Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For th	ie 2022 calendar year, or tax year beginning $$	ing J	UN 30, 20	23					
В	Check it applicat	C Name of organization D Employer identification number								
Г	Addr	CARTER BURDEN NETWORK, INC.								
Ē	Nam- chan			23-7129499						
Ē	Initia returi Final	Number and street (or P.O. box if mail is not delivered to street address) A15 F 73DD CMPFFM	m/suite	E Telephone number 212-879-7400						
	returi termi ated			G Gross receipts S		7,580,726.				
T	Amer	ided NEW YORK NY 10021		H(a) Is this a gro	up re					
	Appli					Yes X No				
	pend	SAME AS C ABOVE	77.	H(b) Are all subording						
1	Tax-ex	cempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527			list, See instructions				
	Webs			H(c) Group exem	ption	number				
K	Form o	f organization; X Corporation Trust Association Other	L Year o	f formation: 197	1 M	State of legal domicile: NY				
	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities: SEE SCH	HEDUI	LE O						
Governance										
5	2	Check this box if the organization discontinued its operations or disposed of	of more t	han 25% of its ne	t ass	ets.				
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		*************	3	27				
		Number of independent voting members of the governing body (Part VI, line 1b)			4	27				
90	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		***************************************	5	93				
/itie	6	Total number of volunteers (estimate if necessary)		nomionimie:	6	2295				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.				
			1	Prior Year		Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	e .	7,660,43		6,910,837.				
	9	Program service revenue (Part VIII, line 2g)		107,50	-	126,698.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,124,90	5.	543,191.				
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,892,84	0.	7,580,726.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1-		0.	0.				
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,084,46		5,372,854.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	25,00	0.	45,000.				
90	b	Total fundraising expenses (Part IX, column (D), line 25) 584,238								
m	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,961,58	_	2,403,330.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,071,04		7,821,184.				
_	19	Revenue less expenses, Subtract line 18 from line 12		1,821,79		-240,458.				
100				inning of Current Y		End of Year				
Sets	20	Total assets (Part X, line 16)	3	L2,961,89	_	16,992,402.				
t As	4	Total liabilities (Part X, line 26)	-	728,75		4,575,106.				
3		Net assets or fund balances. Subtract line 21 from line 20		12,233,13	8.	12,417,296.				
	art II									
		lties of perjury, I declare that I have examined this return, including accompanying schedules and			of my	knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer h	as any knowledge.						
		Cheelen flound		Date	-	· · · · · · · · · · · · · · · · · · ·				
Sig	n	Signature of officer		W Date	1	1/2 - /				
Her	е	WILLIAM DIONNE, EXECUTIVE DIR.	-		12	4/2024				
_		Type or print name and title	1/10	to In	17	TI DTIN				
Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name										
Paid		MIKE SCHALL MIKE SCHALL	02	2/13/24 self-	-					
	arer	Firm's name SAX LLP	LOCE	Firm's EIN	8	L-2950760				
Use	Only	Firm's address 1040 AVENUE OF THE AMERICAS, 16TH F	TOOK		21.0	0.00.004				
	7	NEW YORK, NY 10018		Phone no.	<u>412</u>	2-268-2804				
May	the If	RS discuss this return with the preparer shown above? See instructions	<u> </u>			X Yes No				
2220	11 12 4	222 I HA For Panerwork Reduction Act Notice see the senarate instructions				Form 990 (2022)				

