



A Partner to Grow With

March 29, 2018

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

**Re: Carter Burden Network**  
**EIN: 23-7129499**  
**Form: 990**  
**FYE: 06/30/2017**

Dear Sir/Madam:

Please note that we have attached to the Federal 990 return the supporting documentation required to report the organization's name change:

- A copy of the amendment to the Articles of Incorporation, and
- proof of filing with the state of New York.

Please direct your comments and questions to the undersigned. Thank you for your assistance in this matter.

Very truly yours,

Diana Miller, CPA  
Partner, Not-for-Profit Services

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

Header section containing organization name (THE CARTER BURDEN NETWORK), EIN (23-7129499), address (415 E. 73RD STREET, NEW YORK, NY 10021), principal officer (WILLIAM J. DIONNE), and other identifying information.

Part I Summary

Table with 22 rows detailing financial and governance information. Columns include line number, description, and values for Prior Year and Current Year. Total revenue is 6,677,342 and total expenses are 8,683,604.

Part II Signature Block

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.

Signature block containing signatures of William J. Dionne (Executive Director) and Diana Miller (Preparer), along with their titles and contact information.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission: TO PROMOTE THE WELL-BEING OF SENIORS 60 & OLDER THROUGH A CONTINUUM OF SERVICES, ADVOCACY, ARTS & CULTURE AND VOLUNTEER PROGRAMS ORIENTED TO INDIVIDUAL, FAMILY AND COMMUNITY NEEDS. WE ARE DEDICATED TO SUPPORTING THE EFFORTS OF OLDER PEOPLE TO LIVE SAFELY AND WITH DIGNITY.
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,370,852. including grants of \$ ) (Revenue \$ 668,488.) SENIOR CENTERS:

THE CARTER BURDEN LUNCHEON CLUB & SENIOR PROGRAM (CBLC&SP)- IS A MULTI-SERVICE SENIOR CENTER THAT PROVIDES DAILY LUNCHEON MEALS ALONG WITH SOCIALIZATION, RECREATION AND EDUCATION. FREE ACTIVITIES INCLUDE YOGA, ART, COMPUTER CLASSES, MOVIES, DANCE, DAY TRIPS, VISUAL AND PERFORMING ARTS CLASSES, MUSIC PROGRAMS AND HOLIDAY PARTIES. CONGREGATE MEALS ARE SERVED MONDAY-FRIDAY. CBLC&SP DOES NOT HAVE A CATCHMENT AREA AND ANYONE CAN ATTEND THE PROGRAM REGARDLESS WHERE S/HE LIVES. DAILY AND WEEKEND MEALS ARE DELIVERED TO HOMEBOUND SENIORS WHO LIVE IN THE AREA OF 69TH STREET-79TH STREET, 5TH AVENUE TO THE EAST RIVER. THE AVERAGE DAILY ATTENDANCE IS 95-105 AND WE DELIVER 70-80 MEALS. THE SENIOR CENTER IS ALSO THE CATERER FOR ANOTHER HOME DELIVERED MEAL

4b (Code: ) (Expenses \$ 1,822,866. including grants of \$ ) (Revenue \$ 8.) SOCIAL SERVICE PROGRAMS:

THE SOCIAL SERVICES DEPARTMENT - THIS DEPARTMENT SERVES SENIORS WHO LIVE ON THE UPPER EAST SIDE OF MANHATTAN (59TH STREET - 96TH STREET, FIFTH AVENUE TO THE EAST RIVER). THE STAFF OF 5 (ONE MSW DIRECTOR, 2 MSW STAFF AND 2 BA LEVEL STAFF) PROVIDES COMPREHENSIVE SERVICES TO BOTH HOMEBOUND AND AMBULATORY SENIORS SO THAT THEY CAN REMAIN IN THEIR HOMES. SERVICES INCLUDE SUPPORTIVE COUNSELING, HELP WITH BENEFIT APPLICATIONS, END OF LIFE PLANNING, CRISIS INTERVENTION AS WELL AS REFERRAL TO OTHER SERVICES SUCH AS VISITING NURSE, HOME DELIVERED MEALS AND LEGAL ASSISTANCE. THE SOCIAL SERVICES STAFF ALSO COORDINATE A NUMBER OF GROUPS INCLUDING A CHINESE LANGUAGE GROUP, A WOMEN'S SUPPORT GROUP, A MEN'S SUPPORT GROUP AND A PET THERAPY GROUP. THE DEPARTMENT

4c (Code: ) (Expenses \$ 668,646. including grants of \$ ) (Revenue \$ 28,801.) ADULT DAY CARE PROGRAMS:

METRO EAST 99TH ST DEMONSTRATION ADULT DAY PROGRAM - THE CBN HAS DEVELOPED NEW YORK STATE'S FIRST INNOVATIVE ADULT DAY PROGRAM OPERATING IN 2,912 SQUARE FEET OF SPACE ON THE FIRST FLOOR OF THE METRO EAST 99TH STREET BUILDING (METRO EAST), AN AFFORDABLE HOUSING RESIDENCE LOCATED IN EAST HARLEM. THIS BUILDING PROVIDES HOUSING TO ADULTS WHO ARE LOW INCOME MEDICAID BENEFICIARIES AND WHO ARE PHYSICALLY AS WELL AS COGNITIVELY CHALLENGED. THE NYC DEPARTMENT FOR THE AGING, THE NYC HEALTH AND HOSPITALS CORPORATION AND SKA MARIN, THE PROJECT DEVELOPER AND PROPERTY MANAGER, UNDERSTAND THE NEED FOR SUPPORTIVE AND ENHANCED PROGRAMS AND SERVICES TO THIS VULNERABLE RESIDENT POPULATION. THE BUILDING HAS 175 STUDIO AND ONE BEDROOM UNITS AND IS NOW FULLY

4d Other program services (Describe in Schedule O.) (Expenses \$ 684,503. including grants of \$ ) (Revenue \$ 78,482.)

4e Total program service expenses 6,546,867.

