D, Part X	11f		х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
120		12a	х	
h	Schedule D, Parts XI and XII	120	- 23	
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a		13 14a		X
14а ь		148		- 23
U	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			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
13		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- 23
10		16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>			- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	– "–		
10		18		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			- 23
19		10		х
20-	complete Schedule G, Part III	<u>19</u>		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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 Form 990 (2023)
 Via Mobility Services

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
D.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X QQA	(00000)
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Form	<u>990 (2023)</u> Via Mobility Services 84-0777	296	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 442			
	, , , ,		х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	~	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	It "Yes," has it filed a Form 990-1 for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	4		
	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Y
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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 Form 990 (2023)
 Via Mobility Services
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A Governing Body and Management	

X	

Sec	tion A. Governing Body and Management					
		Ι.	1 1 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	16			
	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 on Schedule O.		16			
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			2		
3				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?	3 4		X
- 5	Did the organization make any significant changes to its governing documents since the phone of the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization become aware during the year of a significant diversion of the organization s as			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					<u> </u>
74	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	X	
b	Describe on 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			12a	X X	
b	, , , , , , , , , , , , , , , , , , , ,					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ine	dependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45 -	Х	
a ⊾	The organization's CEO, Executive Director, or top management official			15a	X	
a	Other officers or key employees of the organization			15b	л	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont w	ith a			
100				16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•			
	exempt status with respect to such arrangements?		-	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	f interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records			
	The Organization - 303-447-2848					
	2855 N. 63rd Street, Boulder, CO 80301-2959				000	10.5
332006	12-21-23			Form	990	(2023)
	6					

2023.04020 VIA MOBILITY SERVICES

501949_1

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week			uau		1/		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)		and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	est cc loyee	ner	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) Frank Bruno	45.00									
CEO						X		224,960.	0.	696.
(2) Bill Patterson	40.00									
CFO				Х				186,849.	0.	0.
(3) Cris Aboussie	2.00									
Past President		Х		Х				0.	0.	0.
(4) Dale Abood	2.00									
Board Member		Х						0.	0.	0.
(5) Kady Haisley	2.00									
Board Member		Х						0.	0.	0.
(6) George Gerstle	2.00									
President		Х		Х				0.	0.	0.
(7) Bruce W. Warren	2.00									
Secretary		Х		Х				0.	0.	0.
(8) Brian Lindoerfer	2.00									
Vice President		Х		Х				0.	0.	0.
(9) Joseph Sleeper	2.00									
Board Member		Х						0.	0.	0.
(10) Sheble McConnellogue	2.00									-
Board Member		Х						0.	0.	0.
(11) Sam Black	2.00									-
Board Member		Х						0.	0.	0.
(12) Susana Perez	2.00								•	•
Board Member		Х						0.	0.	0.
(13) Laura Zavala	2.00								0	0
Board Member	0.00	X						0.	0.	0.
(14) Stephanie Knight	2.00								0	0
Board Member	0.00	Х						0.	0.	0.
(15) Tex Elam	2.00								•	•
Board Member		Х						0.	0.	0.
(16) Alison Bruckner	2.00							_	•	<u>^</u>
Board Member		X						0.	0.	0.
(17) Tom Wallace	2.00								•	<u>^</u>
Treasurer		Х		Х				0.	0.	0.
332007 12-21-23				_	-					Form 990 (2023)

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7

	990 (2023) Via Mobil	lity Ser	vi	.ce	s					84-07	777	296	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensatio from related		ation amo						
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizat d relate anizatio	e ion ed
(18)	Chris Maughan	2.00												
<u>Boar</u>	d Member		X						0.		0.			0.
	Subtotal								411,809.		0.		6	96.
	Total from continuation sheets to Part VI								0.411,809.		0.		6	<u>0.</u> 96.
2	Total (add lines 1b and 1c)									000 of reportable				2
	compensation from the organization												Yes	⊿ No
3	Did the organization list any former officer,			•	•	-		Ŭ	• • •			3		x
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			v	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	X	
-	rendered to the organization? If "Yes," com											5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	pensat	ion fro	m	
	(A) Name and business			ONE					(B) Description of s		С	(C omper		n
					-									
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	l to i	thos (ted	above) who received mo	ore than			000	
												Form	990 (;	2023)