Page 2

Form 990 (2022)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,549,367. including grants of \$) (Revenue \$)
	OLDER ADULT CENTERS (OACS): CBN'S FOUR OACS IN EAST HARLEM, THE UPPER
	EAST SIDE, AND ROOSEVELT ISLAND SERVE AS COMMUNITY RESOURCE HUBS,
	PROVIDING ESSENTIAL MEALS AND ROBUST PROGRAMMING TO IMPROVE OLDER
	ADULTS' QUALITY OF LIFE. IN FY 2023, CBN'S OACS:
	SERVED 3,171 UNIQUE CLIENTS, THE MAJORITY OF WHOM ATTENDED THE CENTERS
	MULTIPLE TIMES EACH WEEK.
	PROVIDED 2,108 CLIENTS WITH 80,662 CONGREGATE MEALS, AND 749 CLIENTS
	WITH 12,217 GRAB AND GO MEALS, ADDRESSING PREVALENT FOOD INSECURITY AND
	ISOLATION.
	SERVED 292 CLIENTS THROUGH 680 TECHNOLOGY CLASSES, HELPING OLDER ADULTS
	CROSS THE DIGITAL DIVIDE.
	(CONTINUED ON SCHEDULE O)
	4 000 000
4b	(Code:) (Expenses \$1,938,837. including grants of \$) (Revenue \$43,655. SOCIAL SERVICES: : CBN'S SOCIAL SERVICE PROGRAMS SUPPORT OUR CLIENTS'
	EFFORTS TO AGE IN PLACE SAFELY AND WITH DIGNITY THROUGH ASSISTANCE WITH
	ACCESSING AND MAINTAINING BENEFITS AND ENTITLEMENTS, SUPPORTIVE
	COUNSELING, ADVOCACY, PRACTICAL DAILY SUPPORTS, LONG TERM PLANNING, AND
	INFORMATION AND REFERRALS. SERVICES ARE OFFERED IN ENGLISH, SPANISH,
	MANDARIN, CANTONESE, AND KOREAN.
	COMMUNITY ELDER MISTREATMENT AND ABUSE PREVENTION PROGRAM (CEMAPP)
	AS THE NYC AGING-CONTRACTED PROVIDER FOR ELDER JUSTICE SERVICES ACROSS
	MANHATTAN, IN FY 2023, CBN'S CEMAPP PROGRAM:
	SERVED 346 UNIQUE CLIENTS OVERALL.
	PROVIDED 283 CLIENTS WITH 2,673 CASE ASSISTANCE CONTACTS.
	(CONTINUED ON SCHEDULE O)
4c	(Code:) (Expenses \$
	ARTS & CULTURE: THE ARTS ARE CENTRAL TO CBN'S MISSION, PROVIDING OLDER
	ADULTS WITH OPPORTUNITIES TO EXPRESS THEMSELVES CREATIVELY, HONE THEIR
	ARTISTIC SKILLS, AND SHARE THEIR UNIQUE AND VALUABLE PERSPECTIVES WITH
	DIVERSE AUDIENCES.
	MAKING ART WORK (MAW): CBN'S MAW CREATIVE ARTS EDUCATION PROGRAM OFFERS
	A RANGE OF WEEKLY CLASSES FOR ALL SKILL LEVELS IN ENGLISH, SPANISH,
	MANDARIN, AND KOREAN INCLUDING CERAMICS, CREATIVE MINDFULNESS,
	PAINTING, CHINESE PAINTING, DRAWING, QUILTING, SEWING, EMBROIDERY,
	CLOTHING CONSTRUCTION, FIBER AND TEXTILE ART, JEWELRY MAKING, BEADING,
	PRINTMAKING, MIXED MEDIA, SEASONAL CRAFTS, CHOREOGRAPHY, CHINESE DANCE,
	CHORUS, DOCUMENTARY THEATER, AND DRAMA.
	(CONTINUED ON SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,093,451.

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)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			X
_	Schedule D, Part III	8		
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?		v	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	175		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		 ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₇
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X

CARTER BURDEN NETWORK, INC. 23-7129499 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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? If "Yes," complete Schedule I, Parts I and III Х 22 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? If "Yes." complete 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 49 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

232004 12-13-22 Form **990** (2022)

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Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 93			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Fi	ccounts (FBAR).			
			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				 ₩
	•		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributi				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
	16 IV/co. II all all the accomplished an actification of the control of the contr		7b		125
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	es required	10		
·	to file Form 8282?		7c		x
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	1 I			
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 27								
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 27								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_							
Ū		3		х					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>4</u> 5		X					
		6		X					
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 22					
7a		7-		Х					
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a							
b				х					
_	persons other than the governing body?	7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v						
a	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		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	77						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
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							
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)			((Pos	C) ition	1		(D)	(E)	(F) Estimated
Name and title	Average hours per	(do not cl box, unles		heck i	more	than o	one n an	Reportable compensation	Reportable compensation	amount of
	week	officer and a director/trustee)				from	from related	other		
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	/idual	Institutional trustee	Ja	Key employee	Highest compensated employee	Jer	,		organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) WILLIAM DIONNE	40.00							006 055		
EXECUTIVE DIR.				Х				296,257.	0.	29,489.
(2) LOY MULYAGONJA	40.00			l				126 476		04 500
CFO	—			Х				136,476.	0.	21,523.
(3) MARLENA VACCARO	35.00	-						121 000	,	01 061
ASSOC. EXEC. DIR.	30.00					Х		131,929.	0.	21,261.
(4) VELDA MURAD	32.00	-				,,		122 104	0	20
ASSOC. EXEC. DIR. (5) JEFFREY WEBER	2.00	-				Х		133,104.	0.	28.
(5) JEFFREY WEBER CHAIR	2.00	X		х				0.	0.	0.
(6) MARGARET SMITH	2.00	^		^				0.	0.	U •
VICE CHAIR	2.00	X		х				0.	0.	0.
(7) PRITHA MITTAL	2.00	Α		^				0.	0.	<u></u>
VICE CHAIR	2.00	х		Х				0.	0.	0.
(8) CATHERINE SIDAMON-ERISTOFF	2.00	21		25				· ·	•	
VICE CHAIR		Х		Х				0.	0.	0.
(9) JOHANNA ASHBY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) GILBERT DUNHAM	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) SARA BOTT	2.00									
MEMBER		Х						0.	0.	0.
(12) SUSAN BURDEN	2.00							_	_	_
MEMBER		Х						0.	0.	0.
(13) KATHRYN CASHMAN	2.00									_
MEMBER		Х						0.	0.	0.
(14) MARY CONNELLY	2.00	l								
MEMBER		Х						0.	0.	0.
(15) ANNE DAVIDSON	2.00								,	•
MEMBER (16) DODDER TOTAL TOTAL	1 2 00	Х						0.	0.	0.
(16) ROBERT FREEDMAN	2.00	. ,						0.	0.	_
MEMBER (17) DUANE HAMPTON	2.00	Х						U •	0.	0.
(17) DUANE HAMPTON MEMBER	2.00	X						0.	0.	0.
MEMDER		Λ	<u> </u>	<u> </u>		I	l	<u> </u>	U •	- OOO (2222)

