Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE TRANSITION NETWORK

Number and street (or P.O. box, if mail is not delivered to street address): ANSONIA STATION, P.O. BOX 231240 | Room/suite

City or town, state or country, and ZIP + 4: NEW YORK, NY 10023

D Employer identification number: 13-4116831

E Telephone number: (212)803-6121

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ THETRANSITIONNETWORK.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 344,168.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	67,364.
	2	Program service revenue including government fees and contracts			2	75,430.
	3	Membership dues and assessments			3	198,463.
	4	Investment income			4	973.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶ OTHER INCOME)			8	1,938.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	344,168.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	223,125.
	13	Professional fees and other payments to independent contractors			13	12,811.
	14	Occupancy, rent, utilities, and maintenance			14	1,177.
	15	Printing, publications, postage, and shipping			15	9,301.
	16	Other expenses (describe ▶ SEE STATEMENT 1)			16	127,908.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	374,322.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-30,154.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	171,437.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	141,283.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	183,915.	22	108,851.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	80,401.	24	50,354.
25	**Total assets**	264,316.	25	159,205.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	92,879.	26	17,922.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	171,437.	27	141,283.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

	Description	Line	Expenses
28	SEE STATEMENT 5		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	310,745.
29	SEE STATEMENT 6		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	63,577.
30			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	374,322.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JANICE JOHNSON, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	PRESIDENT & TREASURER 6.00	0.	0.	0.
ELLEN BARTOLDUS, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	VICE PRESIDENT, EXPANSION 4.00	0.	0.	0.
PATRICIA DALY, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	VICE PRESIDENT, DEVELOPMENT 5.00	0.	0.	0.
LINDA SICHER, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	SECRETARY 15.00	0.	0.	0.
BETSY WERLEY, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	EXECUTIVE DIRECTOR 37.50	69,996.	0.	0.
AUDREY BERNFIELD, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 4.00	0.	0.	0.
JOAN DAWSON, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 1.00	0.	0.	0.
CHRISTINA DEL BALSO, C/O THE TRANSITION NETWORK, 140 BROAD, NEW	BOARD MEMBER 4.00	0.	0.	0.
CHARLOTTE FRANK, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 1.00	0.	0.	0.
BARBARA HOENIG, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 3.00	0.	0.	0.
LUCY KENNEDY, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 3.00	0.	0.	0.
MONA KREADEN, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 10.00	0.	0.	0.
JANE LATTES, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 3.00	0.	0.	0.
SUSAN LIEBERMAN, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 3.00	0.	0.	0.
BARBARA MARWELL, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 2.00	0.	0.	0.
KATHRYN MORRISON, C/O THE TRANSITION NETWORK, 140 BROAD, NEW YORK, NY	BOARD MEMBER 2.00	0.	0.	0.

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ NY,CA,IL,MD,VA,DC,TX,PA,OH,CT

42a The organization's books are in care of ▶ BETSY WERLEY Telephone no. ▶ (212)803-6121

Located at ▶ ANSONIA STATION, P.O. BOX 231240, NEW YORK, NY ZIP + 4 ▶ 10023

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Signature of officer Date

▶ BETSY WERLEY, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 06/30/10	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MANGER & COMPANY 295 MADISON AVENUE, SUITE 901 NEW YORK, NY 10017			EIN ▶ Phone no. ▶ 212-986-3025

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: THE TRANSITION NETWORK
Employer identification number: 13-4116831

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	134,609.	192,342.	387,385.	229,095.	265,827.	1,209,258.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	134,609.	192,342.	387,385.	229,095.	265,827.	1,209,258.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						1,209,258.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	134,609.	192,342.	387,385.	229,095.	265,827.	1,209,258.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	367.	4,426.	3,912.	2,956.	973.	12,634.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			10,753.	5,561.	1,938.	18,252.
11 **Total support.** Add lines 7 through 10						1,240,144.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 273,737.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 97.51 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 ..... 15 | 97.24 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization	**Employer identification number**
THE TRANSITION NETWORK	13-4116831

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .... ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
THE TRANSITION NETWORK	13-4116831

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BETSY WERLEY C/O THE TRANSITION NETWORK 140 BROADWAY, 8TH FLOOR NEW YORK, NY 10005	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
PROGRAM MEETINGS AND EVENTS	76,775.
CONSULTANTS	19,340.
CREDIT CARD PROCESSING FEES	5,975.
DUES AND SUBSCRIPTIONS	2,908.
TRAVEL AND ENTERTAINMENT	2,721.
INSURANCE	1,626.
BANK CHARGES	1,069.
PAYROLL PROCESSING FEES	984.
WEBSITE	9,104.
OFFICE SUPPLIES	971.
MISCELLANEOUS	6,435.
TOTAL TO FORM 990-EZ, LINE 16	127,908.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	74,162.	36,581.
INVESTMENTS	6,239.	6,430.
PREPAID AND MISCELLANEOUS RECIEVABLES	0.	7,343.
TOTAL TO FORM 990-EZ, LINE 24	80,401.	50,354.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	20,286.	15,096.
DEFERRED MEMBERSHIP DUES	72,593.	2,826.
TOTAL TO FORM 990-EZ, LINE 26	92,879.	17,922.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