332008 12-21-23

	990 (2	2023) Via Mobility	Services			84-0777	296 Page
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line		(5)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
s v	1 a	Federated campaigns 1a					
and Other Similar Amounts		Membership dues 1b					
		Fundraising events 1c					
ar A							
5 E	е	Government grants (contributions) 1e	9,399,329.				
ŝ	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	24,735.				
D D	-	Noncash contributions included in lines 1a-1f					
a c	h	Total. Add lines 1a-1f		9,424,064.			
		The second sector is the second se	Business Code	16 055 412	16077412		
2	2 a	Transportation	480000 480000	16,077,413.	16077413.		
ne	b	Rider Fares	480000	122,927.	122,927.		
	c d						
Be Be	u e						
2		All other program service revenue					
	a.	Total. Add lines 2a-2f		16,200,340.			
	3	Investment income (including dividends, inter					
		other similar amounts)		13,924.			13,924
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss)					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	Gross amount from sales of assets other than inventory 7a					
	h	Less: cost or other basis					
ē		and sales expenses					
evenue	с	Gain or (loss) 7c					
Rev		Net gain or (loss)					
Other R	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	. . a	and allowances <u>10</u>	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
			Business Code				
n a	11 a	Rental Income		413,699.	413,699.		
Sinu Sinu	b	Endowment Revenue		86,819.	86,819.		
eve	с						
Revenue		All other revenue					
-		Total. Add lines 11a-11d		500,518.			
	12	Total revenue. See instructions		26,138,846.	16700858.	0.	13,924

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	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	412,505.	225,656.	186,849.	
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	15,242,483.	12,942,344.	2,059,906.	240,233.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	195,734.		<u>31,317.</u> 316,412.	<u>5,872</u> 45,202.
9	Other employee benefits	2,260,086.		316,412.	45,202.
10	Payroll taxes	1,311,393.	1,167,140.	118,025.	26,228.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	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 Sch 0.)	215,470.	76,000.	139,470.	
12	Advertising and promotion	43,790.		43,790.	
13	Office expenses	69,397.	28,213.	28,213.	12,971.
14	Information technology				
15	Royalties				
16	Occupancy	379,165.	376,986.	2,179.	
17	Travel	49,944.	24,972.	24,972.	
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	1,629,173.		76,840.	
23	Insurance	1,475,300.	1,218,163.	257,137.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Vehicle and Facility Ma	2,836,532.	2,637,512.	199,020.	
b	Fuel and Oil	608,001.	608,001.		
с	Bank and Finance Charge	471,083.		471,083.	
d	Information Technology	442,303.		442,303.	
е	All other expenses	802,741.	297,375.	498,062.	7,304.
25	Total functional expenses. Add lines 1 through 24e	28,445,100.	23,211,712.	4,895,578.	337,810.
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 if following SOP 98-2 (ASC 958-720)				
					Farm 990 (0000)

10

Via Mobility Services 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)

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2023.04020 VIA MOBILITY SERVICES

Form 990 (2023)

Form 990 (2023)

11

Via Mobility Services Part X Balance Sheet

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

		Check if Schedule O contains a response or note to any	/ line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,235,779.	1	1,592,347.
	2	Savings and temporary cash investments	F		2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,882,343.	4	4,869,060.
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial c				
		controlled entity or family member of any of these perso			5	
	6	Loans and other receivables from other disqualified per	F F		-	
		under section $4958(f)(1)$), and persons described in sect			6	
6	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			8	
Ase	9			762,356.	9	710,194.
		Land, buildings, and equipment: cost or other		,	Ŭ	• , _ • _ •
		basis. Complete Part VI of Schedule D 10a	40,959,915.			
	Ь	Less: accumulated depreciation 10b	40,959,915. 17,236,013.	24,557,164.	10c	23,723,902.
	11	Investments - publicly traded securities		, ,	11	.,,
	12	Investments - other securities. See Part IV, line 11		4,366,476.	12	4,836,343.
	13	Investments - program-related. See Part IV, line 11		, ,	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		431,866.	15	130,543.
	16	Total assets. Add lines 1 through 15 (must equal line 3		38,235,984.	16	35,862,389.
	17	Accounts payable and accrued expenses		3,627,858.	17	3,605,036.
	18	Grants payable			18	· · ·
	19	Deferred revenue		340,510.	19	189,118.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
6	22	Loans and other payables to any current or former offic				
Liabilities		trustee, key employee, creator or founder, substantial c				
lide		controlled entity or family member of any of these perso			22	
Liá	23	Secured mortgages and notes payable to unrelated thir	F		23	
	24	Unsecured notes and loans payable to unrelated third p	Г		24	
	25	Other liabilities (including federal income tax, payables	Г			
		parties, and other liabilities not included on lines 17-24).				
		of Schedule D		9,663,783.	25	9,424,974.
	26	Total liabilities. Add lines 17 through 25		13,632,151.	26	<u>9,424,974.</u> 13,219,128.
		Organizations that follow FASB ASC 958, check here				
Sec		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions	24,593,897.	27	22,631,752.	
Bal	28	Net assets with donor restrictions	9,936.	28	22,631,752. 11,509.	
pu		Organizations that do not follow FASB ASC 958, che	ck here			
ηų		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipmer			30	
As	31	Retained earnings, endowment, accumulated income, o			31	
Net	32	Total net assets or fund balances		24,603,833.	32	22,643,261.
	33	Total liabilities and net assets/fund balances		38,235,984.	33	35,862,389.
_	_					Farm 990 (0000)

