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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 0	1-01-2009 a	nd ending 12-31-200	9	D Employer i	dentification number	
		pplicable	Please	C Name of organization TRANSITCENTER INC						
Address change use IRS label or print or Doing Business As							13-4146467 E Telephone number			
		_	type. See	,		(212) 329	2-2000			
Init			Specific Instruc-	Number and street (or P O 1065 AVENUE OF THE AMER	ss) Room/suite		ts \$ 22,072,743			
_	mınate		tions.	16						
	ended			City or town, state or count NEW YORK, NY 10018	ry, and ZIP + 4					
J App	olication	n pending								
				ne and address of princip EUBURGER	al officer			iis a group reti ates?	ırn for ┌ Yes ┌ No	
			1065 A	VENUE OF THE AMERI	CAS No FL		allille	ates	j fes je No	
			16 NEW Y	ORK,NY 10018				ll affiliates incl	·	
 т Та	x-exen	npt status) (3) ◄ (insert no)	.7(a)(1) or		_		st (see instructions)	
		-			. (=/(=/ =/)		H(c) Grou	up exemption i	iumber F	
			w transitce				<u> </u>			
				tion Trust Association	Other 🕨		L Year of fo	ormation 2000	M State of legal domicile NY	
Pa	1	Sum:	•	e organization's mission	or most signific	ant activities				
	-	TRANS	ITCENTER	'S MISSION IS TO ENC	OURAGE GRE	ATER USE OF PUBL			T SERVICES IN ORDER	
3		TO RED	DUCETRA	FFIC CONGESTION AND	O AIR POLLUT	ION SEE DETAILE	MISSIONS	10 TNAMTAT	N SCHEDULE O-PAGE 7	
Governance										
ē										
<u> </u>	2	Check t	this box 🛏	f the organization disc	ontinued its op	erations or disposed	of more than	25% of its ne	t assets	
26	3	Number	r of voting r	nembers of the governing	body (Part VI	, lıne 1a)			3	
Activities	4	Number	rofındepen	ident voting members of t	he governing b	ody (Part VI, line 11)	•	4	
Ĭ	5	Total nu	umber of en	nployees (Part V , line 2a)	•			580	
2 4	6	Total nu	umber of vo	lunteers (estimate if nec	essary)				65	
	1			ted business revenue fro			•		7a	
	ь	Net unr	elated busi	ness taxable income fror	n Form 990-T,	line 34	1		7b 0	
	_						Pric	or Year	Current Year	
ē	8			d grants (Part VIII, line 1	•				0	
eur	9	-		revenue (Part VIII, line 2				42,474,715		
Reveni	10 11			ne (Part VIII, column (A				1,076,703	· · · · · ·	
	12							882,579	1,044,613	
							_	44,433,997	22,072,743	
	13	Grants	and simila	ar amounts paid (Part IX,	column (A), lın	nes 1-3)		0	0	
	14			or for members (Part IX, o				0	0	
92	15		es, other co	ompensation, employee b	enefits (Part I)	(, column (A), lines !	5 –	7,494,390	8,541,812	
136	16a	10) Profes	sional fund	raising fees (Part IX, col	umn (A.), line 1	1e)		0	0,541,612	
Expenses	ь			enses (Part IX, column (D), lin		10, 1 1 1				
Ш	17			(Part IX, column (A), line			16,046,504	10,789,592		
	18			Add lines 13–17 (must e				23,540,894	19,331,404	
	19			penses Subtract line 18				20,893,103	2,741,339	
<u>১ জু</u>			<u> </u>				_	g of Current	End of Year	
Not Assets or Fund Balances		_					<u> </u>	Year		
Ass Ba	20			rt X, line 16)				80,882,365	-	
<u> 2</u>	21		-	Part X, line 26)				53,422,274	89,828,438	
	22 11 1		ature Blo	d balances Subtract line	21 from line 2	0		27,460,091	11,650,395	
Pal	τ 11			DCK equry, I declare that I have exa	amined this return	including accompanying	schedules and s	tatements and t	o the hest of my knowledge	
				correct, and complete Declara						
Sie-		I								
Sign Here		**** Sign	*** ature of office	er			2010 Date	-11-10		
		'		PRESIDENT & CEO						
			or print nam							
		Preparer	's k		Dat	e I	Check If	Preparer's idei	ntifying number	
Paid		signature					self- empolyed 🕨 🦵	(see instructio		
	arer's	Firm's no	ame (or yours	s L EisnerAmper LLP			inpolycu F			
Use (ıf self-er	nployed),	•	450			EIN Þ		
	•	auuress,	and ZIP + 4	101 West Avenue PO Box				Phone no 🕨	(215) 881-8800	
M -	.h - **	<u></u>		Jenkintown, PA 1904604					<u> </u>	
Mayt	he IR	S discus	s this retu	rn with the preparer show	n above? (see	instructions)			▼Yes 「No	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PLEASE REFER TO SCHEDULE O