990 (2022)

	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		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	4	Х	

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

Total number of independent contractors (including but not limited to those listed above) who received more than

Section B. Independent Contractors

compensation from the organization

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	
DEGA SYSTEMS 350 7TH AVENUE, RM 307, NEW YORK, NY 10001	OUTSOURCED IT SVCS	103,301.	
,,,,,		, , , , , , ,	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form **990** (2022)

Form 990 CARTER BU	JRDEN NE	TW	OR	Κ,	I	NC			23-712	9499	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(D)	(E)	(F)								
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours							compensation	compensation	amount of	
	per							from	from related	other	
	week	١.				yee		the	organizations	compensation	
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the	
	hours for	ordi	99			ated		(W-2/1099-MISC)		organization	
	related	ustee	trust		99	ubeus				and related organizations	
	organizations below	dual tr	tional	١.	n ploy	stcon	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) GREGORY PETERSON	2.00		_			_					
MEMBER		х						0.	0.	0.	
(28) RANDY GLICK	2.00										
MEMBER		Х						0.	0.	0.	
(29) ARJUN KALBAG	2.00										
MEMBER		Х						0.	0.	0.	
(30) JOY SALVADOR	2.00										
MEMBER		Х						0.	0.	0.	
(31) DANIEL BAKER	2.00										
MEMBER		Х						0.	0.	0.	
-	I	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>				
Total to Part VII, Section A, line 1c						<u></u>					

Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
			·	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ij g								
fts, Ar			3					
ig ig				685,694.				
ns, Sim			• • • • • • • • • • • • • • • • • • • •	003,034.				
utio er (Ť	All other contributions, gifts, grants, and	225 142				
5 된				225,143.				
ont od (_	Noncash contributions included in lines 1a-1f		C 010 027			
<u>0 g</u>		h	Total. Add lines 1a-1f		6,910,837.			
				Business Code	106 600	106 600		
e S	2	а	PROGRAM FEES	624100	126,698.	126,698.		
e <u>v</u> i		b						
S		С						
am		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		126,698.			
	3		Investment income (including dividends, intere					
			other similar amounts)		279,280.			279,280.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	.,				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not rental income or (loca)					
			Gross amount from sales of (i) Securities	(ii) Other				
	'	а	assets other than inventory 7a 263,911.	()				
		h	Less: cost or other basis					
Φ		D						
Ď.		_	and sales expenses 7b 0. Gain or (loss) 7c 263,911.					
her Revenue					263,911.			263,911.
ت ھ			Net gain or (loss)	T	203,911.			203,911.
	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	 I				
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10b					
\Box		С	Net income or (loss) from sales of inventory					
_ω				Business Code				
oğ a	11	а						
ane		b						
Miscellaneous Revenue		С						
Alisc B		d	All other revenue					
_			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		7,580,726.	126,698.	0.	543,191.

Form **990** (2022)

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 503,232. 353,730. 149,502. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,729,743. 3,117,125. 342,050. 270,568. Other salaries and wages 7 Pension plan accruals and contributions (include 139,869. 114,452. 14,270. 11,147. section 401(k) and 403(b) employer contributions) 79,614. 698,130. 574,587. 43,929. Other employee benefits 9 301,880. 232,684. 42,740. 26,456. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 42,750. 42,750. Accounting Lobbying 45,000. 45,000. Professional fundraising services. See Part IV, line 17 62,960. 62,960. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 539,442. 463,593. 70,746. 5,103. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 82,487. 76,810. 4,546. 1,131. Office expenses 13 112,729. 90,582. 16,207. 5,940. Information technology 14 Royalties 15 407,002. 28,541. 435,543. 16 Occupancy 98. 21,202. 19,870. 1,234. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 5,180. 5,180. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 30,496. 108,432. 77,936. Depreciation, depletion, and amortization 22 90,692. 75,402. 13,088. 2,202. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 552,046. 552,046. MEALS PROGRAM EQUIPMENT 166,556. 151,748. 11,853. 2,955. 116,771. 116,771. OTHER PROGRAM EXPENSES 28,423. 10,768. 5,471. 12,184. d DUES AND SUBSCRIPTIONS 12,075.23,199.38,117. 2,843. All other expenses _ 7,821,184. 6,093,451. 1,143,495. 584,238. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