Form 990 (2023)

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Form	990 (2023) Via Mobility Services	84-	0777296	Pa	_{ge} 12		
Pa	rt 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	26,13				
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,44				
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,30				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,60				
5	Net unrealized gains (losses) on investments	5	34	<u>5,6</u>	83.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	22,64	<u>3,2</u>	62.		
Pa	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X			

Form **990** (2023)

SCHEDULE A (Form 990)	Public Charity Status and Public Support
(10111 330)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Department of the Treasury	Attach to Form 990 or Form 990-EZ.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2023	

Name of the	organization

	Open to Public Inspection
Employer	identification numb

Nan	ne of t	the organization	Mability C				E		identification number 4-0777296
Do	rt I	Reason for Public (<u>Mobility Sectors</u>		omploto th	ic nort) C			4-0///290
							ee instructions.		
	organ	ization is not a private found		c .		,			
1		A church, convention of ch				n 170(b)(1	I)(A)(I).		
2		A school described in sect		-			•		
3		A hospital or a cooperative					-	::) Entor	the beenitel's name
4		A medical research organiz	ation operated in col	njunction with a hospital	described	III Sectio	n 170(d)(1)(A)(l	III). Enter	the hospital's hame,
F		city, and state:	or the banafit of a co	llogo or university owned	or oporat		vorpmontal uni	t docoribo	od in
5		An organization operated for section 170(b)(1)(A)(iv). (0		liege of university owned	or operate	eu by a go		t describe	
6				aantal wait daaaribad in	nation 17	0/6//4//4/	()		
6	X	A federal, state, or local gov	-					apporal	ublic described in
'	_ 11	An organization that norma section 170(b)(1)(A)(vi). (C	•	Initial part of its support if	un a gove	mentari		yenerai p	
8		A community trust describe		(1)(A)(vi) (Complete Par	• 11.)				
9	\square	•			-	d in coniu	nction with a la	and grapt	collogo
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
		university:	fram college of agric			lame, city	, and state of th	le college	0
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s membership	fees and	d aross receipts from
10		•					•		•
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross inver- income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30,							-
		See section 509(a)(2). (Complete Part III.)							
11		An organization organized a	. ,	vely to test for public sat	etv See	section 50	9(a)(4)		
12	\square	An organization organized a		•	•			v out the	nurnoses of one or
		more publicly supported or	•	•	•				
		lines 12a through 12d that	-						
а		Type I. A supporting orga			-			-	aivina
		the supported organization	-	-	• • • •	-			
		organization. You must o							
b		Type II. A supporting org	-		ion with its	s supporte	d organization	s), by hav	rina
		control or management o					•		-
		organization(s). You mus							
с		Type III functionally inte	-		in connect	ion with. a	and functionally	integrate	d with.
		its supported organization		•••			-	5	,
d		Type III non-functionally		-				ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	bution rec	uirement and a	an attentiv	veness
		requirement (see instructi			•		-		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of n		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see inst	tructions)	support (see instructions)