**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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
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>	X	
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>	X	
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>	X	
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>		X
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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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 and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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>	X	
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>	X	
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>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
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? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
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> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
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> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
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> .....		X
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> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i> .....		
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> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No columns. Includes rows for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, and contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	25		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X

**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?		X
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?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
13			
14	Did the organization have a written document retention and destruction policy?	X	
14			
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	X	
15a			
b	Other officers or key employees of the organization		X
15b			
	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?		X
16a			
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 **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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 during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **LOY MULYAGONJA - 212-879-7400**  
**415 E. 73RD STREET, NEW YORK, NY 10021**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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) JEFFREY A. WEBER CHAIRMAN	2.00	X		X				0.	0.	0.
(2) MARGARET SMITH VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(3) PATRICK M. MURPHY VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(4) PAUL J. POWERS, JR. VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(5) GILBERT DUNHAM TREASURER	2.00	X		X				0.	0.	0.
(6) ELLSWORTH G. STANTON SECRETARY	2.00	X		X				0.	0.	0.
(7) ANN BERSON MEMBER	2.00	X						0.	0.	0.
(8) SARA T. BOTT MEMBER	2.00	X						0.	0.	0.
(9) SUSAN L. BURDEN MEMBER	2.00	X						0.	0.	0.
(10) VALENTINO D. CARLOTTI MEMBER TO 2/2017	2.00	X						0.	0.	0.
(11) KATHRYN BATCHELDER CASHMAN MEMBER	2.00	X						0.	0.	0.
(12) MARY Q. CONNELLY MEMBER	2.00	X						0.	0.	0.
(13) ANNE S. DAVIDSON MEMBER	2.00	X						0.	0.	0.
(14) LINDSAY C. O'REILLY MEMBER	2.00	X						0.	0.	0.
(15) ROBERT M. FREEDMAN MEMBER	2.00	X						0.	0.	0.
(16) JOHANNA ASHBY MEMBER	2.00	X						0.	0.	0.
(17) KRUTIN SHAH MEMBER	2.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(18) JUDITH WOODARD MEMBER	2.00	X						0.	0.	0.
(19) SALLY PHIPPS MEMBER	2.00	X						0.	0.	0.
(20) DUANE HAMPTON MEMBER	2.00	X						0.	0.	0.
(21) MIRIAM WALLERSTEIN MEMBER	2.00	X						0.	0.	0.
(22) CATHERINE SIDAMON-ERISTOFF MEMBER	2.00	X						0.	0.	0.
(23) PRITHA J. MITTAL MEMBER	2.00	X						0.	0.	0.
(24) ROBIN BELL-STEVENS MEMBER	2.00	X						0.	0.	0.
(25) TIM MCCHRISTIAN MEMBER	2.00	X						0.	0.	0.
(26) PAUL WYATT MEMBER	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								676,883.	0.	68,093.
<b>d Total (add lines 1b and 1c)</b>								676,883.	0.	68,093.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**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) Name and business address	(B) Description of services	(C) Compensation
JEWISH ASSOCIATION FOR SERVICES FOR THE AGE 247 W 37TH, NEW YORK, NY 10018	PROVISION OF SOCIAL WORKERS & ATTORNEYS	163,433.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	455,456.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,195,659.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,763,145.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total. Add lines 1a-1f</b>			5,414,260.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEES	<b>Business Code</b>	624100	775,779.	775,779.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total. Add lines 2a-2f</b>			775,779.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			362,754.			362,754.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss)			205,097.			205,097.
	<b>8 a</b> Gross income from fundraising events (not including \$ 455,456. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			49,290.			
		<b>b</b> Less: direct expenses			129,838.			
		<b>c</b> Net income or (loss) from fundraising events			-80,548.			-80,548.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses							
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b>	<b>a</b>							
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total. Add lines 11a-11d</b>							
<b>12 Total revenue. See instructions.</b>				6,677,342.	775,779.	0.	487,303.	

**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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	687,641.	152,571.	356,375.	178,695.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,085,345.	2,611,835.	203,325.	270,185.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,155.	74,315.	11,839.	4,001.
9 Other employee benefits	788,703.	604,850.	86,401.	97,452.
10 Payroll taxes	261,336.	202,264.	32,207.	26,865.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	183,829.		183,829.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	65,000.			65,000.
f Investment management fees	27,731.		27,731.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	607,460.	373,303.	228,787.	5,370.
12 Advertising and promotion				
13 Office expenses	18,029.	13,141.	635.	4,253.
14 Information technology	73,464.	65,134.	4,630.	3,700.
15 Royalties				
16 Occupancy	926,515.	697,138.	229,377.	
17 Travel	25,627.	17,545.	8,057.	25.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,416.	137,001.	2,415.	
23 Insurance	69,897.	59,736.	9,525.	636.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEALS PROGRAM</b>	975,775.	975,734.	41.	
b <b>TELEPHONE, POSTAGE, PRI</b>	273,774.	247,158.	25,796.	820.
c <b>EQUIPMENT PURCHASE, REN</b>	172,043.	155,638.	16,130.	275.
d <b>PROGRAM EXPENSES</b>	135,965.	131,767.	4,101.	97.
e All other expenses	75,899.	27,737.	43,352.	4,810.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,683,604.	6,546,867.	1,474,553.	662,184.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	443,451.	1 302,399.
	2	Savings and temporary cash investments	27,553.	2 235,322.
	3	Pledges and grants receivable, net	491,946.	3 794,841.
	4	Accounts receivable, net	85,183.	4 141,537.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	16,125.	9 94,948.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,938,170.	
	b	Less: accumulated depreciation	10b 2,114,394.	10c 823,776.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11	15,826,427.	12 13,972,241.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	34,869.	15 43,969.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	17,631,260.	16 16,409,033.	
Liabilities	17	Accounts payable and accrued expenses	570,958.	17 493,919.
	18	Grants payable		18
	19	Deferred revenue	286,844.	19 377,175.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	7,826.	21 7,826.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	865,628.	26 878,920.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	13,481,549.	27 12,078,457.
	28	Temporarily restricted net assets	1,220,083.	28 1,387,656.
	29	Permanently restricted net assets	2,064,000.	29 2,064,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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>	16,765,632.	33 15,530,113.
	34	<b>Total liabilities and net assets/fund balances</b>	17,631,260.	34 16,409,033.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,677,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,683,604.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,006,262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,765,632.
5	Net unrealized gains (losses) on investments	5	770,743.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,530,113.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	X	
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	X	