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

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			435,617.	1	1,415,035.
	2	Savings and temporary cash investments	29,733.	2	28,886.		
	3	Pledges and grants receivable, net	2,496,692.	3	1,631,809.		
	4	Accounts receivable, net	31,327.	4	75,881.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial co	ntributor, or 35%			
		controlled entity or family member of any of the	nese persor	าร		5	
	6	Loans and other receivables from other disqu	alified perso				
		under section 4958(f)(1)), and persons describ	oed in section	on 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B		17,203.	9	15,708.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,678,311.			
	b	Less: accumulated depreciation	10b	882,827.	250,161.		795,484. 9,819,058.
	11	Investments - publicly traded securities			9,678,905.	11	9,819,058.
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			22,256.	15	3,210,541.
	16	Total assets. Add lines 1 through 15 (must e			12,961,894.	16	16,992,402.
	17	Accounts payable and accrued expenses	350,885.	17	1,012,683.		
	18	Grants payable		222 221	18	222 524	
	19	Deferred revenue			330,201.	19	339,701.
	20	Tax-exempt bond liabilities			4 106	20	4 106
	21	Escrow or custodial account liability. Comple			4,196.	21	4,196.
es	22	Loans and other payables to any current or fo					
Ē		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela	•			24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	-	· · ·	43,474.	_	3,218,526.
		of Schedule D			728,756.		4,575,106.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or			720,730.	26	4,3/3,100.
S		and complete lines 27, 28, 32, and 33.	neck nere				
ű	27	Net assets without donor restrictions			8,668,114.	27	8,608,169.
ala	28	Net assets with donor restrictions			3,565,024.	28	3,809,127.
D B	20	Organizations that do not follow FASB ASC			3,303,024.	20	3,003,127.
ΨĒ		and complete lines 29 through 33.	7 930, CileC	K liele			
<u>p</u>	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,233,138.	32	12,417,296.
Z	33	Total liabilities and net assets/fund balances			12,961,894.	33	16,992,402.
	1 33	rotal habilities and het assets/fully balafices			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	

Form **990** (2022)

Pa	rt 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	7,58				
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,82	1,1	<u>84.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-24	0,4	<u>58.</u>		
4	10						
5	Net unrealized gains (losses) on investments	5	42	4,6	<u> 16.</u>		
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	12,41	7,2	96.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CARTER BURDEN NETWORK, INC.

Employer identification number 23-7129499

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	5210434.	5448716.	5395235.	7660433.	6910837.	30625655.	
2	Tax revenues levied for the organ-							
	ization'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	1761270.	1685982.	1810655.	1647302.		8592555.	
4	Total. Add lines 1 through 3	6971704.	7134698.	7205890.	9307735.	8598183.	39218210.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						39218210.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	6971704.	7134698.	7205890.	9307735.	8598183.	39218210.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	326,706.	286,271.	230,837.	215,052.	279,280.	1338146.	
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	Total support. Add lines 7 through 10						40556356.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	,216,173.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	D1(c)(3)		
	organization, check this box and stop							
Sec	tion C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2022 (I					14	96.70 %	
	Public support percentage from 2021					15	96.51 %	
16a	16a 33 1/3% support test - 2022. 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 - 2021. If the o	•		•		•		
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test	•					•	
	and if the organization meets the fact				=	VI how the organiz	zation	
	meets the facts-and-circumstances te	· ·	•					
b	10% -facts-and-circumstances test	•				•	10% or	
	more, and if the organization meets the				•			
	organization meets the facts-and-circu		-	•				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s	

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

quality under the tests listed be Section A. Public Support	low, please comp	piete Part II.)				_
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(8) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotar
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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		<u> </u>	1	_		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Public	: Support Pe	rcentage				
15 Public support percentage for 2022 (lin	ne 8, column (f), c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 202	22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	.021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2021. If the	-	-		• •		and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
Lo i rivate roundation. Il the organization	aid not oneon a	50A OIT III IC 14, 19	u, or 130, OHECK U	110 DON ALIU SEE III	J., UOLIOI 13	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
104		
10b		
	n 990)	2022

2024 12-09-22 Schedule A (Form 990) 202

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sect	ion 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).	1		
Sect	ion 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?	1		
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).	2		
3	By reason of the relationship described on line 2, above, 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.	3		
Sect	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

5

6

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

CARTER BURDEN NETWORK, INC. 23-7129499							
Organization type (check one):							
ilers of: Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	. ,					
Special Rules							
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) For line 1. Complete Parts I and II.	that received from any one					
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 (entering "N/A" in column (b) instead of the contributor name and address), 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							
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, I g requirements of Schedule B (Form 990).	,·					

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2 **Employer identification number** Name of organization CARTER BURDEN NETWORK, INC. 23-7129499 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х Person **Payroll** 5,292,543. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person **Payroll** 371,608. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash

Schedule B (Form 990) (2022)

(Complete Part II for noncash contributions.) Name of organization **Employer identification number**

CARTER BURDEN NETWORK, INC.

23-7129499

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	rganization				Employer identification number
CARTEI	R BURDEN NETWORK, INC.				23-7129499
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following that the following that the following the state of the following that the following	na line entry. For o	rganizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
		()=			
	Transferee's name, address, a	(e) Trans nd ZIP + 4		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	of gift (d) Description of		ription of how gift is held
-		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
-		(e) Trans	fer of gift		
	Transferee's name, address, a			elationship of tra	nsferor 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

CARTER BURDEN NETWORK, INC.