Schedule A (Form 990) 2023

Part II

Via Mobility Services

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	400001	7100565	10146040	0014460	0404064	40042100
	include any "unusual grants.")	4269081.	/188565.	10146948.	9814468.	9424064.	40843126.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4269081.	7188565.	10146948.	9814468.	9424064.	40843126.
	The portion of total contributions						
Ū	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)						
	Public support. Subtract line 5 from line 4.						40843126.
See	ction B. Total Support			-	•		-
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4269081.	7188565.	10146948.	9814468.	9424064.	40843126.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	123,208.	104,817.	119,034.	24,963.	13,924.	385,946.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					ļ	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						41229072.
	Total support. Add lines 7 through 10		\				41229072.
	Gross receipts from related activities,	•	,				
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage			<u></u>	
	Public support percentage for 2023 (I		-	column (f))		14	99.06 %
	Public support percentage from 2022					15	98.69 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	-					V
b	33 1/3% support test - 2022. If the o		•				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, che	ck this box and st	t op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

14 2023.04020 VIA MOBILITY SERVICES 501949_1

Schedule A	(Form 990)) 2023	Via	Mobility	' Services	
Part III	Support	Schedule f	or Orga	nizations De	scribed in Sec	tion 509(a)(2)

Via Mobility Services

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) 7 ati a 1

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section !		 nization
	check this box and stop here	0		,	,	()()	,
Se	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
16	Public support percentage from 2022		-			16	%
	ction D. Computation of Invest					1 1	^
	Investment income percentage for 20			ine 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2023. If the					· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2022. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23			,, seen c			lule A (Form 990) 2023
			15	5			,-

2023.04020 VIA MOBILITY SERVICES

Via Mobility Services

Yes No

Part IV Supporting Organizations

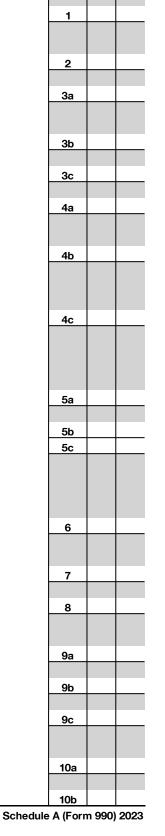
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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2023.04020 VIA MOBILITY SERVICES

	(Form 990) 2023	-	Mobili
Part IV	Supporting Orga	nizations	(continued

2

1

2

3

2a

2b

3a

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported experimentations and what conditions are restrictions, if any applied to such neuron during the tay year	1		

lity Services

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Section C. Type II Supporting Organizations	
supervised, or controlled the supporting organization.	

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

	Sec	Stori D. All Type in Supporting Organizations
-	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
		your, (i) a copy of the Form cop and was most recently need to of the date of notification, and (ii) copies of the

- organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a З
- significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	see instructions).
---	--------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructi	ion <u>s).</u>
---	--	---	--	----------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

Section A - Adjusted Net Incor	ne		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gair	1	1		
2 Recoveries of prior-year di	stributions	2		
3 Other gross income (see in	nstructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletio	n	5		
6 Portion of operating exper	nses paid or incurred for production or			
collection of gross income	or for management, conservation, or			
maintenance of property h	neld for production of income (see instructions)	6		
7 Other expenses (see instru	uctions)	7		
8 Adjusted Net Income (su	btract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset An	nount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market valu	e of all non-exempt-use assets (see			
instructions for short tax y	ear or assets held for part of year):			
a Average monthly value of	securities	1a		
b Average monthly cash bal	ances	1b		
c Fair market value of other	non-exempt-use assets	1c		
d Total (add lines 1a, 1b, ar	ld 1c)	1d		
e Discount claimed for bloc	kage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness	applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1	d.	3		
4 Cash deemed held for exe	mpt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-u	ise assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year di	stributions	7		
8 Minimum Asset Amount	(add line 7 to line 6)	8		
Section C - Distributable Amo	unt			Current Year
1 Adjusted net income for p	rior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
	r prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or li		4		
5 Income tax imposed in pri		5		
	ubtract line 5 from line 4, unless subject to			
emergency temporary red		6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023 Via Mobility Services Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue)

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-1

1 41	Type in Non Tanetionally integrated 005(allo ouppor und orda	Continu	uea)	
Secti	on D - Distributions		· · ·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	Via	Mobility	Services			84-0777296	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. 2, 3b, 3c ines 2 an	Provide the expl , 4b, 4c, 5a, 6, 9a d 3; Part IV, Secti	anations required a, 9b, 9c, 11a, 11b on E, lines 1c, 2a,	, and 11c; Part IV, Sect 2b, 3a, and 3b; Part V,	ion B, lines 1 a line 1; Part V,	7b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and 8 (See instructions.)	3; and Pa	rt V, Section E, lir	nes 2, 5, and 6. Als	o complete this part fo	r any additiona	al information.	,
332028 12-21-2	23						Schedule A (Form 9	90) 2023
				20			-	