Form 990 (2016)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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 (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3478956.	3963351.	16936267.	5921415.	5414260.	35714249.
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 ...			1188281.	1258458.	1504503.	3951242.
4 <b>Total.</b> Add lines 1 through 3 .....	3478956.	3963351.	18124548.	7179873.	6918763.	39665491.
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 <b>Public support.</b> Subtract line 5 from line 4.						39665491.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	3478956.	3963351.	18124548.	7179873.	6918763.	39665491.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	135,379.	139,623.	135,415.	319,181.	362,754.	1092352.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						40757843.
12 Gross receipts from related activities, etc. (see instructions) .....					12	5,243,214.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	97.32 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	97.59 %

- 16a **33 1/3% support test - 2016.** 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 - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a **10% -facts-and-circumstances test - 2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b **10% -facts-and-circumstances test - 2015.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

THE CARTER BURDEN NETWORK

Employer identification number

23-7129499

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>THE CARTER BURDEN NETWORK</b>	Employer identification number <b>23-7129499</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK CITY DEPARTMENT FOR THE AGING 2 LAFAYETTE STREET, 7TH FLOOR NEW YORK, NY 10007	\$ 3,195,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW YORK COMMUNITY TRUST 2 PARK AVENUE, 24TH FLOOR NEW YORK, NY 10007	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LENOX HILL NEIGHBORHOOD HOUSE 331 EAST 70TH STREET NEW YORK, NY 10021	\$ 372,116.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MACQUARIE GROUP FOUNDATION 125 W 55TH STREET NEW YORK, NY 10019	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>THE CARTER BURDEN NETWORK</b>	Employer identification number <b>23-7129499</b>
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**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>THE CARTER BURDEN NETWORK</b>	Employer identification number <b>23-7129499</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2016**

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **THE CARTER BURDEN NETWORK** Employer identification number **23-7129499**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, 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
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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" on 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 XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	2,914,667.	2,980,597.	3,026,273.	2,707,781.	2,510,978.
b Contributions					
c Net investment earnings, gains, and losses	267,282.	49,070.	63,324.	421,670.	293,592.
d Grants or scholarships					
e Other expenditures for facilities and programs	134,000.	115,000.	109,000.	103,178.	96,789.
f Administrative expenses					
g End of year balance	3,047,949.	2,914,667.	2,980,597.	3,026,273.	2,707,781.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  67.72 %
- c Temporarily restricted endowment  32.28 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  Yes  No
- (ii) related organizations  Yes  No

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		1,587,428.	1,223,919.	363,509.
d Equipment		1,020,680.	832,169.	188,511.
e Other		330,062.	58,306.	271,756.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				823,776.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) COMMON STOCKS	4,345,015.	END-OF-YEAR MARKET VALUE
(B) CORPORATE BONDS	5,209,339.	END-OF-YEAR MARKET VALUE
(C) GOVERNMENT AGENCY		
(D) SECURITIES	60,038.	END-OF-YEAR MARKET VALUE
(E) CASH AND CD'S	251,887.	END-OF-YEAR MARKET VALUE
(F) INTERNATIONAL STOCKS	2,404,726.	END-OF-YEAR MARKET VALUE
(G) INTERNATIONAL BONDS	1,701,236.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>13,972,241.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,337,786.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	770,743.	
b	Donated services and use of facilities	2b	1,759,863.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	129,838.	
e	Add lines 2a through 2d	2e		2,660,444.
3	Subtract line 2e from line 1	3		6,677,342.
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 XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,677,342.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,573,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,759,863.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	129,838.	
e	Add lines 2a through 2d	2e		1,889,701.
3	Subtract line 2e from line 1	3		8,683,604.
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 XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		8,683,604.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

THE CARTER BURDEN NETWORK IS ONE OF FOUR PARTNERS IN THE EAST SIDE CASE MANAGEMENT CONSORTIUM. CASE MANAGEMENT INCLUDES ASSISTANCE FOR SENIORS WITH FINANCIAL MANAGEMENT. ESCROW ACCOUNTS ARE MAINTAINED FOR AN INDIVIDUAL IN A CITIBANK MONEY MANAGEMENT ACCOUNT. FINANCE DEPARTMENT STAFF REGULARLY REVIEW CITIBANK ESCROW ACCOUNTS.

**PART V, LINE 4:**

CBN MAINTAINS DONOR-RESTRICTED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR IT'S CHARITABLE PROGRAMS.

**PART X, LINE 2:**

Part XIII Supplemental Information (continued)

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE.

OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO ACTIVITIES SUBJECT TO UBIT IN THE YEARS ENDED JUNE 30, 2017 OR 2016. ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT, AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION IS REQUIRED TO FILE FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX), WHICH IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF THE TAX RETURN. THE FORMS 990 FOR 2014 THROUGH 2016 ARE OPEN TO EXAMINATION BY THE IRS AS OF JUNE 30, 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING EXPENSES 129,838.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING EXPENSES 129,838.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		FALL BENEFIT (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	504,746.		504,746.
	2	Less: Contributions	455,456.		455,456.
	3	Gross income (line 1 minus line 2)	49,290.		49,290.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	833.		833.
	6	Rent/facility costs	61,101.		61,101.
	7	Food and beverages	16,125.		16,125.
	8	Entertainment			
	9	Other direct expenses	51,779.		51,779.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			129,838.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-80,548.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE JFM GROUP LLC

(I) ADDRESS OF FUNDRAISER: 629 FIFTH AVENUE, SUITE 106, PELHAM, NY 10803

PART I, LINE 2B, COLUMN (V):

SERVICES AND SUPPORT TO PRODUCE AND INSURE THE OVERALL SUCCESS OF THE

ANNUAL AWARDS GALA.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**THE CARTER BURDEN NETWORK**

Employer identification number

**23-7129499**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a 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.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016





**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE CARTER BURDEN NETWORK

Employer identification number  
23-7129499

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCLUDE SENIOR CENTERS, SOCIAL SERVICES PROGRAMS, CREATIVE AGING PROGRAMS AND HEALTH & WELLNESS INITIATIVES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ROOSEVELT ISLAND SENIOR CENTER WAS AN ADDITION IN CURRENT YEAR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM WHICH DELIVERS AN ADDITIONAL 500-900 MEALS DAILY. THERE IS NO FEE FOR THE MEALS THAT ARE PROVIDED AT THE SENIOR CENTER OR DELIVERED TO HOMEBOUND INDIVIDUALS ALTHOUGH THERE IS A SUGGESTED CONTRIBUTION OF \$2.00. PEOPLE ARE NOT DENIED A MEAL IF THEY DO NOT CONTRIBUTE ANYTHING OR IF THEY CONTRIBUTE LESS THAN THE SUGGESTED AMOUNT.