Employer identification number 23-7129499

organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year	Par	t I Organizations Maintaining Donor Advised	d Funds or Other	Similar Funds o	or Accounts. Complete if the
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 of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal contror? 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 impormisable private benefit? 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). Preservation of part public use (for example, recreation or education) Preservation of a historically important land area Protection or natural habitat Preservation of part part public use (for example, recreation or education) Preservation of a conservation easements. 2 Complete lines 2 at 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. a Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Valuation of conservation easements on a certified historic structure included in (a) 7 Valuation of conservation easements may be certified historic structure included in (b) acquired after July 25,2006, and not on a historic structure listed in the National Register 8 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 easements in located 5 Does the organization have a written policy regarding the period monotrong, inspection, handling of violations, and enforcement of the conservation easements during the year 7 Am		organization answered "Yes" on Form 990, Part IV, line	e 6.		·
2 Aggregate value of contributions to (during year) 4 Aggregate value of and for from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advisor funds are the organization inform all grantess, 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 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? 1 Purpose(s) of conservation Easements. Complete if the organization check all that apply). 1 Preservation of an organization for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation or advisor or public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a preservation essement on the last day of the tax year. 2 Complete inse 2a through 25 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 2 Description of conservation easements and certified historic structure included in (a) 2 Description of conservation easements in collection (by acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of osservation easements modified, transferred, released, extinguished, or terminated by the organization during the year were property subject to conservation easements in located Deso the organization have a written policy regarding the periodic monitoring, inspection, handli			(a) Donor advis	sed funds	(b) Funds and other accounts
3 Aggregate value of grants from (during waar) 4 Aggregate value at oft 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 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 pirvate benefits. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation assemants held by the organization check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of partial protection pa	1	Total number at end of year			
A Aggregate value at and 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 inform all 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermisable private benefit? Part Organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable private benefit? Part Organization Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2 did if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Idel at the Ead of the Tax Year Idel at the	2	Aggregate value of contributions to (during year)			
5 Did the organization informal idenors and denor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organizations required, subject to the organization in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or 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 imperimisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for any other purpose conferring imperimisable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only in the purpose conferring imperimisable purposes and not for the benefit of the purpose conferring imperimisable purposes and not for the purpose conferring imperimental purposes. The purpose conferring imperimental purposes and not for the purpose and not purpose and not an advisor and the purpose and not purpose and not an advisor and the purpose and not purpose and not an advisor and the purpose and not an advisor anot an advisor and not an advisor and not an advisor and not an ad	3	Aggregate value of grants from (during year)			
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and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and e	nforcing conservation	on easements during the year
and section 170(h)(4)(B)(ii)?					
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 FASB 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 FASB 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 X	8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h))(4)(B)(i)
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 FASB 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 FASB 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 X		and section 170(h)(4)(B)(ii)?			Yes No
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 \$ 1 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part X	D -	organization's accounting for conservation easements.	A		O' o' la Annala
If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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 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 FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X \$	Pai		•	easures, or Oth	ier Similar Assets.
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(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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$		•	exhibition, education,	or research in furthe	erance of public service,
(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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$					•
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	_				
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	2	- · · · · · · · · · · · · · · · · · · ·			gain, provide
b Assets included in Form 990, Part X \$	_	·	•		Φ.
					т

Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tro	easures, or	Other	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	make sig	gnificant u	se of its		
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	n's exem	npt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations of	f art, historical trea	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's co	ollection?] Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the organization	on answered "	Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributior	s or other ass	ets not ir	ncluded			
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or c	ustodial accou	unt liabilit	ty?	L <u>X</u>] Yes	No
	If "Yes," explain the arrangement in Part XIII.								X
Par	t V Endowment Funds. Complete it								
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y		` '	
	Beginning of year balance	3,324,258.	3,955,039	3,448	3,997.	3,2	90,355.	3,11	19,721.
	Contributions								
	Net investment earnings, gains, and losses	280,188.	-479,435	638	3,922.	28	83,492.	29	92,754.
	Grants or scholarships			-					
е	Other expenditures for facilities								
	and programs	149,665.	151,346	, 132	2,880.	1:	24,850.	12	22,120.
f	Administrative expenses	2 454 504	2 224 252					2.00	
g	End of year balance	3,454,781.	3,324,258	•	5,039.	3,4	48,997.	3,29	90,355.
2	Provide the estimated percentage of the curr	ent year end balance		a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment100	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c should be a sh	•							
за	Are there endowment funds not in the posses	ssion of the organizat	ion that are held a	nd administer	ed for the	е		Ye	ns No
	organization by:								S No X
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations		d an Calcadula DO					3a(ii)	 ^
_	If "Yes" on line 3a(ii), are the related organizar							3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment iunas.						
. u.	Complete if the organization answered		Part IV line 11a S	See Form 990	Part X I	line 10			
	Description of property	(a) Cost or other		t or other		cumulate	d	(d) Book va	
	Description of property	basis (investm		(other)	٠,	preciation	٦	(u) DOOK V	alue
10	Land	`	, , ,	(235				
	Buildings								
	Leasehold improvements		1.32	29,076.		33,59	2.	795	484.
d	Equipment			30,476.		80,47		,	0.
	Other	I		8,759.		68,75			0.
	. Add lines 1a through 1e. (Column (d) must e		•			,		795.	484.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	CARTER	POKDEM	NETWORK,	TMC.	
Part VII	Investr	nents - C	Other Securit	ies.	_		

