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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2011</b>  <b>Open to Public Inspection</b>
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<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization TRANSITCENTER INC  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 200 PARK AVENUE  City or town, state or country, and ZIP + 4 NEW YORK, NY 10166	<b>D Employer identification number</b>  13-4146467
		<b>E Telephone number</b>  (212) 329-2000
		<b>G</b> Gross receipts \$ 31,182,637
	<b>F</b> Name and address of principal officer ROSEMARY SCANLON 200 PARK AVENUE NEW YORK, NY 10166	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.TRANSITCENTER.COM		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 2000
<b>M</b> State of legal domicile NY		

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TRANSITCENTER'S MISSION IS TO ENCOURAGE GREATER USE OF PUBLIC AND PRIVATE TRANSIT SERVICES IN ORDER TO REDUCE TRAFFIC CONGESTION AND AIR POLLUTION SEE DETAILED MISSION STATEMENT IN SCHEDULE O		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	5
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	97
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	5	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	21,053,595	29,494,252
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,750	41,427
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,285,742	1,646,958
		22,394,087	31,182,637
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,778,634	10,199,998
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶17,506		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	8,949,133	8,817,207
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,727,767	19,017,205
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	3,666,320	12,165,432
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	97,639,571	86,147,118
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	82,322,854	58,664,969
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	15,316,717	27,482,149

<b>Part II</b>	<b>Signature Block</b>
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.	

<b>Sign Here</b>	<div>*****</div> <div>Signature of officer</div>	<div>2012-11-15</div> <div>Date</div>		
	<div>ROSEMARY SCANLON CHAIRMAN</div> <div>Type or print name and title</div>			
<b>Paid Preparer's Use Only</b>	<div>Preparer's signature</div> <div>David A Gruber</div>	<div>Date</div>	<div>Check if self-employed</div> <div><input type="checkbox"/></div>	<div>Preparer's taxpayer identification number (see instructions)</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>EISNERAMPER LLP 101 West Avenue Jenkintown, PA 19046</div>			<div>EIN</div> <div>▶</div>

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

FOR CALENDAR YEAR 2011, 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 AGREEMENT AMONG THE PORT AUTHORITY TRANS-HUDSON CORPORATION ("PATH") , THE NEW YORK METROPOLITAN TRANSPORTATION AUTHORITY ("MTA"), 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 ("NYC 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 FR