THE CARTER BURDEN LEONARD COVELLO SENIOR PROGRAM - A CITY DESIGNATED INNOVATIVE SENIOR CENTER THAT IS OPEN 7 DAYS PER WEEK AND THAT IS LOCATED IN A 4 STORY CITY OWNED BUILDING. THE PROGRAM SERVES DAILY CONGREGATE BREAKFAST AND LUNCHEON MEALS AS WELL AS WEEKEND BRUNCH. THE PROGRAM SERVES DAILY BREAKFAST AND LUNCHEON MEALS AS WELL AS WEEKEND BRUNCH. FREE ACTIVITIES INCLUDE ART AND CRAFT CLASSES, ALONG WITH PAINTING AND SEWING CLASSES IN THE MACY'S CREATIVE ARTS CENTER, BI-LINGUAL COMPUTER CLASSES IN THE COMPUTER LAB, EXERCISES CLASSES IN A STATE OF THE ART GYM AS WELL AS DANCE, ZUMBA, TAI CHI, GUITAR AND PIANO CLASSES AS WELL AS INTERGENERATIONAL PROGRAMS AND HOLIDAY PARTIES. THE PROGRAM SERVES APPROXIMATELY 80 DAILY BREAKFAST MEALS, 150 DAILY LUNCHEON MEALS AND 75 BRUNCH MEALS ON BOTH SATURDAY AND SUNDAY. ANYONE

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

Schedule O (Form 990 or 990-EZ) (2016)

832211 08-25-16

Name of the organization

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CAN ATTEND THE COVELLO PROGRAM REGARDLESS WHERE S/HE LIVES.

LEHMAN VILLAGE SENIOR PROGRAM (LEHMAN) - THIS PROGRAM IS A SATELLITE OF THE COVELLO PROGRAM, LOCATED IN A NYC HOUSING AUTHORITY BUILDING AT 1641 MADISON AVENUE, (AT 109TH STREET). THE SENIOR CENTER/PROGRAM CURRENTLY OFFERS ART AND CRAFT CLASSES TAUGHT BY THE ART TEACHERS AND CONSULTANTS FROM COVELLO AS WELL AS HEALTH AND WELLNESS ACTIVITIES. A DAILY LUNCHEON PROGRAM IS SERVED ONSITE AND ALSO DELIVERED TO THE HOMEBOUND. LIKE THE COVELLO PROGRAM, ANYONE CAN ATTEND THE LEHMAN VILLAGE SENIOR CENTER REGARDLESS WHERE S/HE LIVES, HOWEVER THE MAJORITY OF THE PARTICIPANTS LIVE IN THE LEHMAN VILLAGE HOUSES. THE PROGRAM AVERAGES 50 PEOPLE PER DAY, WHICH IS THE MAXIMUM IT CAN ACCOMMODATE.

ROOSEVELT ISLAND SENIOR CENTER (RISC) - THIS PROGRAM IS A SATELLITE OF THE CARTER BURDEN LUNCHEON CLUB, AND IS LOCATED ON ROOSEVELT ISLAND. CBN ASSUMED MANAGEMENT OF THIS DFTA SENIOR CENTER ON 7/1/16. THE SENIOR CENTER/PROGRAM CURRENTLY OFFERS ARTS CLASSES TAUGHT BY THE TEACHERS AND CONSULTANTS AS WELL AS HEALTH AND WELLNESS ACTIVITIES. A DAILY LUNCHEON PROGRAM IS SERVED ONSITE MONDAY-FRIDAY ALONG WITH SOCIALIZATION, SOCIAL SERVICES TO ACCESS BENEFITS, RECREATION AND EDUCATION. FREE ACTIVITIES INCLUDE YOGA, ART, COMPUTER CLASSES, MOVIES, DANCE, DAY TRIPS, VISUAL AND PERFORMING ARTS CLASSES, MUSIC PROGRAMS AND HOLIDAY PARTIES. LIKE THE CARTER BURDEN LUNCHEON CLUB, ANYONE CAN ATTEND THE RISC REGARDLESS WHERE S/HE LIVES, HOWEVER THE MAJORITY OF THE PARTICIPANTS LIVE ON ROOSEVELT ISLAND. THE PROGRAM AVERAGES 70 PEOPLE PER DAY AND HAS A REGISTERED MEMBERSHIP OF NEARLY 1,000 OLDER ADULTS.



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HEALTH & WELLNESS PROGRAMS - ALL OF OUR SENIOR CENTERS AS WELL AS OUR ADULT DAY PROGRAM OFFER A RANGE OF DIFFERENT HEALTH-RELATED ACTIVITIES AND WORKSHOPS THAT PROMOTE WELLNESS OF MIND, BODY, AND SPIRIT. CLASS OFFERINGS INCLUDE YOGA, ZUMBA, WALKING CLUBS, TAI CHI, CHAIR EXERCISE CLASSES, AND MORE. WE ALSO OFFER WORKSHOPS ON IMPORTANT TOPICS SUCH AS DISEASE PREVENTION, NUTRITION, AND FALLS PREVENTION. ALL CLASSES AND WORKSHOPS ARE FREE OF CHARGE AND ARE OPEN TO ALL SENIORS, AGE 60 AND OVER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HAS A CASELOAD OF 260. THIS IS A NO FEE PROGRAM. SERVICES ARE PROVIDED MONDAY - FRIDAY FROM 9-5.