(Expenses \$

Total program service expenses▶\$

4e

2,930,643 including grants of \$

14,653,216

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 4,395,965 including grants of \$ 0) (Revenue \$ 6,567,088)
	THE TRANSITCHEK PROGRAM IS AN INNOVATIVE METHOD OF AIDING EMPLOYERS IN PROVIDING TO THEIR EMPLOYEES THE OPPORTUNITY TO TAKE ADVANTAGE OF THE TRANSIT BENEFIT PROGRAM AUTHORIZED UNDER SECTION 132(F) of THE INTERNAL REVENUE CODE (THE "CODE") QUALIFIED TRANSPORTATION FRINGES TRANSIT FARE MEDIA, ARE SHIPPED DIRECTLY TO THE EMPLOYER WHO, IN TURN, RE-DISTRIBUTES IT TO THE EMPLOYEE TRANSITCHEK VOUCHERS AND ELECTRONIC STORED VALUE CARDS THAT ENABLE EMPLOYEES TO USE TAX-FREE FUNDS, UP TO \$230 A MONTH AS OF MARCH 1, 2009, TO EFFICIENTLY AND CONVENIENTLY PURCHASE "FARE MEDIA" FROM TRANSIT OPERATORS ACROSS THE COUNTRY (INCLUDING SUBWAY, BUS, PASSENGER RAIL, FERRY AND VANPOOLS) THE TRANSITCHEK PROGRAM ALSO PROVIDES VARIOUS TYPES OF TRANSIT PASSES, (SUCH AS THE NEW YORK CITY TRANSIT METROCARD), TO EMPLOYERS FOR DISTRIBUTION TO EMPLOYEES, SA ANOTHER MEANS TO OFFER THE TAX-FREE BENEFIT THE TRANSPICHEK PROGRAM PROVIDES A CONVENIENT MECHANISM FOR EMPLOYERS TO PROVIDE THE TRANSPORTATION BENEFIT UNDER SECTION 132(F) OF THE CODE TO EMPLOYEES TRANSITCHINE AND THE TRANSPORTATION BY AND THE BUSINESS COMMUNITY REPRESENTED BY THE NEW YORK CITY CHAMBER OF COMMERCE AND INDUSTRY THE GOAL OF THE PROGRAM WAS TO INCREASE THE USE OF MASS TRANSPORTATION BY MAKING IT ADMINISTRATIVELY EASIER FOR EMPLOYERS AND EMPLOYEES TO TAKE ADVANTAGE OF THE TRANSPORTATION-RELATED TAX BENEFITS MADE AVAILABLE BY CONGRESS, ALL THE CONTEXT OF A REGION WHICH IS SERVED BY AN EXTREMELY COMPLEX NETWORK OF DIVERS TRANSPORTATION BY MAKING IT ADMINISTRATIVELY EASIER FOR EMPLOYERS AND EMPLOYEES TO TAKE ADVANTAGE OF THE TRANSPORTATION FROM THE TRANSPORTATION BY THE TRANSPORTATION BY THE CORPORATION IN CONNECTION WITH ITS OPERATION. FOR THE TRANSPORTATION AND THE USE OF TRANSPORTATION BY MAKING IT ADMINISTRATIVELY EASIER FOR EMPLOYERS AND EMPLOYEES TO TAKE ADVANTAGE OF THE TRANSPORTATION AND THE USE OF TRANSPORTATION BY AND AND ADVADED THE TRANSPORTATION FROM THE ADVANTAGE OF THE TRANSPOR
	(Code) (Expenses \$ 4,395,965 including grants of \$ 0) (Revenue \$ 6,567,088)
4b	(Code) (Expenses \$ 4,395,965 including grants of \$ 0) (Revenue \$ 6,567,088) THE PREMIUM TRANSITCHEK PROGRAM ALLOWS EMPLOYERS TO ARRANGE TO HAVE THEIR EMPLOYEES OBTAIN THE TRANSIT TAX BENEFIT CONVENIENTLY BY RECEIVING THEIR TAX-FREE BENEFIT DIRECTLY FROM TRANSITCENTER EMPLOYERS WHO PARTICIPATE IN THE PREMIUM TRANSITCHEK PROGRAM ENROLL VIA THE INTERNET AT A SECURE WEBSITE CREATED AND MAINTAINED BY TRANSITCENTER, OR BY CALLING A TOLL-FREE TELEPHONE NUMBER EMPLOYEES RECEIVE A TRANSIT BENEFIT APPROPRIATE FOR THE TYPE OF TRANSIT COMMUTE THEY MAKE IN THE FORM OF A TRANSITCHEK VOUCHER, PREMIUM TRANSITCHEK METROCARD, OTHER TRANSIT PASSES, OR AN ELECTRONIC STORED VALUE CARD THE PREMIUM TRANSITCHEK PROGRAM CAN ALSO BE USED IN CONJUNCTION WITH TRANSIT OPERATORS' TICKET-BY-MAIL PROGRAMS, WHICH ARE FAR MORE EFFICIENT AND LESS COSTLY FOR TRANSIT OPERATORS THAN SELLING TICKETS AT RAIL AND BUS STATIONS THE PREMIUM TRANSITCHEK PROGRAM, IN DECREASING THE COST AND INCREASING THE EFFICIENCY OF SELLING TICKETS TO COMMUTERS IN REGIONS MARKED BY EXTREMELY COMPLEX TRANSIT SYSTEMS LIKE NEW YORK AND SAN FRANCISCO FURTHERS THE CORPORATION'S EXEMPT PURPOSE BY LESSENING THE BURDEN OF GOVERNMENT EMPLOYERS, IN TURN, ARE MORE LIKELY TO PARTICIPATE IN THE TRANSIT TAX BENEFIT PROGRAM BY REASON OF THE AVAILABILITY, AND EASE OF USE OF THE PROGRAM, AND AS A RESULT MORE EMPLOYEES ARE LIKELY TO USE MASS TRANSPORTATION, THEREBY ALSO FURTHERING THE CORPORATION'S GOALS OF REDUCING TRAFFIC CONGESTION AND AIR POLLUTION
4c	(Code) (Expenses \$ 2,930,643 including grants of \$ 0) (Revenue \$ 4,378,059)
40	AS PART OF TRANSITCHEK AND PREMIUM TRANSITCHEK, THE CORPORATION MARKETS AND SELLS FARE MEDIA DIRECTLY TO EMPLOYERS AND EMPLOYEES, THEREBY LESSENING THE COST AND BURDEN TO THE TRANSPORTATION AGENCIES OF MARKETING AND SELLING FARE MEDIA THE CORPORATION MARKETS AND SELLS MAGNETIC FARE CARDS, SUCH AS NYC TRANSIT'S METROCARDS, THROUGH THE TRANSITCHEK PROGRAM MAGNETIC FARE CARDS REPLACE TOKENS, AND REPRESENT A MODERN, EFFICIENT METHOD OF PAYING FOR TRAVEL ON SUBWAYS AND BUSES TRANSITCHEK MARKETS THE METROCARD PROGRAM AT ITS OWN EXPENSE, AND PAYS THE COST OF PRINTING AND PACKING THE CARDS THE CORPORATION ALSO MARKETS THE PREMIUM TRANSITCHEK METROCARD ("PREMIUM CARD") PROGRAM THE PREMIUM CARD ALLOWS EMPLOYEES TO RECEIVE A YEARLY "UNLIMITED RIDE" METROCARD THIS CARD REDUCES THE VOLUME OF TRAVELERS WHO NEED TO PURCHASE METROCARDS AT STATION BOOTHS AND REDUCES THE OPERATING COSTS OF THE METROCARD SYSTEM THE PROGRAM WAS DEVELOPED BY TRANSITCENTER IN PARTNERSHIP WITH NEW YORK STATE'S METROPOLITAN TRANSPORTATION AUTHORITY'S NYC TRANSIT TO ASSIST THE NEW YORK CITY MUNICIPAL GOVERNMENT IN PROVIDING THE TRANSIT TAX BENEFIT TO CITY EMPLOYEES IN AN EFFICIENT MANNER THE CORPORATION HAS EXPANDED THE PROGRAM TO INCLUDE PRIVATE EMPLOYERS THROUGHOUT THE REGION THROUGH THE INCORPORATION OF THE PREMIUM CARD INTO TRANSITCENTER'S PREMIUM TRANSITCHEK PROGRAM AS IN THE CASE WITH THE TRANSITCHEK PROGRAM, THE TRANSIT PASS PROGRAMS LESSEN THE BURDEN ON GOVERNMENTAL AGENCIES BY DISTRIBUTING FARE MEDIA IN A MORE COST-EFFECTIVE MANNER, THEREBY REDUCING THE AGENCIES' OPERATING COSTS AND THEIR NEED TO INCREASE FARES THE PREMIUM CARD PROGRAM ALSO LESSENS THE BURDENS OF OPERATING ITS OWN EMPLOYEE TRANSIT PROGRAM FOR THE NEW YORK CITY GOVERNMENT BY SUPPORTING AND PROMOTING THE USE OF MASS TRANSPORTATION, THE TRANSIT PASS PROGRAM REDUCES TRAFFIC CONGESTION AND AIR POLLUTION, LESSENS THE BURDENS OF OPERATING. THE CORPORATION'S EXEMPT PURPOSES
	Other program services (Describe in Schedule O) See also Additional Data for Description