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,825,081 including grants of \$ ) (Revenue \$ 9,342,363 )
	THE TRANSITCHEK PROGRAM, WHICH WAS SOLD TO WAGeworks, INC ON FEBRUARY 1, 2012, IS AN INNOVATIVE METHOD OF AIDING EMPLOYERS IN PROVIDING TO THEIR EMPLOYEES THE OPPORTUNITY TO TAKE ADVANTAGE OF THE TAX-FREE TRANSIT BENEFIT PROGRAM AUTHORIZED UNDER SECTION 132(F) OF THE INTERNAL REVENUE CODE (THE "CODE") QUALIFIED TRANSPORTATION FRINGES TRANSIT FARE MEDIA, AND OTHER BENEFIT PRODUCTS THAT CAN BE USED TO PURCHASE 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, AS ANOTHER MEANS TO OFFER THE TAX-FREE BENEFIT THE TRANSITCHEK PROGRAM PROVIDES A CONVENIENT MECHANISM FOR EMPLOYERS TO PROVIDE THE TRANSPORTATION BENEFIT UNDER SECTION 132(F) OF THE CODE TO EMPLOYEES TRANSITCENTER HAS OPERATED THE TRANSITCHEK PROGRAM SINCE JANUARY 1, 2001 THE TRANSITCHEK PROGRAM WAS FIRST IMPLEMENTED ON OCTOBER 7, 1987, THROUGH AN INTERAGENCY PARTNERSHIP OF PUBLIC AGENCIES (MTA, PATH AND NJ TRANSIT) 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 IN THE CONTEXT OF A REGION WHICH IS SERVED BY AN EXTREMELY COMPLEX NETWORK OF DIVERSE TRANSPORTATION PROVIDERS THE TRANSITCHEK PROGRAM WAS ADMINISTERED BY THE CORPORATION IN CONNECTION WITH ITS OPERATION OF THE TRANSITCHEK PROGRAM, THE CORPORATION PERFORMED THE FOLLOWING MAJOR SERVICES 1) MARKETED THE BENEFITS OF MASS TRANSPORTATION AND THE USE OF TRANSITCHEK TO EMPLOYERS AND EMPLOYEES, 2) OPERATED THE TRANSITCHEK ORDER DELIVERY AND CUSTOMER SERVICE FUNCTIONS, 3) MANAGED THE TRANSITCHEK PAYMENT SYSTEM TO ENSURE THAT ALL PARTICIPATING TRANSIT AND VANPOOL OPERATORS RECEIVE PAYMENT FOR FARE MEDIA WHEN ACCEPTING TRANSITCHEK VOUCHERS OR ELECTRONIC STORED VALUE CARDS, AND 4) PROVIDED REPORTS AND ANALYSIS OF THE PROGRAM'S PERFORMANCE TRANSITCHEK ALSO MARKETS THE METROCARD PROGRAM AT ITS OWN EXPENSE, AND PAYS THE COST OF PRINTING AND PACKING THE CARDS THE CORPORATION EXPANDED THE REACH OF THE TRANSITCHEK PROGRAM TO OTHER MARKETS NATIONWIDE THE CORPORATION LESSENED THE BURDENS OF THE GOVERNMENT BY ADMINISTERING THE TRANSITCHEK PROGRAM AND THUS ELIMINATING THAT RESPONSIBILITY FROM THE VARIOUS MASS TRANSPORTATION AGENCIES THROUGHOUT THE NATION, WHILE HELPING TO ACHIEVE KEY GOVERNMENTAL GOALS TO REDUCE TRAFFIC CONGESTION AND AIR POLLUTION BY FACILITATING THE USE OF MASS TRANSPORTATION BY ASSISTING EMPLOYERS AND EMPLOYEES AND EXPANDING THE USE OF MASS TRANSPORTATION, THE CORPORATION IS DIRECTLY SUPPORTED THE VARIOUS TRANSPORTATION AGENCIES IN THE REGION AND RELIEVED THEM OF MANY BURDENS RELATED TO THE MARKETING AND ADMINISTRATION OF THEIR PROGRAMS AND OPERATIONS A 2008 SURVEY CONDUCTED BY BUSINESSWEEK RESEARCH SERVICES IN PARTNERSHIP WITH TRANSITCENTER, FOUND THAT THE TRANSITCHEK PROGRAM, ALONG WITH THE PREMIUM TRANSITCHEK PROGRAM DISCUSSED BELOW, DOES INCREASE THE USE OF MASS TRANSPORTATION THE SURVEY FOUND THAT 18% OF TRANSIT BENEFIT USERS INCLUDING TRANSITCHEK USERS SURVEYED SAID THAT THEY DID NOT USE MASS TRANSIT BEFORE RECEIVING TRANSIT BENEFITS THE TRANSITCHEK PROGRAM HAS, THUS, MADE AN IMPACT ON TRANSIT RIDERSHIP, PROVIDES SUBSTANTIAL BENEFITS TO MASS TRANSPORTATION AGENCIES BY RELIEVING THEM OF THE BURDEN OF SELLING THEIR TRANSIT PASSES, AND REDUCED CONGESTION AND AIR POLLUTION WITH THE SALE OF THE TRANSITCHEK PRODUCT IN 2012, THE TRANSITCENTER BOARD AND STAFF WILL CONTINUE TO ENGAGE IN ACTIVITIES TO ACHIEVE ITS MISSION OF REDUCING TRAFFIC CONGESTION, INCREASING USE OF PUBLIC TRANSPORTATION AND PRESERVING THE ENVIRONMENT

















4b	(Code ) (Expenses \$ 4,825,082 including grants of \$ ) (Revenue \$ 9,342,363 )
	IN 2011, TRANSITCENTER OPERATED THE TRANSITCHEK PROGRAM, WHICH WAS SOLD TO WAGeworks, INC ON FEBRUARY 1, 2012 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 \$ 3,216,721 including grants of \$ ) (Revenue \$ 6,228,242 )
	PRIOR TO THE SALE OF THE TRANSITCHECK PROGRAM IN 2012, AS PART OF TRANSITCHEK AND PREMIUM TRANSITCHEK, THE CORPORATION MARKETED AND SOLD 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 MARKETED AND SOLD 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 NEW YORK CITY SUBWAYS AND BUSES BEFORE THE SALE IN 2012, TRANSITCHEK MARKETED THE METROCARD PROGRAM AT ITS OWN EXPENSE, AND PAID THE COST OF PRINTING AND PACKING THE CARDS THE CORPORATION ALSO MARKETED THE PREMIUM TRANSITCHEK METROCARD ("PREMIUM CARD") PROGRAM THE PREMIUM CARD ALLOWED EMPLOYEES TO RECEIVE A YEARLY "UNLIMITED RIDE" METROCARD THIS CARD REDUCED THE VOLUME OF TRAVELERS WHO NEED TO PURCHASE METROCARDS AT STATION BOOTHS AND REDUCED 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 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 LESSENED 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 LESSENED 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 REDUCED TRAFFIC CONGESTION AND AIR POLLUTION, LESSENED THE BURDENS OF GOVERNMENT, AND WAS IN FURTHERANCE OF THE CORPORATION'S EXEMPT PURPOSES