COMMUNITY ELDER MISTREATMENT & ABUSE PREVENTION PROGRAM (CEMAPP) COMBATS ELDER ABUSE BY ASSISTING VICTIMS AND PROVIDING COMMUNITY EDUCATION PROGRAMS. THIS INNOVATIVE PROGRAM REACHES OUT TO VULNERABLE AND AT RISK ELDERS AND PROVIDES ASSISTANCE IN ENDING ABUSIVE SITUATIONS SUCH AS WITH HELP OBTAINING ORDERS OF PROTECTION, INITIATING EVICTION PROCEEDINGS AGAINST THE ABUSER AND THROUGH COUNSELING SO THAT INDIVIDUALS CAN BEGIN TO TAKE STEPS TO ADDRESS ABUSIVE SITUATIONS. THROUGH A COMPETITIVE RFP PROCESS CEMAPP WAS AWARDED A CONTRACT EFFECTIVE JULY 1, 2015 TO PROVIDE SERVICES TO SENIORS THROUGHOUT MANHATTAN, SOMETHING THAT WE ARE ABLE TO DO WITH JASA (JEWISH ASSOCIATION SERVING THE AGING) WHICH IS OUR SUBCONTRACTOR.

CAREGIVER RESOURCES PROGRAM - THIS IS CBN'S NEWEST INITIATIVE WHICH IS LOCATED WITHIN THE CARTER BURDEN/LEONARD COVELLO SENIOR PROGRAM. THE PROGRAM SERVES AS A RESOURCE FOR UNPAID CAREGIVERS OF ADULTS WHO ARE 60

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YEARS OR OLDER. IT IS DESIGNED TO ADDRESS THE COMPLEX MENTAL HEALTH NEEDS OF THOSE CARING FOR LOVED ONES WITH A VARIETY OF DIAGNOSES. THE PROGRAM INCLUDES ASSESSMENTS, MEMORY SCREENINGS (BY APPOINTMENT ONLY), INFORMATION AND REFERRALS, EDUCATIONAL WORKSHOPS, CAREGIVER RESPITE AND SUPPORT GROUPS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OCCUPIED. THE DAY PROGRAM COMBINES THREE MODELS TO ADDRESS THE COMPLEX HEALTH AND SOCIALIZATION NEEDS OF THE BUILDING'S TENANTS INCLUDING SOCIAL ADULT DAY, SENIOR CENTER, AND PARTICIPANT CHOICE MODELS. THE PROGRAM OPERATES FIVE DAYS PER WEEK AND HAS 157 REGISTERED MEMBERS.

C.V. STARR ADULT DAY SERVICES - THIS SOCIAL MODEL ADULT DAY PROGRAM OFFERS A THERAPEUTIC DAY FOR PEOPLE WHO ARE EXPERIENCING LOW TO MID LEVEL MEMORY IMPAIRMENT AND WHO LIVE IN MANHATTAN. THE PROGRAM OPERATES MONDAY - FRIDAY AND SERVES PEOPLE DAILY. THE DAY INCLUDES BREAKFAST, LUNCH AND AN AFTERNOON SNACK IN ADDITION TO THERAPEUTIC ACTIVITIES. CBN RE-LAUNCHED THE C.V. STARR PROGRAM AFTER A HIATUS IN MAY OF 2017.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VOLUNTEER SERVICES PROGRAM - EACH YEAR, MORE THAN 3,500 VOLUNTEERS SHARE OUR DEDICATION IN ENSURING THAT OLDER ADULTS LIVE SAFELY AND WITH DIGNITY. OUR VOLUNTEERS DEDICATE THEIR TIME, ENERGY AND EXPERTISE BY VOLUNTEERING AT MULTIPLE CBN LOCATIONS. CBN OFFERS A WIDE VARIETY OF OPPORTUNITIES INCLUDING MEAL DELIVERY, MEAL SERVICE, AND GROCERY SHOPPING ASSISTANCE, FRIENDLY VISITING, TELE-FRIEND, CLASS INSTRUCTION & ASSISTANCE SUCH AS, YOGA AND EXERCISE CLASSES, PLUS DESIGNING SPECIAL

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## EVENTS AND HOLIDAYS.

MAKING ART WORK - IS A MULTI-FACETED CREATIVE AGING PROGRAM THAT BRINGS QUALITY VISUAL AND PERFORMING ARTS CLASSES TO SENIOR SITES THROUGHOUT THE 5 BOROUGHES OF NYC. ITS GOALS ARE TO KEEP OLDER ADULTS ACTIVE AND ENGAGED THROUGH CREATIVITY, LEARNING NEW SKILLS AND SOCIALIZATION. INCLUDES PAINTING, SEWING CONSTRUCTION, CERAMICS AND A RANGE OF OTHER CLASSES TAUGHT BY PROFESSIONAL TEACHING ARTISTS. THE PROGRAM SERVES APPROXIMATELY 200 ART STUDENTS AND SUPPORTS SELF-EFFICACY AND SELF-ESTEEM AMONG SENIORS.

CULTURAL CONNECTIONS - IS A UNIQUE PROGRAM THAT PROVIDES SENIORS WITH OPPORTUNITIES TO PARTICIPATE IN THE ARTISTIC AND CULTURAL LIFE OF NYC BY OFFERING DIVERSE PROGRAM OF COLLECTIVE EXPERIENCES THROUGHOUT THE YEAR AT DISCOUNTED PRICES. THE CULTURAL EVENTS ARE DESIGNED TO MEET THE INTERESTS OF PARTICIPANTS AND INCLUDE VISITS TO MUSEUMS, TICKETS TO OPERA, BALLET, JAZZ, AND THEATER. YEARLY MEMBERSHIP FEE IS \$25. PROGRAM MAINTAINS AN ACTIVE MAILING LIST OF 1,350 OLDER ADULTS.

THE CARTER BURDEN GALLERY - AN ART GALLERY IN CHELSEA THAT FOCUSES ON RE-EMERGING OLDER PROFESSIONAL ARTISTS. THE SHOWS ARE CURATED AND ARTISTS ARE CHOSEN TO EXHIBIT SOLELY ON THE MERIT AND IMPACT OF THE WORK. GOALS ARE TO CHANGE THE WAY THE GENERAL PUBLIC VIEWS ART BY ALLOWING PEOPLE TO DISCOVER WORKS THAT THEY WOULD NOT OTHERWISE HAVE A CHANCE TO FIND AND TO ILLUSTRATE THAT LIFE, WORK, PASSION AND A DRIVE TO KEEP CURRENT DO NOT END AT AGE 60, 70 OR EVEN 100. IN 2016, THE GALLERY HELD A TOTAL OF 33 EXHIBITIONS SHOWCASING THE WORK OF 118 ARTISTS.