					OMB No. 1	545 0047
		al Financial Statements				<u>545-0047</u>
(Forr		anization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZU	23
		Attach to Form 990. 90 for instructions and the latest information.			Open to Inspect	o Public tion
	e of the organization		Em		entificatio	on number
Pa	Via Mobility Servi rt I Organizations Maintaining Donor Advise				07772	
Га	organization answered "Yes" on Form 990, Part IV, lir		,coui	ILS. Cor	npiete if t	ne
	, , ,		(b) Fur	nds and of	ther accou	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-		_	-	
•	are the organization's property, subject to the organization's			L	Yes	No
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor of	6 6	,			
	impermissible private benefit?		0	Г	Yes	No
Pa		rganization answered "Yes" on Form 990. Part IV.	line 7	·····		
1	Purpose(s) of conservation easements held by the organizati			-		
	Preservation of land for public use (for example, recrea		orically	importan	t land are	a
	Protection of natural habitat	Preservation of a cert	fied hi	storic stru	cture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a co	nserva			
	day of the tax year.			Held at t	ie End of t	he Tax Year
а	Total number of conservation easements		2a			
b			2b			
C.	Number of conservation easements on a certified historic str		2c			
d	Number of conservation easements included on line 2c acqu		0.4			
3	on a historic structure listed in the National Register Number of conservation easements modified, transferred, re		2d	during th	o tax	
5	year	reased, extinguished, or terminated by the organi	Zation	during th	- lan	
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i			[Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting,				iring the y	vear
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	semen	ts during	the year	
8	Does each conservation easement reported on line 2d above	, , , , , , , , , , , , , , , , , , , ,				<u> </u>
~					_ Yes	└── No
9	In Part XIII, describe how the organization reports conservation	-				
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	note to the organization's infancial statements the	at dest	indes the		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other S	imila	r Asset	s.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95		ance sl	heet work	s	
	of art, historical treasures, or other similar assets held for pul					
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balance	e sheet	works of		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherance	e of pu	blic servic	e,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
_				\$		
2	If the organization received or held works of art, historical tre		orovide	e		
	the following amounts required to be reported under FASB A	-		¢		
a ⊾	Revenue included on Form 990, Part VIII, line 1			\$ \$		
U D	ABBELS INCIDENTITE FUTTI SOULE ALLA			ω.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.
332051 09-28-23	
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2023.	04020	VIA	RODIDIII	DRIVICED

Schedule D (Form 990) 2023

Sche		ility Servi				84-	077729	6 р	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other :	Similar Ass	sets _{(conti}	inued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that r	make sig	nificant use of	its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or ex	change progran	n				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization	n's exemp	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other	similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's c	ollection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	e if the organizatio	n answered "Ye	es" on Fo	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contributio	ns or other ass	ets not ir	ncluded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					lf			
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or c	ustodial accour	nt liability	/?	Yes		No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if	, , , , , , , , , , , , , , , , , , ,		-					
		(a) Current year		(c) Two years		d) Three years b			
1a	Beginning of year balance	1,906,171.	2,567,226	. 2,016,	,790.	1,790,6	39. 1	,529,	960.
b	Contributions								
С	Net investment earnings, gains, and losses	281,482.	-661,055	. 550,	,436.	226,1	51.	260,	679.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	2,187,653.	1,906,171	2,567	,226.	2,016,7	90. 1	,790,	639.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held a	administere	d for the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	Х	
									X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm				.	10			
	Complete if the organization answered								
	Description of property	(a) Cost or ot	• • •	st or other	• •	cumulated	(d) Boo	ok valu	е
		basis (investm	,	(other)	depr	reciation		1 1	27
	Land			1,137.		45 204	6,60		
	Buildings		<u> </u>	34,516.	3,5	45,304.	14,18	9,2	12.
	Leasehold improvements			- 4 0 0 0			4.0	1 0	70
	Equipment			54,029.		<u>59,753.</u>		$\frac{4,2}{2}$	
-	Other					30,956.	2,43		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	<u>K, line 10c, columr</u>	<u>n (B))</u>	<u></u>		23,72		
						Sche	dule D (Fori	m 990)	2023