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 3,216,721 including grants of \$ ) (Revenue \$ 6,228,242 )
4e	Total program service expenses\$ 16,083,605

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 "Yes," complete Schedule F, Part II and IV.</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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38		No

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . .	1a	0	1c	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .					
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	97	2b	Yes
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .					
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		3b			
4a	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 or securities account)? . . . . .	4a			No
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		5c			
6a	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			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a 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
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		7d			
e Did the organization 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
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		7h			
8 Sponsoring organizations maintaining donor advised funds 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					
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? . . . . .		9a			
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		9b			
10 Section 501(c)(7) organizations. Enter					
a 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		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . .					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a			
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the aggregate amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		14b			No

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	6		
b	Enter the number of voting members included in line 1a, above, who 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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	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	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	No
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?		
a	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 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BTQ FINANCIAL 80 BROAD STREET 15TH FL NEW YORK, NY 10004 (212) 901-2500

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of “key employee ”
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC ) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O )	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC )	(E) Reportable compensation from related organizations (W-2/1099-MISC )	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSEMARY SCANLON CHAIR	2 0	X						0	0	1,233
(2) MAXINE FINKELSTEIN DIRECTOR	2 0	X								1,233
(3) N VENU GOPAL DIRECTOR	2 0	X								1,233
(4) HENRY LANIER DIRECTOR	2 0	X								1,233
(5) ANDREW MCKEON DIRECTOR	2 0	X								1,233
(6) DANIEL NEUBURGER PRES, CEO, DIRECTOR	47 5	X		X				411,896		25,748
(7) EDWARD TAFFET SECRETARY & GEN'L CO	45 0			X				324,616		14,716
(8) DAVID SCHWARTZ TREASURER & CFO	45 0			X				365,502		27,625
(9) NATHALIE VANHEUSDEN BUS DEVELOPMENT OFF	45 0				X			281,762		12,179
(10) EDWARD CANNON CHIEF INFORMATION OF	45 0				X			191,534		21,910
(11) DANIEL FANOK VP, HUMAN RESOURCES	45 0					X		214,362		12,013
(12) ROSA DACHILLE HR & DEVELOPMENT DIR	45 0					X		175,314		13,798
(13) JOSEPH MICARA VICE PRESIDENT, SALES	45 0					X		190,129		25,450
(14) KATHLEEN MCMINN VICE PRESIDENT, MARKETING	45 0					X		184,967		12,077
(15) BARBARA KLEIN VP, CUSTOMER SERVICE	45 0					X		174,467		10,052



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	2,514,549	0	181,733

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 10

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
FULBRIGHT JAWORSKI LLP 666 FIFTH AVENUE NEW YORK, NY 10103	LEGAL	438,263
EISNERAMPER LLP 2015 LINCOLN HIGHWAY EDISON, NJ 08817	AUDIT	130,730
FIS PO BOX 88440 MILWAUKEE, WI 53288	PRODUCT PROCESSING	3,191,575
MAKOVSKY COMPANY INC 16 EAST 34TH STREET NEW YORK, NY 10016	MARKETING	159,902
THE ATLANTIC GROUP 1156 6TH AVENUE NEW YORK, NY 10036	CONSTRUCTION	136,747

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part VIII

Statement 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .		0			
Program Service Revenue			Business Code				
	2a	COMMISSIONS	485000	17,583,951	17,583,951		
	b	EXPIRED PRODUCTS	485000	10,863,766	10,863,766		
	c	PACKAGING AND OTHER FEES	485000	1,046,535	1,046,535		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		29,494,252			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		41,427			41,427
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties . . . . .		0			
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	a						
	b	Less direct expenses . . . . .					
	b						
	c	Net income or (loss) from fundraising events . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
a							
b	Less direct expenses . . . . .						
b							
c	Net income or (loss) from gaming activities . .		0				
10a	Gross sales of inventory, less returns and allowances . . . . .						
a							
b	Less cost of goods sold . . . . .						
b							
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code					
11a	INTERCHANGE REVENUE		485000	1,646,958	1,646,958		
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			1,646,958			
12	Total revenue. See Instructions . . . . .			31,182,637	31,141,210		41,427