4,378,059)

) (Revenue \$

Part TV	Check	list of	Peguired	Schedules
	CHECK	IISL UI	Reduired	Julieuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2009)			Page!
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
U	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		No
	If "Yes," enter the name of the foreign country ▶			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		Νo
	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).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

 \boldsymbol{b} . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12b

1065 AVE OF THE AMERICAS 16TH FL

NEW YORK, NY 10018 (212) 329-2000

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

Se	ection A. Governing Body and Management				
			Yes	No	
_					
1a	Enter the number of voting members of the governing body 1a 6	-			
ь	Enter the number of voting members that are independent 1b 5	-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		Νο	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο	
6	Does the organization have members or stockholders?	6		Νο	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	7a		Νo	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
b	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo	
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)				
110	veriae code.		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?				
		11	Yes		
11A	1A Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	.2a Does the organization have a written conflict of interest policy? If "No," go to line 13				
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
c	to conflicts?	12b	Yes		
	describe in Schedule O how this is done	12c	Yes		
13	Does the organization have a written whistleblower policy?	13	Yes		
14	Does the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Yes		
b	Other officers or key employees of the organization	15b	Yes		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed ►CT , NJ , NY				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨	
	DAVID SCHWARTZ TREASURER & CFO				

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ROSEMARY SCANLON CHAIR	1 00	Х						О	0	1,012
LARRY FILLER PRESIDENT, CEO, DIRECTOR	36 30	Х		Х				305,557	0	37,875
MAXINE FINKELSTEIN DIRECTOR	1 00	Х						0	0	1,012
N VENU GOPAL DIRECTOR	1 00	Х						0	0	1,012
HENRY LANIER DIRECTOR	1 00	Х						0	0	1,012
ANDREW MCKEON DIRECTOR	1 00	Х						0	0	1,012
EDWARD TAFFET SECRETARY &GEN'L COUNSEL	36 30			х				282,292	0	37,620
DAVID SCHWARTZ TREASURER & CFO	36 30			х				133,591	0	1,519
NATHALIE VANHEUSDEN BUS DEVELOPMENT OFFICER	36 30				Х			230,194	0	33,709
PAULA MURRAY VP, SALES	36 30					х		202,625	0	32,389
DANIEL FANOK VP, HUMAN RESOURCES	36 30					х		185,976	0	32,541
SUSAN GINSBERG-OSULLIVAN VP, MARKETING	36 30					х		168,868	0	25,287
MARK IWASYKIW VP, IT	36 30					х		165,132	0	44,673
BARBARA KLEIN VP, CUSTOMER SERVICE	36 30					х		150,017	0	29,487
THOMAS J VALLELY III FORMER TREASURER	36 30						х	143,708	0	12,272

		Page 8
967 960	0	292 432

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 21

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		N o

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FIS	PRODUCT PROCESSING	3,336,664
TRIZECHAHN PO BOX 644166 PITTSBURGH, PA 15264	RENT	1,290,105
STEIN ROGAN AND PARTNERS 432 PARK AVENUE SOUTH NEW YORK, NY 10016	ADVERTISING, MAILING COSTS, ETC	1,095,930
PRICE WATERHOUSE COOPERS PO BOX 7247-8001 PHILADELPHIA, PA 19170	AUDITING	426,759
AITHENT 50 BROAD STREET SUITE 1401 NEW YORK, NY 10004	IT CONSULTING	423,368
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►12	who received more than	

Form 9	•	<u> </u>						Page 9
Part \	<u>/1111</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
ă o d d	ь	Membership du	es 1b					
કું €	C	Fundraising eve	ents 1c					
<u>=</u>	d		zations 1d					
й sing	e	Government grants						
ž Ž	f	sımılar amounts no						
	g		butions included in					
Revenue Contributions, gifts, grants and other similar amounts	h		s 1a-1f	▶				
				Business Code				
Program Serwce Revenue	2a	COMMISSIONS		485,000	18,859,612	18,859,612		
	Ь	EXPIRED PRODUCT	TS	485,000	1,084,632	1,084,632		
935	c	PACKAGING & MIS	C FEES	485,000	901,437	901,437		
Ser.	d							
E	e	 						
į.	'	All other progra	am service revenue					
	g		s 2a-2f		20,845,681			
	3		ome (including dividendariants)	. F	182,449			182,449
	4		stment of tax-exempt bond	· · ·	,			
	5	Royalties		▶ ↑				
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss) (i) Securities					
	7a	Gross amount from sales of assets other than inventory	(I) Securities	(II) O ther				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (los	s)	▶				
une	8a	Gross income f events (not inc \$	_					
Other Revenue			s reported on line 1c) ne 18 a					
the	b	Less direct ex	penses b					
Ö	С		(loss) from fundraising	events 🟲				
	9a		rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
	4.	Miscellaneous		Business Code 900,099	1,044,613	1,044,613		
	11a b	INTERCHANG	E REVENUE	900,099	1,044,613	1,044,613		
	C							
	d	All other reven	ue					
	e	Total. Add lines			1.044.643			
	12	Total revenue.	See Instructions	•	1,044,613 22,072,743	21,890,294	0	182,449
					,,	,0,0,2,7		102,777