Part VII Investments - Other Securities	an Form 000, Dort IV/ line 1	11h Coo Form 000 Dort V line 10	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) BOOK Value		or year market value
 (1) Financial derivatives (2) Closely held equity interests 			
(3) Other			
(A) Publicly Traded			
(B) Securities	4,836,343.	End-of-Year Market	Value
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1 026 242		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	4,836,343.		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(2) 20011 12120		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			(2) 20011 12/20
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. <i>(B)</i>)		
Complete if the organization answered "Yes" of	on Form 000 Part IV line 1	110 or 11f Son Form 990 Port X line 25	
(a) December of Rebillion	on Form 990, Fait IV, line 1	11e 01 111. See Form 990, Fait A, inte 23.	(b) Book value
(1) Federal income taxes			
(1) Federal Income taxes (2) Gift Annuity Payments Due			2,387.
(3) Notes payable, bank			9,363,040.
(4) Security deposits			35,000.
(5) Finance lease liability			24,547.
(6)			•
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			9,424,974.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Via Mobility Services Schedule D (Form 990) 2023

(L) Decemption of occurry of outogory (menualing name of occurry)		
 Financial derivatives Closely held equity interests 		
(3) Other		
(A) Publicly Traded		
(B) Securities	4,836,343.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,836,343.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Sche	dule D (Form 990) 2023 Via Mobility Services			84-	0777296 _{Pa}	age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	26,484,52	29.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	345,683.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	345,68	
3	Subtract line 2e from line 1			3	26,138,84	16.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>	5	26,138,84	16.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	letur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					1
1	Total expenses and losses per audited financial statements			1	28,445,10)1.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	т т				
а	Donated services and use of facilities			-		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)	· · · · ·				•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	28,445,10)1.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	т т				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				•
С	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	28,445,10)1.
Pa	t 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.

332054 09-28-23

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Ī	20	n n	<u> </u>
•		Compensated Employees		20	Ľ٦)
Dener	topont of the Tupon with	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatior	1		identificatio		nber
		Via Mobility Services	84-0)77729	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			v	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	<u> </u>
2	la dia ata udai ala ifan					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		1.		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
						X
b		ation?		<u>5</u> b		X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	5				37
						X
b		ation?		<u>6b</u>		X
_		r 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v
<u> </u>		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the prime described in Part III.				x
•				8		
9		id the organization also follow the rebuttable presumption procedure described in		9		
For		53.4958-6(c)? on Act Notice, see the Instructions for Form 990.		ule J (Forn	n 000	2022
FOL	aper work neudoli		Sched	aule o (Forn	1 990	2023

LHA 332111 11-06-23

84-0777296

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

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

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

		(B) Breakdown of W	B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Frank Bruno	(i)	224,960.	0.	0.	0.	696.	225,656.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Bill Patterson	(i)	186,849.	0.	0.	0.	0.	186,849.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)							 	

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ				
Name of the organization		Employer identification number 84-0777296				
Form 990, Pa:	rt III, Line 4d, Other Program Services:					
FlexRide, Mol	oility Program, Contract Services and all othe	r programs:				
The total rev	venue of \$7,518.556 includes \$501,253 of direc	t program				
revenue for	the Mobility Program, \$5.568,971 is earned inc	ome revenue				
of FlexRide,	and \$1,159,612 is earned income of Contract S	ervices. The				
<u>remainder of</u>	\$288,720 is comprised of funds designated for	the purchase				
of capital a	ssets for mission services.					
Expenses \$ 5	,905,840. including grants of \$ 0. Revenue	\$ 7,518,556.				
Form 990, Pa	rt VI, Section B, line 11b:					
The Organiza	tion's CEO, CFO, Audit Committee and Board of 3	Directors review				
the tax retur	rn prior to filing.					
Form 990, Pa	rt VI, Section B, Line 12c:					
In January o	f each year, the Board of Directors and senior	staff are				
required to :	review and sign a new Conflict of Interest Dis	closure				
Statement.						
Form 990, Par	rt VI, Section B, Line 15:					
The Organiza	The Organization uses information from CANPO and Employer's Council to					
determine wage grade tables.						
<u>Form 990, Pa</u>	rt VI, Section C, Line 19:					
The Organizat	tion makes its governing documents, conflict o	f interest policy				
and financial statements available to the public upon request.						
For Paperwork Reducti	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023				

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Schedule O (Form 990) 2023	Page 2
Name of the organization Via Mobility Services	Employer identification number $84 - 0777296$
Federal Elections	
Section 1.263(a)-1(f) De Minimis Safe Harbor Election	

For the Year Ending December 31, 2023.