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,677,488	1,284,059	375,923	17,506
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,797,463	5,489,745	1,307,718	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	231,611	187,045	44,566	
9	Other employee benefits	829,785	679,864	149,921	
10	Payroll taxes	663,651	494,716	168,935	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	170,526		170,526	
c	Accounting	120,730		120,730	
d	Lobbying	72,000	72,000		
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	856,205	855,605	600	
13	Office expenses	715,961	661,520	54,441	
14	Information technology	467,616	467,616		
15	Royalties	0			
16	Occupancy	1,483,762	1,208,693	275,069	
17	Travel	87,775	75,642	12,133	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	115,401	69,639	45,762	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	937,970	873,137	64,833	
23	Insurance	203,597	143,133	60,464	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PRODUCT PROCESSING	2,911,713	2,911,713		
b	RAW MATERIALS	278,072	278,072		
c	BAD DEBTS	157,770	157,770		
d	PLACEMENT FEES	71,286	60,030	11,256	
e					
f	All other expenses	166,823	113,606	53,217	
25	Total functional expenses. Add lines 1 through 24f	19,017,205	16,083,605	2,916,094	17,506
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			661,464	1	-907,577
	2	Savings and temporary cash investments . . . . .			81,675,374	2	75,368,863
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			3,980,220	4	1,157,403
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			6,482,132	8	6,514,329
	9	Prepaid expenses and deferred charges . . . . .			241,147	9	1,008,406
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	16,644,458			
	b	Less: accumulated depreciation . . . . .	10b	14,098,507	2,536,080	10c	2,545,951
	11	Investments—publicly traded securities . . . . .			0	11	0
	12	Investments—other securities. See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			2,063,154	15	459,743
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			97,639,571	16	86,147,118
Liabilities	17	Accounts payable and accrued expenses . . . . .			3,002,761	17	3,639,261
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			71,075	19	130,081
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			79,249,018	25	54,895,627
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			82,322,854	26	58,664,969
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			15,316,717	27	27,482,149
	28	Temporarily restricted net assets . . . . .			0	28	0
	29	Permanently restricted net assets . . . . .			0	29	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			15,316,717	33	27,482,149
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			97,639,571	34	86,147,118

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,182,637
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,017,205
3	Revenue less expenses Subtract line 2 from line 1	3	12,165,432
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,316,717
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	27,482,149

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

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

2011

Open to Public  
Inspection

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

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 Se**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
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 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. 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						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,810,594	42,474,715	20,845,681	21,053,595	29,494,252	130,678,837
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	16,810,594	42,474,715	20,845,681	21,053,595	29,494,252	130,678,837
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						130,678,837

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	16,810,594	42,474,715	20,845,681	21,053,595	29,494,252	130,678,837
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,977,340	1,076,703	182,449	54,750	41,427	3,332,669
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,977,340	1,076,703	182,449	54,750	41,427	3,332,669
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	912,597	882,579	1,044,613	1,285,742	1,646,958	5,772,489
13 Total support (Add lines 9, 10c, 11 and 12 )	19,700,531	44,433,997	22,072,743	22,394,087	31,182,637	139,783,995
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	93.486 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	91.790 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	2.384 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	4.940 %
19a 33 1/3% support tests—2011. 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	<input type="checkbox"/>	
b 33 1/3% support tests—2010. 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	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



**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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part 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	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		157,300
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		11,508
j	Total lines 1c through 1i			168,808
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part IV	Political Activities	GRASSROOTS LOBBYING ACTIVITIES
DIRECT LOBBYING ACTIVITIES	FORM 990 - SCHEDULE C, PART II B, LINE 1G	TransitCenter staff and consultants engaged in direct lobbying activities in support of the transit portion of the federal pre-tax commuter benefit. Advocacy activities centered on efforts to extend tax legislation that increased the pre-tax monthly limit for the transit benefit to the same level as the parking portion of the commuter benefit. A provision was included in the American Recover and Reinvestment Act of 2009 to increase the transit benefit to the same level as the parking level on a temporary basis. After a one year extension of this provision in 2010, it was set to expire on December 31, 2011. TransitCenter contacted members of the U.S. Senate and House of Representatives to seek inclusion of a provision as part of larger tax or transportation related legislation to further extend the increased monthly limit of the transit portion of the commuter benefit.
OTHER LOBBYING EXPENSES	FORM 990 - SCHEDULE C, PART II-B, LINE 1I	TransitCenter paid dues in the amount of \$1000 to the Employers Council on Flexible Benefits and \$508 to the American Public Transportation Association to support their lobbying efforts to extend the provision to extend parity between the parking and transit portions of the commuter benefit, and for general advocacy in support of public transportation. TransitCenter paid dues in the amount of \$10,000 to support the activities of the Commuter Benefits Work for Us Coalition. The primary function of the coalition was to develop and support an advocacy website, www.commuterbenefitsworkforus.com, which encouraged and facilitated supporters of the transit commuter benefit to send letters to their Members of Congress to encourage them to support efforts to maintain parity between the transit and parking portions of the commuter benefit.