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EXPENSES \$ 684,503. INCLUDING GRANTS OF \$ 0. REVENUE \$ 78,482.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND THEN PRESENTS IT TO THE EXECUTIVE COMMITTEE. THE ORGANIZATION PROVIDES A COPY OF THE 990 RETURN TO THE BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PURPOSE OF THESE STANDARDS IS TO PROVIDE SAFEGUARDS TO PREVENT EMPLOYEES, CONSULTANTS AND MEMBERS OF THE BOARD OF DIRECTORS OF THE CARTER BURDEN NETWORK (HEREINAFTER CBN") FROM (1) USING THEIR POSITIONS FOR PURPOSES THAT ARE, OR GIVE THE APPEARANCE OF BEING, MOTIVATED BY A DESIRE FOR PRIVATE FINANCIAL GAIN FOR THEMSELVES OR OTHERS SUCH AS THOSE WITH WHOM THEY HAVE FAMILY, BUSINESS OR OTHER TIES, AND (2) FROM VIOLATING THEIR DUTY TO CBN BY INAPPROPRIATELY DISCLOSING CONFIDENTIAL INFORMATION ABOUT CBN. NO EMPLOYEE, CONSULTANT OR MEMBER OF THE BOARD OF DIRECTORS OF CBN, MAY PARTICIPATE IN THE SELECTION, AWARD OR ADMINISTRATION OF A CONTRACT IN WHICH FEDERAL, STATE OR CITY FUNDS ARE USED, IN WHICH HE/SHE OR HIS/HER IMMEDIATE FAMILY OR PARTNER HAS A FINANCIAL INTEREST OR WITH WHOM HE/SHE IS NEGOTIATING OR HAS ANY ARRANGEMENT CONCERNING PROSPECTIVE EMPLOYMENT. CBN REQUIRES THAT ALL EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS DISCLOSE IN WRITING (AND UPDATE AT LEAST ANNUALLY) ALL BUSINESS AND FAMILY RELATIONSHIPS WHICH MIGHT POTENTIALLY CREATE A CONFLICT OF INTEREST. IN ADDITION; EMPLOYEES MUST DISCLOSE TO THE EXECUTIVE DIRECTOR (AND THE EXECUTIVE DIRECTOR MUST DISCLOSE TO THE CHAIRMAN) IN WRITING THE SPECIFICS OF ANY PLANS TO ACCEPT SUPPLEMENTAL OUTSIDE EMPLOYMENT SO THAT CBN MAY DETERMINE WHETHER SUCH OUTSIDE EMPLOYMENT HAS THE POTENTIAL FOR CONFLICTING WITH THE INTERESTS OF CBN.

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IF AN EMPLOYEE OR MEMBER OF THE BOARD OF DIRECTORS BELIEVES THAT HE/SHE, A MEMBER OF HIS/HER IMMEDIATE FAMILY OR PARTNER HAS A FINANCIAL INTEREST IN A FEDERALLY, STATE OR CITY FUNDED CONTRACT OF CBN, HE/SHE MUST IMMEDIATELY DISCLOSE THIS IN WRITING TO THE EXECUTIVE DIRECTOR. DISCLOSURES BY MEMBERS OF THE BOARD OF DIRECTORS MUST ALSO BE MADE TO THE CHAIRMAN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF TRUSTEES EVALUATES THE COMPENSATION FOR THE OFFICERS AND VOTES ON THEIR COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE UPON WRITTEN REQUEST. IT IS ALSO AVAILABLE ON GUIDESTAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE KEPT AT THE ORGANIZATION'S OFFICE AND CAN BE VIEWED BY ANY INQUIRING PARTY DURING NORMAL OFFICE HOURS. HARD COPIES ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR THE YEAR ENDED 6/30/17, THE ORGANIZATION DID NOT CHANGE ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.





**Part V**

**Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				







N. Y. S. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

ALBANY, NY 12231-0001

FILING RECEIPT

-----  
ENTITY NAME : THE CARTER BURDEN CENTER FOR THE AGING, INC.

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE  
-----

FILER:

KURT D OLENDER  
422 MORRIS AVE

FILED: 08/10/2016  
CASH#: 380845  
FILM#: 20160810029

SUMMIT NJ 079011

PRINCIPAL LOCATION  
-----

1484 FIRST AVENUE  
  
NEW YORK  
NY 10075



COMMENT:

ASSUMED NAME  
-----

CARTER BURDEN NETWORK

-----  
SERVICE COMPANY : +++ NO SERVICE COMPANY +++

CODE:  
BOX :

FEEs 155.00  
-----  
FILING : 25.00  
COUNTY : 100.00  
COPIES : 5.00  
MISC : .00  
HANDLE : 25.00

PAYMENTS: 155.00  
-----  
CASH :  
CHECK :  
C CARD : 155.00

REFUND :  
-----

201608100 29



Division of Corporations, State Records and Uniform Commercial Code

New York State Department of State Division of Corporations, State Records and Uniform Commercial Code One Commerce Plaza 99 Washington Avenue Albany, NY 12231 www.dos.ny.gov

Certificate of Assumed Name

(Pursuant to General Business Law §130)

1. REAL NAME OF ENTITY:

THE CARTER BURDEN CENTER FOR THE AGING, INC.

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. THE ENTITY WAS FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law, Limited Liability Company Law, Religious Corporations Law, Education Law, Not-for-Profit Corporation Law, Revised Limited Partnership Act, Other (specify law):

3. ASSUMED NAME OF ENTITY:

CARTER BURDEN NETWORK

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF-STATE ADDRESS:

1484 FIRST AVENUE, NEW YORK NY 10075

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS:

- ALL COUNTIES (or check applicable county(ies) below) Albany, Cattaraugus, Chenango, Delaware, Franklin, Hamilton, Lewis, Montgomery, Allegany, Cayuga, Clinton, Dutchess, Fulton, Herkimer, Livingston, Nassau, Bronx, Chautauqua, Columbia, Erie, Genesee, Jefferson, Madison, New York, Broome, Chemung, Cortland, Essex, Greene, Kings, Monroe, Niagara, Oneida, Orleans, Queens, St. Lawrence, Schuyler, Sullivan, Warren, Wyoming, Onondaga, Oswego, Rensselaer, Saratoga, Seneca, Toga, Washington, Yates, Ontario, Otsego, Richmond, Schenectady, Steuben, Tompkins, Wayne, Orange, Putnam, Rockland, Schoharie, Suffolk, Ulster, Westchester

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. (Use page 2 if needed. The address(es) must be a number and street, city, state and zip code. The address(es) must be within the county(ies) indicated in paragraph 5.) If none, check this box: No New York State Business Location.