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	951,634	761,479	177,933	12,222				
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	5,196,418	2,913,484	2,282,934					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	272,890	132,761	140,129					
9	Other employee benefits	1,638,903	1,122,872	516,031					
10	Payroll taxes	481,967	239,334	242,633					
11	Fees for services (non-employees)								
а	Management								
b	Legal	194,110		194,110					
c	Accounting	250,854	250,854						
d	Lobbying	60,000		60,000					
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	324,547	30,329	289,468	4,750				
12	Advertising and promotion	1,818,601	1,818,601						
13	Office expenses	909,066	504,580	404,486					
14	Information technology	367,649	367,649						
15	Royalties								
16	Occupancy	1,332,727	1,332,727						
17	Travel	34,203	22,244	11,959					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	96,911	70,302	26,609					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	974,004	974,004						
23	Insurance	183,652		183,652					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	PRODUCT PROCESSING	3,399,838	3,399,838		_				
b	BAD DEBTS	576,434	576,434		_				
c	MISCELLANEOUS	133,364	133,364		_				
d	PLACEMENT FEES	93,591		93,591					
е	TEMP SERVICES	40,041	2,360	37,681					
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	19,331,404	14,653,216	4,661,216	16,972				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·				

Pa	rt X	Balance Sheet					
					(A)		(B)
	1				Beginning of year	-	End of year
	1	Cash—non-interest-bearing			3,635,944		753,093
	2	Savings and temporary cash investments	•		64,914,645	-	87,057,756
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			3,785,782	4	5,004,173
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net	s receivable, net			7	
8	8	Inventories for sale or use			5,288,217	8	3,803,965
⋖	9	Prepaid expenses and deferred charges			194,183	9	96,531
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	14,883,862			
	ь	Less accumulated depreciation	10b	12,183,541	2,603,851	10c	2,700,321
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	459,743	15	2,062,994		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			80,882,365	16	101,478,833
	17	Accounts payable and accrued expenses .			2,390,951	17	3,256,623
	18	Grants payable		18			
	19	Deferred revenue			136,443	19	103,759
	20	Tax-exempt bond liabilities				20	
es G	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u>-</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			50,894,880	25	86,468,056
	26	Total liabilities. Add lines 17 through 25			53,422,274	26	89,828,438
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e li	ines 27			
Ð		through 29, and lines 33 and 34.					
an an	27	Unrestricted net assets			27,460,091	27	11,650,395
Fund Balance	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
₫		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	d com	plete			
ö		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Š	33	Total net assets or fund balances			27,460,091	33	11,650,395
	34	Total liabilities and net assets/fund balances			80,882,365	34	101,478,833

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of the organization **Employer identification number** TRANSITCENTER INC 13-4146467

Pa	rt I	Reaso	on for Pub	olic Charity Stat	us (All orga	anızatıons	must comp	lete this pa	rt.) See ınst	ructions	
he o	organiz	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throu	gh 11, check	only one box)		
1	Γ	A churc	h, conventio	n of churches, or as	sociation of d	churches s	ection 170(b)(1)(A)(i).			
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Г	A hospi	tal or a coop	erative hospital serv	vice organiza	ition descri	bed in sectio i	n 170(b)(1)(<i>k</i>	A)(iii).		
4	Γ		cal research I's name, cıt	organization operate y, and state	ed in conjunc	tion with a	hospital desc	cribed in secti	on 170(b)(1)	(A)(iii). En	ter the
_											
5	ļ	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	г		. , . , .		•	ıl ıınıt desci	rihed in secti o	on 170(h)(1)((Δ)(ν)		
7	, _	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	•	describe	ed ın	•		F		_ g		3	F
	_			(Complete Pa							
8	<u> </u>			described in section							
9	 			t normally receives							
				ties related to its ex							
		• •	_	ss investment incom				•		() from bus	inesses
	_	•		anızatıon after June 3	•			•	•		
10	<u> </u>	-	_	anized and operated	·	•	•				•
11	ı	one or n	nore publicly	anized and operated supported organizations tes the type of suppo b Type II	tions describ orting organiz	oed in secti ation and c	on 509(a)(1)	or section 50 s 11e through	09(a)(2) See	section 50	
е	Γ	other th	an foundatio	x, I certify that the con managers and oth							
f			509(a)(2) rganization r	eceived a written de	termination f	rom the IRS	Sthatitis a 1	Type I. Type l	II or Type III	supporting	ı organization.
-		check tl						. , p = -, . , p = -	, , , , , , , , , , , , , , , , , ,		, <u>.</u>
g			-	006, has the organiz	ation accept	ed any gift	or contribution	on from any of	fthe		
			g persons? rson who dir	ectly or indirectly co	ntrols eithei	ralone orto	agether with i	nersons desci	ribed in (ii)		Yes No
				overning body of the	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11g(i	
				r of a person describ						11g(i	
		• •	•	ed entity of a person	• •		bove?			11g(ii	`
h				g information about t							
(i) Name of supported organization					on in anized	(vii) A mount of support?					
				(see instructions))	Yes	No	Yes	No	Yes	No	
ota	I										

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

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Schedule A (Form 990 or 990-EZ) 2009 Part III Support 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 (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished 15,083,694 14,958,346 16,810,594 42,474,715 20,845,681 110,173,030 in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 15,083,694 20,845,681 110,173,030 14,958,346 16,810,594 42,474,715 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified 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 vear c Add lines 7a and 7b Public Support (Subtract line 7c 110,173,030 from line 6) Section B. Total Support Calendar year (or fiscal year (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 15,083,694 14,958,346 16,810,594 42,474,715 20,845,681 110,173,030 Amounts from line 6 9 Gross income from interest, 10a dividends, payments received 1,977,340 1,978,564 2,957,148 1,076,703 182,449 8,172,204 on securities loans, rents, rovalties and income from sımılar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,978,564 2,957,148 1,977,340 1,076,703 182,449 8,172,204 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 Other income Do not include 12 gain or loss from the sale of 11,781 912,597 882,579 1,044,613 67,071 2,918,641 capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 17.129.329 17.927.275 19.700.531 44.433.997 22.072.743 121.263.875 11 and 12) 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 %

	ection C. Computation of Public Support Percentage		
15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	90 850 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	90 300 %

Section D. Computation of Investment Income Percentage ne percentage for **2009** (line 10c column (f) divided by line 13 column (f))

1/	Threstment income	percentage for	2009 (IIIIe 100	. column (i) aiv	ided by lille 13	column (1))