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
TRANSITCENTER INC

Employer identification number  
13-4146467

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

2

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

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)?

☐ Yes ☐ No

9

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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		1,637,507	864,389	773,118
d Equipment . . . . .		13,753,145	12,554,333	1,198,812
e Other . . . . .		1,253,806	679,785	574,021
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				2,545,951



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,182,637
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,017,205
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,165,432
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	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,165,432

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	31,182,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	31,182,637
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	31,182,637

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	19,017,205
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	19,017,205
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	19,017,205

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART X, LINE 2		U S GAAP requires entities to evaluate, measure, recognize and disclose any uncertain income tax positions taken on their federal or state tax returns. Management has evaluated the impact of this standard on its financial statements and believes that there are no uncertain tax positions. The Company's federal and state information returns are subject to examination by the Internal Revenue Service and the various states the Company files in for three years from the date the returns are filed. The 2008, 2009 and 2010 information returns are available for such examination.



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-4146467  
**Name:** TRANSITCENTER INC

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
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Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information  
  
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.

OMB No 1545-0047  
  
2011  
  
Open to Public Inspection

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

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization  a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	No
		4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWARD TAFFET	(i) (ii)	260,653	63,963		7,314	7,402	339,332	
(2) NATHALIE VANHEUSDEN	(i) (ii)	227,770	53,992		6,420	5,759	293,941	
(3) DAVID SCHWARTZ	(i) (ii)	291,308	74,194		7,350	20,275	393,127	
(4) DANIEL FANOK	(i) (ii)	182,936	31,426		4,658	7,355	226,375	
(5) DANIEL NEUBURGER	(i) (ii)	346,708	65,188		5,016	20,732	437,644	
(6) EDWARD CANNON	(i) (ii)	190,694	840		2,415	19,495	213,444	
(7) ROSA DACHILLE	(i) (ii)	149,792	25,522		4,113	9,685	189,112	
(8) JOSEPH MICARA	(i) (ii)	182,333	7,796		20,260	5,190	215,579	
(9) KATHLEEN MCMINN	(i) (ii)	181,494	3,473		2,120	9,957	197,044	
(10) BARBARA KLEIN	(i) (ii)	148,109	26,358		3,999	6,053	184,519	

**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.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
TRANSITCENTER INC**Employer identification number**

13-4146467

Identifier	Return Reference	Explanation
990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO THE NOVEMBER 15TH FILING DATE, THE BOARD'S AUDIT COMMITTEE AND STAFF WORKED WITH THE CFO AND STAFF OF WAGeworks, INC, TO GATHER ALL NECESSARY INFORMATION FOR THIS REPORT AS IT PERTAINED TO BUSINESS OPERATIONS IN 2011 THESE WAGeworks STAFF WERE, PRIOR TO THE FEBRUARY 1, 2012 SALE OF THE TRANSITCHEK BUSINESS TO WAGeworks, EMPLOYED BY TRANSITCENTER AND CRITICAL TO OUR BUSINESS OPERATIONS IN 2011 THE AUDIT COMMITTEE AND STAFF THEN RELAYED THIS INFORMATION TO THE INDEPENDENT AUDITORS TO PREPARE THE RETURN THE AUDIT COMMITTEE AND STAFF THEN REVIEWED AND EDITED THE RETURN THEN THE RETURN WAS SUBMITTED TO EACH BOARD MEMBER FOR A FINAL INDEPENDENT REVIEW AND APPROVAL

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	TRANSITCENTER'S CONFLICT OF INTEREST POLICIES, WHICH REMAIN IN PLACE AFTER THE TRANSACTION, APPLY TO ITS GOVERNING BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION. TRANSITCENTER'S BYLAWS 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.