Complete if the organization answered Tes	on Form 990, Part IV, line	TTD. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
Total (Col. (h) must equal Form 000, Part V. col. (P) line 12.)	_	

Total. (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) SECURITY DEPOSIT	22,256. 3,188,285.
(2) OPERATING LEASE RIGHT USE OF ASSET	3,188,285.
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,210,541.

Other Liabilities. Part X

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) OPERATING LEASE LIABITLITY	3,218,526.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,218,526.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

<u>62,960.</u>

580,726

					NETWORK,				7129499	Page 4
Pa	rt XI F	Reconciliation of	Revenue p	er Audited	d Financial St	atements W	ith Revenue per Ret	urn.		
		Complete if the organiz	zation answere	ed "Yes" on F	orm 990, Part IV,	line 12a.				
1	Total rev	venue, gains, and othe	er support per	audited finan	cial statements			1	9,785	,981.

1	Total revenue, gains, and other support per audited financial statements		1	9,785,981.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e	2,268,215.	
3	Subtract line 2e from line 1	3	7,517,766.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,960.		
h	Other (Describe in Part XIII.)	4h			

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 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	9,601,823.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,843,599.		
b	b Prior year adjustments 2b				
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,843,599.
3	Subtract line 2e from line 1			3	7,758,224.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,960.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	62,960.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,821,184.

| 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:

c Add lines 4a and 4b

THE ORGANIZATION PROVIDES A MONEY MANAGEMENT ASSISTANCE PROGRAM TO THE HOMEBOUND AND ELDERLY. AS PART OF THE PROGRAM, THE ORGANIZATION MAINTAINS A BANK ACCOUNT ON BEHALF OF ITS CLIENTS.

PART V, LINE 4:

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

PART X, LINE 2:

THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY

MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR THE PERIODS ENDED JUNE

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Go :	to www.irs.gov/Form990 for instruc	ctions	and th	ne latest informatio	n.		Поресноп
Name of the organization CARTER	BURDEN NETWORK, IN	c.				Employer ide 23-7129	ntification number 499
	Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais A	sed funds through any of the following with a Solicitar or oral agreement with any individual part VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees,	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ded in col. (i)	(vi) Amount paid to (or retained by) organization
THE JFM GROUP LLC - 1661 10TH		Yes	No				
AVE FLOOR 1, BROOKLYN, NY	FR CONSULTANT		Х	528,720.		45,000.	483,720.
Total 3 List all states in which the organization	on is registered or licensed to solicit o	contrib	 utions	528,720. or has been notified	it is e	45,000. exempt from req	483,720. gistration
or licensing.							
NY							
				-			
		· ·					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

	edul I rt I			l "Yes" on Form 990, Par	t IV, line 18, or reported	
		or furidialsing event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
40			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesued:	6	Rent/facility costs				
Direct Expense	7	Food and beverages				
ֿ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
		Net income summary. Subtract line 10 from lin				
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
une		\$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						
ш	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	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)			
а	Ent	er the state(s) in which the organization conducted the organization licensed to conduct gaming ac	cts gaming activities:tivities in each of these			Yes No
b	lf "l	No," explain:				
	_					
		re any of the organization's gaming licenses rev Yes," explain:		rminated during the tax y	year?	Yes No
	_					

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022 CARTER BURDEN NETWORK, INC. 23-7	129	499	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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				
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
k	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 \$			
	daming manager compensation — — — — — — — — — — — — — — — — — — —			
	Description of services provided			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	bliector/officer Employee macpendent contractor			
17	Mandatory distributions:			
	·			
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vaa	□ No
	retain the state gaming license?		163	140
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par		0 (
Га		i III, IIn	es 9, §	<i>3</i> D, 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
פר	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS			
<u>50</u>	HEDOLE G, TAKT I, DINE ZD, DIGT OF TEN HIGHEST TAID FONDKAISEKS	•		
<u>(I</u>) NAME OF FUNDRAISER: THE JFM GROUP LLC			
<u>(I</u>) ADDRESS OF FUNDRAISER: 1661 10TH AVE FLOOR 1, BROOKLYN, NY 1	<u> 121</u>	5	

Schedule G (Form 990) Part IV Supplemental Info	CARTER BURDEN NETWORK, INC	. 23-7129499 F	Page 4
Part IV Supplemental Info	rmation _(continued)		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CARTER BURDEN NETWORK INC. Employer identification number 23-7129499