Investment income percentage from 2008 Schedule A, Part III, line 17 18

17	6 740 %
18	8 050 %

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 13-4146467

Name: TRANSITCENTER INC

) (Revenue \$

4.378.059)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

) (Expenses \$

4d. Other program services

(Code

ACTIVITY

AND FREELY DISTRIBUTING WHITE PAPERS LIKE THE ANNUAL COMMUTER BENEFITS IMPACT SURVEY. TO CREATING AND SHARING PUBLIC TRANSPORTATION GUIDES FOR MAJOR CITIES AT NO COST, WE GIVE EMPLOYERS AND COMMUTERS RICH DATA AND RESOURCES TO SUPPORT TAKING ADVANTAGE OF TRANSIT AND COMMUTER BENEFITS INFORMING AND EDUCATING THE BUSINESS COMMUNITY -- WE INCREASE THE KNOWLEDGE AMONG EMPLOYERS AND EMPLOYEES OF THE BENEFITS OF TRANSIT, COMMUTER BENEFITS AND THE LATEST BENEFITS-RELATED ISSUES -- FROM IRS-COMPLIANCE ISSUES TO NEW PRODUCTS TO BEST PRACTICES FOR INCREASING BOTH CORPORATE SAVINGS AND SUSTAINABILITY FOSTERING RELATIONSHIPS WITH ASSOCIATIONS AND TRANSIT OPERATORS -- WORKING WITH FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES. NATIONAL TRANSPORATION ORGANIZATIONS. BUSINESSES AND TRANSPORTATION AND ENVIRONMENTAL ADVOCACY GROUPS, SHARING INFORMATION AND RESOURCES KEEPS OUR MISSION AT THE FOREFRONT OF THE INDUSTRY WEBSITE INFORMATION THE CORPORATION OPERATES PART OF ITS WEBSITE. WWW TRANSITCENTER COM, AS A SOURCE OF FREE AND READILY AVAILABLE INFORMATION ON THE TAX-FREE TRANSIT BENEFIT, STUDIES CONCERNING THE USE OF THE TRANSIT BENEFIT BY EMPLOYERS AND EMPLOYEES AND PROVIDES CURRENT INFORMATION ON CHANGES IN TRANSIT SERVICES WHICH MAY IMPACT THE USE OF TRANSIT SUCH AS FARE INCREASES AND THE LIKE THE WEBSITE ALSO PROVIDES INFORMATION ON ITS TRANSITCHEK BASIC AND TRANSITCHEK PREMIUM PROGRAMS ELECTRONIC NEWSLETTER THE CORPORATION DISTRIBUTES ELECTRONICALLY A FREE. BI-MONTHLY PUBLICATION, "TRANSITCHEK NEWSLETTER", TO APPROXIMATELY 12,000 BUSINESSES PROVIDING INFORMATION TO HELP

FACILITATE THE USE OF MASS TRANSIT, PROMOTE THE VALUE OF TRANSIT BENEFITS, AND REPORT ON DEVELOPMENTS WHICH MAY IMPACT THE ADMINISTRATION OF PROGRAMS "TRANSITCHEK NEWSLETTER" IS ALSO POSTED ON THE CORPORATION'S WEBSITE MAKING IT AVAILABLE TO THOUSANDS MORE FIGURES REPRESENT AN ESTIMATE OF THE PERCENTAGE OF TOTAL TIME OF THE CORPORATION'S EMPLOYEES, IN THE AGGREGATE, DEVOTED TO THE PARTICULAR

2,930,643 including grants of \$

RESEARCH AND EDUCATION INITIATIVES PROVIDE VALUABLE RESEARCH AND PUBLIC INFORMATION -- FROM CONDUCTING

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRODUCT PROCESSING	3,399,838	3,399,838		
BAD DEBTS	576,434	576,434		
MISCELLANEOUS	133,364	133,364		
PLACEMENT FEES	93,591		93,591	
TEMP SERVICES	40,041	2,360	37,681	

DLN: 93493316024340

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

. S∈	ection 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not co	mplete P	art I-B	}			
	ection 527 organizations Complete Part I-A only						
	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4					n	
	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part			•			
	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complet						
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, liection 501(c)(4), (5), or (6) organizations. Complete Part III	ne ssa (rega	raing	proxy tax;	, then	
	ime of the organization	Employ	eride	ntifica	ition numbe		—
	ANSITCENTER INC	,	01 140		ition name		
		13-414					_
Pa	t I-A Complete if the organization is exempt under section 501(c) or is a	sectio	n 52	7 org	janizatio	n.	_
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	rt IV					
2	Political expenditures		-	\$			
3	V olunteer hours						
							_
Pa	t I-B Complete if the organization is exempt under section 501(c)(3).						_
1	Enter the amount of any excise tax incurred by the organization under section 4955		F	\$ <u></u>			_
2	Enter the amount of any excise tax incurred by organization managers under section 4955		Þ	\$			_
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No	
4a	Was a correction made?				☐ Yes	┌ No	
b	If "Yes," describe in Part IV						
Pa	t I-C Complete if the organization is exempt under section 501(c) except	sectio	n 50	1 (c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	ctivities	•	\$			_
2	Enter the amount of the filing organization's funds contributed to other organizations for section	527					
	exempt funtion activities		•	\$			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b	•	\$			
4	Did the filing organization file Form 1120-POL for this year?			· _	┌ Yes	┌ No	_
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's functional space is needed, provide information in fund or a political action committee (PAC). If additional space is needed, provide information in	ls Also tion, suc	enter	the ar	nount of po	litical	
				Τ,,	. ^		_

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check If the filing organization belongs to an affiliated group Check If the filing organization checked box A and "limited control" provisions apply									
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both							
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00						
	Over \$17,000,000	\$1,000,000								
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