Identifier	Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, LINE 15	THE TRANSICENTER BOARD DETERMINES THE APPROPRIATE SALARY FOR ITS STAFF, AND REVIEWS COMPENSATION LEVELS ON AN ANNUAL BASIS AS PART OF THIS REVIEW, THEY REFERENCE VARIOUS INFORMATION SOURCES INCLUDING PUBLICLY AVAILABLE INFORMATION/SURVEY TO DETERMINE APPROPRIATE COMPENSATION LEVELS BOARD ALSO USES OUTSIDE CONSULTANTS TO PREPARE COMPENSATION STUDIES

Identifier	Return Reference	Explanation
DOCUMENT AVAILABLE FOR PUBLIC INSPECTION	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON GUIDESTAR.ORG OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST



Identifier	Return Reference	Explanation
BOARD OVERSIGHT	FORM 990, PART XIII, LINE 2C	THE BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AS WELL AS THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
STATEMENT OF TRANSACTION		ON FEBRUARY 1, 2012, TRANSITCENTER SOLD ITS BUSINESS OPERATIONS, WHICH PRIMARILY CONSISTED OF THE TRANSITCHEK PRODUCT, TO WAGEWORKS, INC THE TRANSITCENTER BOARD AND ONE STAFF MEMBER REMAINS IN PLACE TO CONTINUE TO OPERATE THE ORGANIZATION AND TO LAUNCH A NEW CAMPAIGN TO CARRY OUT THE ORGANIZATION'S NON-PROFIT MISSION

Identifier	Return Reference	Explanation
OFFICER WHO CANNOT BE REACHED AT CORP ADDRESS	FORM 990, PART VI SECTION A LINE 9	DANIEL NEUBURGER, PRESIDENT AND CEO CAN BE REACHED AT THE ADDRESS BELOW C/O WAGeworks, INC 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES	<p>PROGRAM EXPENSES \$3,216,721 GRANTS \$0 REVENUE \$6,228,242 RESEARCH AND EDUCATION INITIATIVES IN 2011, PRIOR TO ITS SALE OF THE BUSINESS OPERATIONS TO WAGeworks, INC , TRANSITCENTER PROVIDED VALUABLE RESEARCH AND PUBLIC INFORMATION TRANSITCENTER CONDUCTED AND FREELY DISTRIBUTED WHITE PAPERS LIKE THE ANNUAL COMMUTER BENEFITS IMPACT SURVEY, CREATED AND SHARED PUBLIC TRANSPORTATION GUIDES FOR MAJOR CITIES AT NO COST, AND CONDUCTED RESEARCH HELPFUL TO TRANSIT OPERATORS ON TOPICS SUCH AS UNDERSTANDING THE RELATIONSHIP BETWEEN FARE LEVELS AND RIDERSHIP LEVELS TRANSITCENTER GAVE EMPLOYERS AND COMMUTERS RICH DATA AND RESOURCES TO SUPPORT TAKING ADVANTAGE OF TRANSIT AND COMMUTER BENEFITS WHILE HELPING TRANSIT OPERATORS MAKE MORE INFORMED DECISIONS INFORMING AND EDUCATING THE BUSINESS COMMUNITY IN 2011, TRANSITCENTER INCREASED 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 TRANSITCENTER FOSTERED RELATIONSHIPS WITH ASSOCIATIONS AND TRANSIT OPERATORS AND WORKED WITH FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES, NATIONAL TRANSPORTATION ORGANIZATIONS, BUSINESSES AND TRANSPORTATION AND ENVIRONMENTAL ADVOCACY GROUPS TO SHARE INFORMATION AND RESOURCES TO KEEP ITS MISSION AT THE FOREFRONT OF THE INDUSTRY WEBSITE INFORMATION PRIOR TO THE SALE OF BUSINESS OPERATIONS ON FEBRUARY 1, 2012, THE CORPORATION OPERATED 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 PROVIDED CURRENT INFORMATION ON CHANGES IN TRANSIT SERVICES WHICH MAY IMPACT THE USE OF TRANSIT SUCH AS FARE INCREASES AND THE LIKE THE WEBSITE ALSO PROVIDED INFORMATION ON ITS TRANSITCHEK BASIC AND TRANSITCHEK PREMIUM PROGRAMS ELECTRONIC NEWSLETTER PRIOR TO THE SALE OF TRANSITCENTER'S BUSINESS OPERATIONS ON FEBRUARY 1, 2012, TRANSITCENTER DISTRIBUTED 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" WAS 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 ACTIVITY</p>