1484 FIRST AVE, NY, NY 10075 ; 548 W 28th St NY, NY 10001 307 7th Ave, NY, NY 10001

Print or Type Name of Signer: KURT D. OLENDER Signature: [Handwritten Signature]

Capacity of Signer (Check one): [X] Authorized Person [ ] Officer of the Corporation [ ] General Partner of the Limited Partnership [ ] Member of the Limited Liability Company [ ] Manager of the Limited Liability Company

29

Certificate of Assumed Name

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON OR CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE: (Continued)

Blank lines for address information.

RECEIVED

2818 AUG 10 AM 11:05

STATE OF NEW YORK DEPARTMENT OF STATE

FILED AUG 10 2016

TAXS 280845

\*\* 7

FILER: Name:

KURT D. OLENDER

Mailing Address:

422 MORRIS AVE

City, State and Zip Code:

SUMMIT, NJ 07901

FILED

AUG 10 PM 12:29

NOTE: You are not required to use this form. This certificate should be prepared under the guidance of an attorney.

FEE: Limited Liability Companies and Limited Partnerships - \$25.

Corporations - \$25 plus the fee for each county indicated in paragraph 5. The additional fee for each county within New York City (Bronx, Kings, New York, Queens and Richmond) is \$100 additional. The fee for each county outside New York City is \$25. Checks over \$500 must be certified.

(For office use only)

304249

20-171117.042



Division of Corporations,  
State Records and  
Uniform Commercial Code

New York State  
Department of State  
DIVISION OF CORPORATIONS,  
STATE RECORDS AND  
UNIFORM COMMERCIAL CODE  
One Commerce Plaza  
99 Washington Ave.  
Albany, NY 12231-0001  
www.dps.ny.gov

CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF ASSUMED NAME  
OF

THE CARTER BURDEN CENTER FOR THE AGING, INC.

*(Insert Real Name of Entity)*

Under Section 130 of the General Business Law

FIRST: The real name of the entity is: The Carter Burden Center For The Aging, Inc.

SECOND: *Foreign entities only.* If applicable, the fictitious name the entity agreed to use in New York State is: \_\_\_\_\_

THIRD: If the real name of the entity is different on the last Certificate of Assumed Name or Certificate of Amendment of Certificate of Assumed Name, the previous name of the entity is: The Burden Center For The Aging, Inc.

FOURTH: The entity was formed or authorized under (indicate law):

- Business Corporation Law
- Education Law
- Insurance Law
- Limited Liability Company Law
- Not-for-Profit Corporation Law
- Revised Limited Partnership Act
- Other (specify law): \_\_\_\_\_

FIFTH: The present assumed name is CARTER BURDEN NETWORK

SIXTH: The date the original Certificate of Assumed Name was filed is: 8/10/16

SEVENTH: The date, if applicable, the last Certificate of Amendment of Certificate of Assumed Name was filed is: \_\_\_\_\_

EIGHTH: The following change(s) are being made (check the appropriate change(s)):

- Entity Name:  
The new name of the entity is: \_\_\_\_\_
- Assumed Name:  
The new assumed name is: \_\_\_\_\_
- Principal Place of Business:  
The principal place of business is changed to (include the number and street, city, state and zip code): 415 East 79rd Street, New York, NY 10021

042

**County(ies), Added or Deleted, in Which Business Will be Conducted Under the Assumed Name:**  
 County(ies) Added: \_\_\_\_\_ County(ies) Deleted: \_\_\_\_\_

**Address(es) of Specific Business Location(s), Added or Deleted:**

<p><i>Business Location(s) Added (include the number and street, city, state and zip code):</i></p> <p>415 East 79<sup>th</sup> St, NY, NY 10021          351 East 74<sup>th</sup> St, NY, NY 10021          312 East 109<sup>th</sup> St, NY, NY 10029          1641 Madison Ave NY, NY 10029          445 East 85<sup>th</sup> St, NY, NY 10029          546 Main St, NY, NY 10044</p>	<p><i>Business Location(s) Deleted (include the number and street, city, state and zip code):</i></p> <p>1484 First Avenue, NY, NY 10075           307 7<sup>th</sup> Ave, NY, NY 10003</p>
--	---

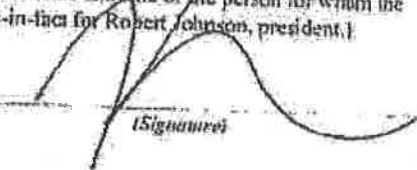
**INSTRUCTIONS FOR SIGNING:**

1. If a corporation, by an officer; if a limited partnership, by a general partner; if a limited liability company, by a member or manager; or by an authorized person or attorney-in-fact for such corporation, limited partnership or limited liability company.
2. If the certificate is signed by an attorney-in-fact, include the name and title of the person for whom the attorney-in-fact is acting. (Example: John Smith, attorney-in-fact for Robert Johnson, president.)

KURT D. OLENDER

*(Name of Signer)*

X



*(Signature)*

Attorney-in-Fact for William J. Dionne, Executive Director

*(Title of Signer)*

042

CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF ASSUMED NAME  
OF

THE CARTER BURDEN CENTER FOR THE AGING, INC.

*(Insert Real Name of Entity)*

(Under Section 130 of the General Business Law)

Filer's Name and Mailing Address:

REGINA ROMANAUX

*Name:*

OLENDERFELDMAN LLP

*Company, if applicable:*

422 MORRIS AVE

*Mailing address:*

SUMMIT, NJ 07901

*City, State and Zip Code:*

NOTES:

1. This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores.
2. The Department of State recommends that all documents be prepared under the guidance of an attorney.
3. Filing Fee:
  - a. Limited Liability Companies - \$25.
  - b. Limited Partnerships - \$25.
  - c. Corporations - \$25 plus the additional fee for each county affected by the amendment. The additional fee for each county within New York City (Bronx, Kings, New York, Queens and Richmond) is \$100. The additional fee for each county outside New York City is \$25.
4. Checks are payable to the Department of State.
5. All checks over \$500 must be certified.