Pa	rt II-B Complete if the organization		ection 501(c)(3) and has I	NOT fi	led F	orm		age 3 8
	(election under section 501	<u>(n)).</u>		(a	a)		(b)	
				Yes	No	/	A moun	nt
1	During the year, did the filing organization atte legislation, including any attempt to influence		•					
	through the use of							
а	V olunteers?				Νo			
b	Paid staff or management (include compensat	ion in expenses reported	on lines 1c through 1i)?		Νo	1		
C	Media advertisements?				Νo			
d	Mailings to members, legislators, or the public	۶ :			Νo			
е	Publications, or published or broadcast stater	nents?			Νo			
f	Grants to other organizations for lobbying pur	poses?			Νo			
g	Direct contact with legislators, their staffs, go	vernment officials, or a le	gislative body?	Yes			6	50,000
h	Rallies, demonstrations, seminars, convention	ns, speeches, lectures, o	any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV				Νo			
j	Total lines 1c through 1i						ϵ	50,000
2a	Did the activities in line 1 cause the organizat	tion to be not described i	n section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred	under section 4912						
c	If "Yes," enter the amount of any tax incurred	by organization manager	s under section 4912					
d	If the filing organization incurred a section 49	12 tax, did it file Form 47	20 for this year?					
Par	rt III-A Complete if the organization 501(c)(6).	n is exempt under s	ection 501(c)(4), section !	501(c)(5),	or s		
	W		h 2		Г		Yes	No
1	Were substantially all (90% or more) dues red	·			-	1		
2	Did the organization make only in-house lobby				-	2		
3	Did the organization agree to carryover lobbyi					3		
Par	t III-B Complete if the organization 501(c)(6) if BOTH Part III-A answered "Yes".						ectio	n
1	Dues, assessments and similar amounts from	members		1				
2	Section 162(e) non-deductible lobbying and perpenses for which the section 527(f) tax wa	'	not include amounts of political					
а	Current year			2a				
b	Carryover from last year			2b				
c	Total			2c				
3	Aggregate amount reported in section 6033(e	e)(1)(A) notices of nonde	luctible section 162(e) dues	3				
4	If notices were sent and the amount on line 20 does the organization agree to carryover to the political expenditure next year?			4				
5	Taxable amount of lobbying and political expe	nditures (see instruction	5)	5				
Pā	art IV Supplemental Information							
Со	emplete this part to provide the descriptions req		Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lın	e 1ı		
Als	so, complete this part for any additional informa							
	Ident if ier Ref	turn Reference	Explana	tion				

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As Filed Data -

DLN: 93493316024340

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** TRANSITCENTER INC 13-4146467 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌
Number of states where property subject to conservation easement is located 🛌
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

> \$ _____

(ii) Assets included in Form 990, Part X

►\$_____

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

990 Cat No 52283D

Schedule D (Form 990) 2009

Part :	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cai ire</u>	<u>easu</u>	res, or O	:he	r Similar Asse	ts (co	ontinued)
	Using the organization's accession and othe tems (check all that apply)	r records, check any	y of th	e foll	owing th	nat ar	e a sıgnıfıcaı	nt us	se of its collection	n	
a [Public exhibition		d	Г	Loan o	rexcl	hange progra	ms			
ь「	Scholarly research		e	Γ	Other						
c [Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ further	the c	organization'	s ex	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	Г No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	"Y	es" to Form 990),	
	Is the organization an agent, trustee, custod Included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontrıbutı	ions	or other asse	ts r		Yes	┌ No
b 1	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng ta	able						
_								_	A mou	ınt	
_	Beginning balance							Lc Ld			
	Additions during the year						-	Ld			
_	Distributions during the year							le L£			
	Ending balance						Ľ:	Lf			
	Did the organization include an amount on Fo		e 21?						J	Yes	No
	If "Yes," explain the arrangement in Part XIV				1 1137		F 000	<u> </u>			
Part	Endowment Funds. Complete	(a)Current Year		were Prior '			o Years Back			NEour V	ears Back
1a	Beginning of year balance	(a)carient rear	(5)	11101	rear	(C) W	o rears back	(4)	mee rears back (e	.ji oui i	curs back
	Contributions										
	Investment earnings or losses										
	Grants or scholarships										
	Other expenditures for facilities										
f .	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as		•				•		
a [Board designated or quasi-endowment 🕨	%									
Ь	Permanent endowment 🕨 %										
c -	Term endowment ► %										
	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	re held	and a	dministered	for	the		
C	organization by									Yes	No
((i) unrelated organizations			•				•	3a(i)		<u> </u>
	(ii) related organizations					•			3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(11), are the related organizatio Describe in Part XIV the intended uses of th	•						•	Зь		<u> </u>
Part						Λ D:	art V line 1	10			
rait	Investments—Land, Buildings	s, and Equipme	III. <u>3</u>						(-) A		
	Description of investment				Cost or o s (investm		(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) Bo	ok value
1a La	and		•								
b B	uildings		•								
c Le	easehold improvements		•				800,	886	656,734		144,152
d E	quipment		•				13,498,	404	10,985,229		2,513,175
	ther						584,	572	541,578		42,994
Total	Add lines 1a-1e (Column (d) should equal Fo								▶		2,700,321

Part VII Investments—Other Securities. See (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives Classity hald agusty interests			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u>	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Description of investment type	(B) Book value	Cost or end-o	f-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
	(, line 25. (b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		

Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,072,743
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,331,404
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,741,339
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-18,551,035
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-18,551,035
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-15,809,696
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	22,072,743
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	22,072,743
4	A mounts 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 XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	22,072,743
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	19,331,404
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	19,331,404
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	19,331,404
Con	TXIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pot V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete stitional information		
			· ·

 Identifier
 Return Reference
 Explanation

 PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ON THE PRIOR PERIOD ADJUSTMENT SHOWN IN SCHEDULE D, PART XI, LINE 7

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493316024340

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization TRANSITCENTER INC

Employer identification number

13-4146467

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to i					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the companion of the c					
	Compensation committee	ᅜ	Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		Νo
8	Were any amounts reported in Form 990, Part VII, ;					
	subject to the initial contract exception described in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			
	III FAIL III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	ı	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
LARRY FILLER	(ı) (ıı)	305,557 0	0		33,240 0	4,635 0	343,432 0		
EDWARD TAFFET	(ı) (ıı)	224,186 0	58,106 0		29,989 0	7,631 0			
NATHALIE VANHEUSDEN	(ı) (ıı)	182,441	47 ,7 53 0		27,551 0	6,158 0	263,903 0		
PAULA MURRAY	(ı) (ıı)	169,550 0	33,075 0	0 0	26,634 0	5,755 0	235,014		
DANIEL FANOK	(ı) (ıı)	155,216 0	30,760 0		25,059 0	7,482 0	218,517		
SUSAN GINSBERG- OSULLIVAN	(ı) (ıı)	141,566 0	27,302 0		20,838	4,449 0	194,155 0		
MARKIWASYKIW	(ı) (ıı)	134,541 0	30,591 0	0	22,599 0	22,07 4 0	209,805		
BARBARA KLEIN	(ı) (ıı)	125,191 0	24,826 0	0	20,478 0	9,009	179,504 0		
THOMAS J VALLELY	(ı) (ıı)	143,708	0	_	5,009 0	7,263 0	155,980 0		
				<u> </u>					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Return Reference	Explanation
Part	t I, Line 4a T	The Former CFO, Thomas J Vallely, III, received \$60,000

