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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE TRANSITION NETWORK		D Employer identification number 13-4116831
Address change		Number and street (or P. O. box, if mail is not delivered to street address) Room/suite ANSONIA STATION PO BOX 231240		E Telephone number (212) 803-6121
Name change				
Initial return		City or town, state or country, and ZIP + 4 NEW YORK, NY 10023		F Group Exemption Number
Terminated				
Amended return				
Application pending				

<b>* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
<b>I Website:</b> ▶ THETRANSITIONNETWORK.ORG		<b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J Tax-Exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are normally <b>not</b> 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.			
<b>L</b> 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		5c	
	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		6c	
	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		7c	
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  )						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  )						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   )	80,401	24 50,354
25 Total assets . . . . .	264,316	25 159,205
26 Total liabilities (describe   )	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

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )			<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? 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				
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				
<b>28</b> 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. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			<b>28a</b>	310,745
<b>29</b> 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. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			<b>29a</b>	63,577
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>			<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input checked="" type="checkbox"/>			<b>32</b>	374,322
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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

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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .			34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .			35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .			36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶		37a	0	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .			37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .			38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .		38b		
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9 . . . . .		39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		39b		
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	No
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	No
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	
	ANSONIA STATION PO BOX 231240				
	Located at ▶ NEW YORK, NY			ZIP + 4 ▶ 10023	
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	No
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?			42c	No
	If "Yes," enter the name of the foreign country ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶			43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
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	No

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.

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

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				

50(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 "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please 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		2010-06-30 Date		
	BETSY WERLEY EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	MANGER COMPANY	Date 2010-06-30	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	295 MADISON AVENUE SUITE 901 NEW YORK, NY 10017				Phone no (212) 986-3025
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE A

(Form 990 or 990EZ)

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 **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?  

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 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	4,426	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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets			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 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	97.510 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97.240 %
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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

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

☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from <b>2008</b> 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

☐



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 13-4116831

Name: THE TRANSITION NETWORK

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 BROA NEW YORK,NY 10005	PRESIDENT & TREASURER 6 00	0	0	0
ELLEN BARTOLDUS C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	VICE PRESIDENT, EXPANSION 4 00	0	0	0
PATRICIA DALY C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	VICE PRESIDENT, DEVELOPMENT 5 00	0	0	0
LINDA SICHER C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	SECRETARY 15 00	0	0	0
BETSY WERLEY C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	EXECUTIVE DIRECTOR 37 50	69,996	0	0
AUDREY BERNFIELD C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 4 00	0	0	0
JOAN DAWSON C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 1 00	0	0	0
CHRISTINA DEL BALSO C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 4 00	0	0	0
CHARLOTTE FRANK C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 1 00	0	0	0
BARBARA HOENIG C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 3 00	0	0	0
LUCY KENNEDY C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 3 00	0	0	0
MONA KREADEN C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 10 00	0	0	0
JANE LATTES C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 3 00	0	0	0
SUSAN LIEBERMAN C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 3 00	0	0	0
BARBARA MARWELL C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 2 00	0	0	0
KATHRYN MORRISON C/O THE TRANSITION NETWORK 140 BROA NEW YORK,NY 10005	BOARD MEMBER 2 00	0	0	0

**TY 2009 Other Assets Schedule****Name:** THE TRANSITION NETWORK**EIN:** 13-4116831

Description	Beginning of Year Amount	End of Year Amount
PLEDGES AND GRANTS RECEIVABLE	74,162	36,581
INVESTMENTS	6,239	6,430
prepaid and miscellaneous receivables	0	7,343

**TY 2009 Other Expenses Schedule****Name:** THE TRANSITION NETWORK**EIN:** 13-4116831

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

**TY 2009 Other Liabilities Schedule****Name:** THE TRANSITION NETWORK**EIN:** 13-4116831

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	20,286	15,096
DEFERRED MEMBERSHIP DUES	72,593	2,826

TY 2009 Other Revenues Schedule

**Name:** THE TRANSITION NETWORK

**EIN:** 13-4116831

Description	Amount
OTHER INCOME	1,938

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** THE TRANSITION NETWORK

**EIN:** 13-4116831

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.