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel			l				
	Travel for companions Payments for business use of personal residence			l				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l				
				l				
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	1b						
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?	2						
3	Indicate which, if any, of the following the 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.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations X 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			l				
_	organization or a related organization:	4-		Х				
a	Receive a severance payment or change-of-control payment?	4a		X				
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X				
C	c Participate in or receive payment from an equity-based compensation arrangement? 4c							
	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:							
а	The organization?	5a		Х				
b	Any related organization?	5b		Х				
	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:							
а	The organization?	6a		X				
	Any related organization?	6b		Х				
	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	7		X				
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	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		ı				

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Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM DIONNE	(i)	296,257.	0.	0.	15,000.	14,489.	325,746.	0.
EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LOY MULYAGONJA	(i)	136,476.	0.	0.	7,000.	14,523.	157,999.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARLENA VACCARO	(i)	131,929.	0.	0.	6,760.	14,501.	153,190.	0.
ASSOC. EXEC. DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							(5

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

CARTER BURDEN NETWORK, INC. **Employer identification number** 23-7129499

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARTER BURDEN NETWORK PROMOTES THE WELL-BEING OF OLDER ADULTS 60 AND
OLDER THROUGH A CONTINUUM OF SERVICES, ADVOCACY, ARTS AND CULTURE,
HEALTH AND WELLNESS, AND VOLUNTEER PROGRAMS, ALL ORIENTED TO
INDIVIDUAL, FAMILY AND COMMUNITY NEEDS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARTER BURDEN NETWORK (CBN) PROMOTES THE WELL-BEING OF OLDER ADULTS 60
AND OLDER THROUGH A CONTINUUM OF SERVICES, ADVOCACY, ARTS AND CULTURE,
HEALTH AND WELLNESS, AND VOLUNTEER PROGRAMS, ALL ORIENTED TO
INDIVIDUAL, FAMILY AND COMMUNITY NEEDS. WE ARE DEDICATED TO SUPPORTING
THE EFFORTS OF OLDER PEOPLE TO LIVE SAFELY AND WITH DIGNITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDED 566 CLIENTS WITH 2,637 CASE ASSISTANCE CONTACTS, HELPING THEM
ACCESS BENEFITS AND MEET PRACTICAL AND EMOTIONAL NEEDS.
PROVIDED 448 CLIENTS WITH 1,155 INFORMATION AND REFERRAL CONTACTS TO
CONNECT THEM TO COMMUNITY RESOURCES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDED 193 CLIENTS WITH 969 COUNSELING CONTACTS.
PROVIDED 29 CLIENTS WITH 50 FINANCIAL ASSISTANCE SUPPORT UNITS.
PROVIDED 66 ELDER JUSTICE EDUCATION PRESENTATIONS ACROSS MANHATTAN,
REACHING 1,120 COMMUNITY MEMBERS AND 142 PROFESSIONALS.
SOCIAL SERVICE UNIT: CBN'S SOCIAL SERVICE UNIT SERVED 176 AMBULATORY
AND HOMEBOUND OLDER ADULTS ON THE UPPER EAST SIDE VIA 6,344 CASE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Employer identification number

Schedule O (Form 990) 2022

Name of the organization CARTER BURDEN NETWORK, INC. 23-7129499 ASSISTANCE CONTACTS AND 3,328 INFORMATION AND REFERRAL CONTACTS. THE SOCIAL SERVICE UNIT ALSO OVERSAW ADMINISTRATION OF CBN'S ANDREW FUND, WHICH PROVIDES ASSISTANCE TO LOW-INCOME OLDER NEW YORKERS WHO NEED HELP CARING FOR THEIR PETS BY OFFERING FINANCIAL ASSISTANCE FOR VETERINARY CARE, MEDICATION, FOOD, VITAMINS AND SUPPLEMENTS, SUPPLIES, SPAYING AND NEUTERING, BOARDING, AND MORE. IN FY 2023, THE ANDREW FUND PROVIDED FINANCIAL ASSISTANCE TOTALING \$12,227, SUPPORTING 22 OLDER ADULT PET PARENTS IN CARING FOR 27 PETS, MANY OF WHOM ARE EMOTIONAL SUPPORT COMPANIONS. CASE MANAGEMENT UNIT: CBN'S CASE MANAGEMENT UNIT SERVED 343 HOMEBOUND OLDER ADULTS IN UPPER MANHATTAN VIA 5,930 CASE MANAGEMENT HOURS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: IN FY 2023, MAW SERVED 671 OLDER ADULTS THROUGH 4,419 ARTS EDUCATION CLASSES. CARTER BURDEN GALLERY: THE CARTER BURDEN GALLERY GIVES A VOICE TO NEW YORK CITY'S REEMERGING OLDER PROFESSIONAL ARTISTS, EXCLUSIVELY FEATURING THE VIBRANT WORK OF ARTISTS OVER THE AGE OF 60 TO COMBAT AGEISM IN THE ARTS. THE GALLERY PROVIDES THESE ARTISTS WITH SPACE TO EXHIBIT THEIR WORK, SUPPORT WITH DIGITAL MARKETING, AND CONNECTIONS TO PEERS. IN FY 2023, THE GALLERY: FEATURED 227 ARTISTS THROUGH 25 EXHIBITS. PROVIDED 43 ARTISTS WITH TECHNICAL ASSISTANCE. SOLD 35 PIECES BY 26 ARTISTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CBN'S HEALTH AND WELLNESS PROGRAM: OFFERS PREVENTIVE NUTRITIONAL, EDUCATIONAL, AND FITNESS PROGRAMMING TO SUPPORT ONGOING AND HOLISTIC