Schedule J (Form 990) 2009

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DLN: 93493316024340

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

▶ Complete if the organization answered

2009

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

> Inspection Employer identification number

					1	3-4146467		
	Excess Benefit Tran Complete if the organizati				c)(4) organı	zations only).	ıne 40b	
1	(a) Name of disqu	alıfıed person		(b) Descri	ption of trans	action	(c) (Corrected [*] No
	the amount of tax ımpose	ed on the organi:	zatıon managers oı	r disqualified persor	ns during the y	vear under		
	the amount of tax, if any,	on line 2, above	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		> \$		
Part II	Loans to and/or F							
(a) Name o	Complete if the organiz of interested person and purpose	(b) Loan to or from the organization?	"Yes" on Form 990 (c)Original principal amount		or Form 990-l (e) In default?	EZ, Part V, line 38 (f) Approved by board or committee?	(g)Writ	
		To From		•	Yes No	Yes No	Yes	No
(a)	Name of interested perso	on (6)	and the or	een interested perso ganization	on (c) A n	nount of grant or ty	pe of ass	ıstance
Part IV	Business Transact				ling 202 20	th or 28c		
	Business Transact Complete if the orga ame of interested person	nization answe (b) F betwe pers				b, or 28c.	orga	Sharing o inization's venues? S No

SYSTEMS TRANSITCENTER PAID \$423,368 TO THIS FIRM

FOR THE YEAR ENDED DECEMBER 31, 2009

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- DLN: 93493316024340

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

Department of the Treasury

(Form 990)

Internal Revenue Service

Name of the organization TRANSITCENTER INC

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Supplemental Information to Form 990