Via Mobility Services is making the de minimis safe harbor election

under Reg. Sec. 1.263(a)-1(f).

Form 990, Part III, Line 1

Via Mobility Services

EIN 84-0777296

Attachment #1

Form 990,

Via's mission is to promote independence and self-sufficiency for				
people with limited mobility by providing caring, customer-focused				
transportation options. Via provides 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's				
exempt purpose also encompasses contract transportation services that				
reduce vehicular traffic in high density areas and enhance local				
governments' efforts to provide accessible and available transportation				
options to all members of the community.				

Form 990, Page 2, Part III.-.

<u>Via was</u>	s established	in	1979	as	Special	Transp	ortatio	n for	Boulder	
332212 11-14-23									Schedule	O (Form 990) 2023
					2	.9				
17400829 1	47695 501949				2023	.04020	VIA MOB	ILITY	SERVICES	501949_1

Schedule O (Form 990) 2023	Page 2			
Name of the organization Via Mobility Services	Employer identification number 84-0777296			
County (dba Special Transit) with initial funding from the				
County Commissioners, to coordinate an efficient, cost-eff	ective and			
accessible transportation system for older adults, people	with			
disabilities and low-income individuals residing in the co	unty. Via			
links hundreds of individuals every day to medical appointments,				
treatment centers, meal sites, shelters, adult day care, e	ducational			
facilities, and jobs. Our clients include older adults, me	ntally and			
physically challenged individuals, persons with chronic il	lnesses,			
temporarily disabled individuals, children in crisis, and	individuals			
who are homeless. The organization officially changed its	name from			
Special Transit to Via Mobility Services on 1/1/2012.				
Via Mobility Services (Via) is a vital community resource:	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--depend 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, independence, and even good health. Low levels of mobility can lead to isolation from friends and lack of access to the community as well as to critical services, food and health care. For many older adults and individuals with disabilities, a lack of mobility options poses one of the greatest challenges to remaining independent.

Form 990.

332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Via Mobility Services	84-0777296

Via provides traditional paratransit service in eight counties. This

service is a wheelchair-accessible, door-through-door, driver-assisted,

demand-response service, serving older adults and individuals with

disabilities.

Via Paratransit provided over 117,800 trips and served more than 3,888 unduplicated individuals in 2023.

Via also acts as a travel navigator and helps all new clients to

connect to the many transportation options that exist in their

communities. During 2023, 24,218 new callers contacted Via for

assistance and 2,769 had individual travel plans developed. These

transportation and mobility programs are funded by multiple sources

including government grants, foundations, businesses and individuals.

Via uses several performance measures to evaluate effectiveness and efficiency of service including: cost per trip, trips by community and by purpose, client demographics, call center wait time, number of preventable accidents per 100,000 miles traveled and more.

The most recent program outcomes measurement evaluation showed that 95% of our riders rated Via good or excellent for overall service.

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 332212 11-14-23 Schedule O (Form 990) 2023

17400829 147695 501949

2023.04020 VIA MOBILITY SERVICES 5019

Name of the organization	Employer identification number			
Via Mobility Services	84-0777296			
transit operator, RTD is mandated by the Americans with Disabilities Act (ADA) to fund complementary paratransit services for eligible				
individuals. Via's contract for Access-a-Ride services ended on June				
30, 2023.				

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, a high frequency circulator shuttle that connects the major retail, business and educational centers in the congested core of the city. Operating on short frequencies, seven days/week, commuters, students, downtown workers, visitors, seniors and people with disabilities are all well served by the HOP. Using electric 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 557,939 trips in 2023.

Form 990, Page 2, Part III: Question 4d.

Under contract agreement with the Regional Transportation District				
(RTD), Via operates FlexRide transportation services in 24 metro				
Denver-Area Communities. FlexRide is a hybrid demand responsive service				
operating in specific communities where fixed routes are generally not				
cost effective. Drivers take ride requests directly from a passenger.				
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. Via's FlexRide program provided 174,700				
trips in 2023. Via was awareded additional FlexRide service beginning				
July 1, 2023.				
332212 11-14-23 Schedule O (Form 990) 2023				

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17400829 147695 501949

Schedule O (Form 990) 20 Name of the organization			Page Employer identification number
-	Via Mobility Service	S	Employer identification number 84-0777296
			Osha tutu O /F
32212 11-14-23		33	Schedule O (Form 990) 202