Name of the organization **Employer identification number** CARTER BURDEN NETWORK, INC. 23-7129499 WELLBEING, WHILE PROVIDING RESPONSIVE ACTION TO MITIGATE RISK FOR OLDER ADULTS DURING THE PANDEMIC. IN FY 2022, CBN PROVIDED POP-UP VACCINATION SITES IN PARTNERSHIP WITH RYAN HEALTH, HELPING OUR MEMBERS AND COMMUNITY RESIDENTS GET VACCINATED AND BOOSTED. IN PARTNERSHIP WITH ICARE MEDICAL, WE OFFERED COVID-19 TESTING AT OUR OACS. WE PARTNERED WITH NY PRESBYTERIAN/WEILL CORNELL MEDICAL CENTER, LENOX HILL HOSPITAL/NORTHWELL HEALTH, AND NYC HEALTH + HOSPITALS/METROPOLITAN TO DELIVER PRESENTATIONS ON COVID-19, VARIANTS, VACCINES, AND BOOSTERS TO KEEP CLIENTS INFORMED. THROUGH A PARTNERSHIP WITH PUBLIC HEALTH SOLUTIONS AND FUNDING FROM THE ADMINISTRATION FOR COMMUNITY LIVING, CBN IS PARTICIPATING IN A PARTNERSHIP NETWORK DEVELOPING A VILLAGE MODEL FOR EAST HARLEM PUBLIC HOUSING RESIDENTS. IN FY 2022, THIS NETWORK ADVANCED ITS GOALS OF IMPROVING NUTRITIONAL OUTCOMES FOR OLDER ADULTS BY LAUNCHING COORDINATED SERVICES FOR MEMBERS WITHIN A CLOSED LOOP REFERRAL SYSTEM, INCLUDING NUTRITION EDUCATION AND COUNSELING, CONNECTION TO BENEFITS, HOME DELIVERED MEALS, TECHNOLOGY EDUCATION AND ACCESS INITIATIVES, EXERCISE PROGRAMS, HEALTHCARE NAVIGATION, AND COMMUNITY ENGAGEMENT ACTIVITIES. CBN PROVIDES VIRTUAL, IN-PERSON, AND HYBRID HEALTH EDUCATION WORKSHOPS, EXERCISE CLASSES, AND EVIDENCE-BASED FALLS PREVENTION COURSES TO HELP OLDER ADULTS GAIN SELF-EFFICACY IN THEIR HEALTH MANAGEMENT. IN FY 2022, CBN SERVED 668 UNIQUE CLIENTS THROUGH HEALTH WORKSHOPS, 398 UNIQUE CLIENTS THROUGH NUTRITION EDUCATION WORKSHOPS, 17 UNIQUE CLIENTS THROUGH EVIDENCE-BASED FALLS PREVENTION COURSES, AND 552 UNIQUE CLIENTS

Schedule O (Form 990) 2022

THROUGH FITNESS CLASSES. A COMMON THEME IN THIS YEAR'S HEALTH EDUCATION

Schedule O (Form 990) 2022

Employer identification number Name of the organization CARTER BURDEN NETWORK, INC. 23-7129499 CURRICULUM WAS "FOOD AS MEDICINE" WITH WORKSHOPS ON FARMING AND RACIAL JUSTICE, GROWING YOUR OWN FOOD TO TRANSFORM THE FOOD SYSTEM, AND A LEGACY COOKBOOK SERIES. ON SEPTEMBER 22, 2021, CBN HELD ITS THIRD ANNUAL OLDER ADULT FALLS PREVENTION SYMPOSIUM IN PARTNERSHIP WITH NY PRESBYTERIAN/WEILL CORNELL MEDICINE. THE HALF-DAY SYMPOSIUM TOOK PLACE VIRTUALLY AND WAS OPEN TO HEALTHCARE PROFESSIONALS, HUMAN SERVICE WORKERS, AND OLDER ADULTS, WITH A GOAL OF SHARING BEST PRACTICES IN FALLS PREVENTION. PRESENTERS EDUCATED ON TOPICS SUCH AS TELEMEDICINE, VISION, MUSCULAR STRENGTH, BLOOD FLOW, PARKINSON'S DISEASE, AND EVIDENCE-BASED INTERVENTIONS AS THEY RELATE TO FALLS AND FALLS PREVENTION. THE SYMPOSIUM WAS ATTENDED BY 127 INDIVIDUALS. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WITH THE AUDIT/EXECUTIVE COMMITTEE AND PROVIDED EDITS TO THE TAX PREPARER. AFTER THIS PROCESS WAS PERFORMED, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTEREST PARTY TRANSACTIONS. FORM 990, PART VI, SECTION B, LINE 15A:

EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A

RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR TO