Employer identification number

13-4146467

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		REVIEW PROCESS FOR FORM 990 PRIOR TO THE NOVEMBER 15TH FILING DATE, THE CFO AND STAFF PREPARE THE INFORMATION FOR THE INDEPENDENT AUDITORS TO PREPARE THE RETURN THE CFO REVIEWS THE 990 WITH BOTH SENIOR MANAGEMENT AND THE BOARD THE CFO RESPONDS TO ANY QUESTIONS FROM BOTH GROUPS AS NECESSARY
Form 990, Part VI, Section B, line 12c		CONFLICT OF INTEREST POLICY TRANSITCENTER'S CONFLICT OF INTEREST POLICIES APPLY TO ITS GOVERNING BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION TRANSITCENTER'S BY LAWS REQUIRE THAT MEMBERS OF ITS GOVERNING BOARD AND ITS CORPORATE OFFICERS DISCLOSE ALL CONFLICTS OF INTEREST PROMPTLY AT THE TIME THEY ARISE, AND ANNUALLY VIA A WRITTEN DISCLOSURE PROCESS THE GOVERNING BOARD IS CHARGED WITH REVIEWING CONFLICT OF INTEREST TRANSACTIONS AND ASSOCIATED DECISIONS, AND MAKING A DETERMINATION REGARDING ANY RESTRICTIONS TO BE IMPOSED ON THE TRANSACTION THEIR DETERMINATION AND ALL MATERIAL FACTS ARE RECORDED IN MEETING MINUTES TRANSITCENTER'S EMPLOYEES ARE LIKEWISE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS PROMPTLY, AND IN WRITING, ALL CONFLICTS OF INTEREST THAT ARISE AND UPPER-LEVEL MANAGERS ADDITIONALLY COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AN EMPLOYEE'S SUPERVISOR IS CHARGED WITH REVIEWING A REPORTED CONFLICT OF INTEREST AND ENSURING THAT THE EMPLOYEE IS NOT INVOLVED IN DECISIONS RELATED TO THE CONFLICT
Form 990, Part VI, Section B, line 15		COMPENSATION POLICY MANAGEMENT, IN CONJUNCTION WITH THE BOARD AS NECESSARY, CONDUCTS AN ANNUAL REVIEW OF OFFICERS' COMPENSATION AS PART OF THIS REVIEW, THEY REFERENCE VARIOUS INFORMATION SOURCES INCLUDING PUBLICLY AVAILABLE INFORMATION/SURVEY AND COMPARISONS OF INTERNAL COMPENSATION WITHIN AND BETWEEN DEPARTMENTS TO DETERMINE APPROPRIATE COMPENSATION LEVELS BOARD ALSO USES OUTSIDE CONSULTANTS TO PREPARE COMPENSATION STUDIES
Form 990, Part VI, Section C, line 19		DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON GUIDESTAR OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
PART XI, LINE 2C		THE PROCESS OF CHOOSING AN INDEPENDENT ACCOUNTANT HAS REMAINED UNCHANGED BETWEEN 2008 AND 2009 THE ENTIRE BOARD IS INVOLVED IN INTERVIEWING, SELECTING, AND OVERSEEING THE INDEPENDENT ACCOUNTANT
		SCHEDULE C, PART II-B, LINE 1(G) LOBBY ING EXPENSES THE EXPENSE WAS FOR WORKING ON INCREASING THE VALUE OF THE TRANSIT BENEFIT AUTHORIZED UNDER SECTION 132(F) OF THE INTERNAL REVENUE CODE TO ENCOURAGE GREATER USE OF TRANSIT IN ADDITION, WORK WAS DONE TO SUPPORT EFFORTS TO INCREASE FUNDING FOR TRANSIT, CREATING A NEW TAX CREDIT INCENTIVE TO ENCOURAGE EMPLOYERS OT SUBSIDIZE THE TRANSIT COMMUTING EXPENSES OF THEIR EMPLOYEES, TO EDUCATE AND RAISE THE AWARENESS ABOUT THE IMPORTANCE OF TRANSIT BENEFITS AND TRANSIT IN ADDRESSING TRAFFIC CONGESTION, CLIMATE CHANGE, AND ENERGY ISSUES THROUGH THIS WORK, TRANSITCENTER WAS ALSO INVOLVED IN THE DEVELOPMENT OF POLICIES AND PROGRAMS AT THE NATIONAL LEVEL THAT WOULD INFLUENCE THE DEVELOPMENT OF NEW FEDERAL LAW GOVERNING THE FUNDING OF TRAVEL DEMAND MANAGEMENT PROGRAMS THAT SERVE EMPLOYERS, THE ROLE OF EMPLOYERS IN DEVELOPMENT OF TRIP REDUCTION PROGRAMS AT THE STATE AND LOCAL LEVELS, AND IN INCREASING THE SUPPORT FOR TRANSIT FINALLY, THE EXPENSE WAS RELATED TO KEEPING TRANSIT CENTER INFORMED ABOUT THE DEVELOPMENT OF FEDERAL LEGISLATION AND NEW NATIONAL PROGRAMS THAT WOULD IMPACT ITS MISSION TO ENCOURAGE GREATER USE OF TRANSIT
		SCHEDULE D, PART XI, LINE 7 PRIOR PERIOD ADJUSTMENT WITH RESPECT TO THE COMPANY'S PREVIOUSLY ISSUED 2008 FINANCIAL STATEMENTS, THE COMPANY DETERMINED THAT SEVERAL MATTERS HAD BEEN ACCOUNTED FOR INCORRECTLY AND REQUIRED RESTATEMENT OF THOSE FINANCIAL STATEMENTS IN ORDER TO CORRECT THE ACCOUNTING TO PRESENT SUCH MATTERS IN ACCORDANCE WITH U.S. GAAP. THE EFFECT OF THESE ERRORS ON NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2008 IS AS FOLLOWS. NET ASSETS AT DECEMBER 31, 2008, AS REPORTED \$27,460,097 ADJUSTMENTS AMOUNTS PAYABLE TO TRANSIT OPERATORS (20,466,206) ACCOUNTS RECEIVABLE 3,082,821 FIXED ASSETS (435,630) INVENTORY (258 280) ACCOUNTS PAYABLE AND ACCRUED LIABILITIES (199,843) OTHER ADJUSTMENTS (273,897) TOTAL EFFECT OF RESTATEMENT (18,551,035) NET ASSETS AS OF DECEMBER 31, 2008, AS ADJUSTED \$8,906,056
FORM 990, PART III	ORGANIZATION'S MISSION STATEMENT	TRANSITCENTER, INC ("TRANSITCENTER" OR THE "CORPORATION") WAS INCORPORATED AS A NOT-FOR-PROFIT CORPORATION, UNDER NEW YORK LAW ON MAY 23, 2000 AS A NEWLY-FORMED ENTITY, TRANSITCENTER SUCCEEDED TO THE PROGRAMS (THE "PREDECESSOR PROGRAMS") CARRIED ON UNDER A 1986 OPERATING A GREEMENT AMONG THE PORT AUTHORITY TRANS-HUDSON CORPORATION ("PATH"), THE NEW YORK METROPOLITAN TRANSPORTATION AUTHORITY TRANS-HUDSON CORPORATION ("PATH"), THE NEW YORK METROPOLITAN TRANSPORTATION AUTHORITY ("NTA"), A STATE-CREATED PUBLIC AUTHORITY, AND NEW JERSEY TRANSIT CORPORATION ("NJ TRANSIT"), THE STATE-WIDE RAIL AND BUS TRANSIT AGENCY OF NEW JERSEY MTA IS THE PARENT AUTHORITY OF THE MTA LONG ISLAND RAIL ROAD ("LIRR"), MTA METRO-NORTH RAILROAD ("METRO-NORTH") AND MTA NEW YORK CITY TRANSIT ("NY C TRANSIT") THE OPERATING AGREEMENT PROVIDED THAT PATH WOULD ACT AS THE HOST AGENCY FOR THE PREDECESSOR PROGRAMS AND CARRY OUT ALL OTHER REQUIRED FUNCTIONS THOSE PROGRAMS INCLUDED A TRANSIT VOUCHER SYSTEM, MARKETING ACTIVITIES, TRANSIT PASS PROGRAMS AND INFORMATIONAL SERVICES FROM 1987 TO 1991, FUNDING WAS PROVIDED BY A DEVELOPMENT GRANT FROM THE UNITED STATES DEPARTMENT OF TRANSPORTATION IN ADDITION TO ANNUAL OPERATING SUBSIDIES PROVIDED BY MTA, NJ TRANSIT, AND PATH TRANSITCENTER WAS ESTABLISHED AS A SEPARATE ORGANIZATION FOCUSED ON ENCOURAGING GREATER USE OF MASS TRANSPORTATION WHILE REDUCING THE BURDEN ON PATH, AND ITS GOVERNMENTAL AGENCY PARTINERS, IN HOSTING AND OPERATING THE PREDECESSOR PROGRAMS TRANSITCENTER'S MISSION, AS SET FORTH IN ITS CERTIFICATE OF INCORPORATION, IS TO PROMOTE CONSERVATION OF NATURAL RESOURCES, RELIEVE TRAFFIC CONGESTION, AND REDUCE AIR POLLUTION, AND INCLUDES THE FOLLOWING SPECIFIC PURPOSES 1 TO SUPPORT AND PROMOTE THE USE OF MASS TRANSPORTATION, 2 TO LESSEN THE BURDEN OF GOVERNMENTAL AGENCIES WHICH OPERATE TRANSIT SERVICE BY PROVIDING SUPPORT AT EMPLOYER WORK SITES, THROUGH ACTIVITIES SUCH AS THE DISTRIBUTION OF TRANSIT FARE MEDIA AND INFORMATION, AND BY RELIEVING THESE AGENCIES OF THE BURDEN OF IMPORTATION OF GENERAL
		AND IMPROVE AIR QUALITY, 4 TO PROMOTE COMMUNICATION AND UNDERSTANDING AMONG PUBLIC TRANSIT PROVIDERS, THE BUSINESS COMMUNITY AND THE PUBLIC, AND 5 TO DEVELOP AND OPERATE FINANCIAL AND OTHER INCENTIVE PROGRAMS THAT ENCOURAGE THE GREATER USE OF MASS TRANSPORTATION INCLUDING TRANSIT PASS AND VOUCHER PROGRAMS THAT FACILITATE EMPLOYERS' USE OF FEDERAL AND STATE BENEFITS THAT PROVIDE TAX SAVINGS TO EMPLOYEES WHO COMMUTE BY TRANSIT IN RECOGNITION OF TRANSITCENTER'S EXPANDING MARKET AND THE ADDITIONAL SERVICE NEEDS OF ITS EMPLOYER CUSTOMERS, THE BY LAWS WERE AMENDED TO ALLOW A CHANGE IN THE COMPOSITION OF THE BOARD OF DIRECTORS AT THE END OF 2004 TO REFLECT ITS EXPANDED SCOPE OF SERVICES PUBLIC AGENCY EX-OFFICIO GOVERNANCE WAS REPLACED WITH A CORE BOARD OF ELECTED, PRIVATE INDIVIDUALS WITH SIGNIFICANT GOVERNMENTAL AND PRIVATE BUSINESS EXPERIENCE TO ALLOW TRANSITCENTER TO ACHIEVE ITS PUBLIC MISSION THROUGH A NATIONAL PRESENCE IN MAJOR TRANSIT MARKETS THROUGHOUT THE COUNTRY