For Office Use Only

304249 (WR)  
20160810029

RECEIVED  
NOV 17 2017  
LEWIS

1pc  
STATE OF NEW YORK  
DEPARTMENT OF STATE  
FILED NOV 17 2017  
# 412274  
BY: WR

2017 NOV 17 PM 12:36

FILED 3



N. Y. S. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

ALBANY, NY 12231-0001

FILING RECEIPT

-----  
ENTITY NAME : THE CARTER BURDEN CENTER FOR THE AGING, INC.

DOCUMENT TYPE : AMENDED ASSUMED NAME CERTIFICATE  
-----

FILER:

FILED: 11/17/2017

CASH#: 412274

FILM#: 20171117042

REGINA ROMANUX  
OLENDERFELDMAN LLP  
422 MORRIS AVE  
SUMMIT NJ 07901

PRINCIPAL LOCATION  
-----

415 EAST 73RD STREET

NEW YORK  
NY 10021



COMMENT:

ASSUMED NAME  
-----

CARTER BURDEN NETWORK

-----  
SERVICE COMPANY :           +++ NO SERVICE COMPANY   +++

CODE:  
BOX :

FEE\$           205.00

PAYMENTS:   205.00

FILING :       25.00

CASH :

COUNTY :      100.00

CHECK :

COPIES :       5.00

C CARD :   205.00

MISC :         .00

REFUND :  
-----

HANDLE :      75.00

-----  
D03HD108

DOS-281 (04/2007)



leading the way in aging services

formerly The Carter Burden Center for the Aging

**CHAIRMAN**

Jeffrey A. Weber

**VICE CHAIRMEN**

Patrick M. Murphy

Paul J. Powers, Jr.

Margaret Smith

**TREASURER**

Gib Dunham

**SECRETARY**

Ellsworth C. Stanton III

**BOARD OF DIRECTORS**

Johanna Ashby

Robin Bell-Stevens

Ann Berson

Sally T. Bott

Susan L. Burden, MSW

Kathryn B. Cashman

Mary Q. Connelly

Anne S. Davidson

Robert M. Freedman

Duane Hampton

Tim McChristian

Pritha J. Mittal

Lindsay C. O'Reilly

Sally L. Phipps

Krutin Shah

Catherine B. Sidamon-Eristoff

Miriam Wallerstein

Judith Hardy Woodard

Paul K. Wyatt

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Max G. Ansbacher

Laura Pels

Esther Rllder (*In Memory*)

Hamilton Robinson, Jr.

**EXECUTIVE DIRECTOR**

William J. Dionne

**HEADQUARTERS and**

**SOCIAL SERVICES UNIT**

415 East 73rd Street

New York, NY 10021

212-879-7400

**CASE MANAGEMENT UNIT**

445 East 85th Street

New York, NY 10028

646-504-4999

**CARTER BURDEN GALLERY**

548 West 28th Street #534

New York, NY 10001

212-564-8405

**LEONARD COVELLO SENIOR PROGRAM,**

**CEMAPP, VOLUNTEER SERVICES and**

**CAREGIVER RESOURCE PROGRAM**

312 East 109th Street

New York, NY 10029

212-423-9665

917-409-1261 (CEMAPP)

**LUNCHEON CLUB AND**

**SENIOR PROGRAM**

351 East 74th Street

New York, NY 10021

212-535-5235

**LEHMAN VILLAGE SENIOR PROGRAM**

1641 Madison Avenue

New York, NY 10029

646-370-5642

**METRO EAST 99TH STREET and**

**C.V. STARR ADULT DAY PROGRAMS**

301A East 99th Street

New York, NY 10029

646-504-5900

**ROOSEVELT ISLAND SENIOR CENTER**

546 Main Street

Roosevelt Island, NY 10044

212-980-1888

**BOARD RESOLUTION**

**Meeting of the Board of Directors  
Thursday, December 7, 2017**

The Board of Directors of the Carter Burden Center for the Aging, Inc. – DBA Carter Burden Network resolves to:

Approve submission of a Certificate of Amendment of the Certificate of Incorporation that includes the new address of our headquarters as 415 East 73<sup>rd</sup> Street, New York, NY 10021.

  
\_\_\_\_\_  
Jeffrey A. Weber, Chairman

12-7-17  
\_\_\_\_\_  
Date



This is to certify that on December 7, 2017, the Board of Directors of The Carter Burden Center for the Aging, Inc. D/B/A Carter Burden Network, approved by a unanimous vote the submission of a Certificate fo Amendment of the Certificate of Incorporation that includes the new address of the agency's headquarters as 415 East 73<sup>rd</sup> Street, New York, NY 10021.

Signed: \_\_\_\_\_

Jeffrey A. Weber, Chairman

Date: \_\_\_\_\_

12-7-17

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>THE CARTER BURDEN NETWORK</b>	Employer identification number (EIN) or  <b>23-7129499</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>415 E. 73RD STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10021</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LOY MULYAGONJA**

• The books are in the care of ▶ **415 E. 73RD STREET - NEW YORK, NY 10021**  
Telephone No. ▶ **212-879-7400** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box  ▶   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Product: Exempt Extension  
Name: THE CARTER BURDEN CENTER  
FOR THE AGING, INC.  
FEIN: \*\*\*\*\*9499

Category:

IRS Center: Ogden  
e-Postmark: 10/30/2017 10:33 AM

Notification:

Fiscal Year Begin Date: 7/1/2016

Fiscal Year End Date: 6/30/2017

eSigned:

**Return Information**

Date	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
10/25/2017	Upload Started				
10/25/2017	Ready to Release by Customer				
10/30/2017	Released for Transmission - Validation in Progress			cglamanco@wiss.com	
10/30/2017	Ready to transmit - Validation Complete				
10/30/2017	Transmitted to FD	22635920173030330e47			
10/30/2017	Accepted by FD on 10/30/2017				