990-EZ PG 2 STATEMENT 5

THE TRANSITION NETWORK FOCUSES ON WOMEN OVER 50 WHO ARE EXPLORING WHAT'S NEXT IN THEIR PROFESSIONAL AND PERSONAL LIVES - A GROWTH AREA AT A TIME WHEN THE BABY BOOMERS ARE REDEFINING LIFE IN OUR 50'S AND 60'S. TTN CONTINUED TO GROW IN 2009, ADDING THREE CHAPTERS (CENTRAL OHIO, PHILADELPHIA AND CONNECTICUT) FOR A TOTAL OF NINE CHAPTERS NATIONWIDE AND INCREASING OUR COMMUNITY BY OVER 10% TO 6,000 PLUS, WOMEN AND MEN.

THOSE CHAPTERS CONNECTED MEMBERS THROUGH ALMOST 100 PEER GROUPS THAT BRING WOMEN TOGETHER FOR LEARNING AND SUPPORT; EDUCATED MEMBERS THROUGH 100 PROGRAMS ON CAREERS, MONEY, HEALTH, RELATIONSHIPS AND TECHNOLOGY; AND SUPPORTED THEIR CAREER TRANSITIONS THROUGH WORKSHOPS AND SMALL GROUP DISCUSSIONS. MEMBERS IMPROVED THEIR COMMUNITIES THROUGH VOLUNTEER ACTIVITIES WITH THE BOTTOMLESS CLOSET, MY OWN BOOK AND WE ARE NEW YORK.

IN ADDITION, HUNDREDS OF MEMBERS HELPED BUILD TTN THROUGH THEIR VOLUNTEER EFFORTS - AND GAINED NEW FRIENDS, A SENSE OF ACCOMPLISHMENT AND INTELLECTUAL STIMULATION ALONG THE WAY.

TTN SHOWCASED THE CONTRIBUTIONS OF WOMEN OVER 50 AND DISCUSSED CAREER TRANSITIONS IN PANEL DISCUSSIONS AND PROGRAMS, FOR THE THIRD ANNUAL POSITIVE AGING CONFERENCE, HOFSTRA UNIVERSITY, 92Y/TRIBECA, THE FINANCIAL WOMEN'S ASSOCIATION, NEW YORK PUBLIC LIBRARY AND SEVERAL OUTPLACEMENT FIRMS. THE MEDIA CONTINUED TO PROFILE TTN PROGRAMS AND MEMBERS, IN US NEWS & WORLD REPORT, NURSING SPECTRUM, NY DAILY NEWS, AND NEWSDAY.

FOR DETAILED INFORMATION ON TRANSITION NETWORK ACTIVITIES, PLEASE SEE OUR WEBSITE, WWW.THETRANSITIONNETWORK.ORG.

990-EZ PG 2 STATEMENT 6

THE TRANSITION NETWORK'S CARING COLLABORATIVE PROGRAM, WHICH PROVIDES PEER SUPPORT FOR TEMPORARY HEALTH CHALLENGES AND FOR SHARING MEDICAL INFORMATION, GREW SIGNIFICANTLY IN ITS HOME BASE OF NEW YORK CITY. PEER SUPPORT EFFORTS MODELED ON THE CARING COLLABORATIVE WERE LAUNCHED IN TTN CHAPTERS IN THE BAY AREA AND LONG ISLAND.
THE NYC GROUP PRESENTED HEALTH AND WELLNESS PROGRAMS, BUILT OUT AN ONLINE RESOURCE DIRECTORY AND DEVELOPED COLLABORATIONS WITH THE VISITING NURSE SERVICE OF NEW YORK AND THE NYC DEPARTMENT FOR THE AGING.
WITH RESOURCES PROVIDED BY A NEW YORK STATE HEALTH FOUNDATION GRANT, "HOW TO" MANUALS WERE DEVELOPED, ENABLING OTHER COMMUNITY-BASED ORGANIZATIONS TO LAUNCH THEIR OWN PROGRAMS IN FOUR AREAS: THE SERVICE CORPS, MEDICAL INFORMATION EXCHANGE, HOSPITAL DISCHARGE AND ORGANIZING APARTMENT BUILDINGS SO THAT NEIGHBORS CAN SUPPORT NEIGHBORS.
THE CARING COLLABORATIVE WAS FEATURED IN A NURSING SPECTRUM ARTICLE, AND IN A PRESENTATION AT THE THIRD ANNUAL POSITIVE AGING CONFERENCE.

990-EZ PG 2 STATEMENT 7

THE TRANSITION NETWORK SUPPORTS WOMEN OVER 50 IN MAKING TRANSITIONS OF MANY KINDS IN LATER LIFE, RELATED TO WORK, HEALTH, FAMILY, FINANCES AND COMMUNITY. WITH A COMMUNITY OF 6,000 MEMBERS IN NINE CHAPTERS ACROSS THE COUNTRY, TTN HELPS WOMEN DEFINE THEIR OPTIONS IN THE SECOND HALF OF THEIR LIVES, AND BRINGS WOMEN TOGETHER TO ADVOCATE WITH A COLLECTIVE, POWERFUL VOICE.