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Form 990)
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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.



Department of the Treasury Internal Revenue Service

AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B C	heck if oplicab	e: C Name of organization LYMPHATIC EDUCATION & RESEARCH		D Employer identified	cation number
	Addre				
	Name	e Doing business as	58-24045	27	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te E Telephone number	r
	Final	154 West 14th Street, 2nd Floor		516-625-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,467,934.
	Amer returr	NEW YORK, NY YOUT		H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer: WILLIAM REFICCI		for subordinates	
		same as C above		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$	or 5	-	list. See instructions
	Vebsi			H(c) Group exemptio	
	orm o I rt I	rorganization: X Corporation Trust Association Other	L Ye	ar of formation: 1998 N	A State of legal domicile: NY
Fa		Summary	ODON	TRANTONIC MT	
e	1	Briefly describe the organization's mission or most significant activities:			
Governance	•	FIGHT LYMPHATIC DISEASE AND LYMPHEDEMA TH			
'ern	2	Check this box if the organization discontinued its operations or disposed			6
30	3				6
	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
tivii	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	U		<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	F	3,869,750.	1,346,987.
Ine	9			0.	0.
Revenue	9 10	Program service revenue (Part VIII, line 2g)		294.	29,306.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		259,642.	86,240.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,129,686.	1,462,533.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000.	9,000.
	14			0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		562,721.	753,979.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	25,666.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 116, 5	24.		
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		433,811.	701,500.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		997,532.	1,490,145.
		Revenue less expenses. Subtract line 18 from line 12		3,132,154.	-27,612.
or				Beginning of Current Year	End of Year
ets lanc	20	Total assets (Part X, line 16)		3,889,093.	3,910,350.
Ass I Ba	21	Total liabilities (Part X, line 26)	F	243,306.	292,175.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		3,645,787.	3,618,175.
	rt II	Signature Block			
Unde	er pen	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar		
		a phenici		6/01/	/2023
Sigr	ı	Signature of officer		Date	
Here	е	WILLIAM REPICCI, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		Robert Craig Robert Craig		self-employ	
Prep	arer	Firm's name CRAIG FITZSIMMONS & MEYER, LLP		Firm's EIN 1	1-2442493
Use	Only	Firm's address 20 MANOR ROAD			

See Schedule O for Organization Mission Statement Continuation

orm	LYMPHATIC EDUCATION & RESEARCH 990 (2022) NETWORK, INC. (LE&RN) 58-2404527 Page
	t 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:
•	THE ORGANIZATION'S MISSION IS TO FIGHT LYMPHATIC DISEASES AND
	LYMPHEDEMA THROUGH EDUCATION, RESEARCH AND ADVOCACY. THE ORGANIZATION
	SEEKS TO ACCELERATE THE PREVENTION, TREATMENT, AND CURE OF LYMPHATIC
	DISEASES WHILE BRINGING PATIENTS AND MEDICAL PROFESSIONALS TOGETHER TO
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$1,247,582. including grants of \$9,000.) (Revenue \$1,433,227.
	Some activities of the organization during 2022 include the following:
	LE&RN continued to expand programs to meet the goals of the expanded
	mission of fighting lymphatic disease through education, research, and
	advocacy.
	LE&RN continued the International Lymphatic Disease and Lymphedema
	Registry, a national patient registry to stimulate research and support
	clinical trials and drug development.
	LE&RN continued the International Lymphatic Disease and Lymphedema
	Biorepository, providing biological materials to serve as a source for
	the clinical and laboratory study of lymphatic diseases and began
	sharing data with worldwide databases.
	LE&RN continued its grant program that allows young investigators to
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,247,582.
	Form 990 (202
32002	See Schedule O for Continuation(s)
002	3
05	31 789303 LYMPHATIC 2022.03050 LYMPHATIC EDUCATION & RES LYMP

NETWORK, INC. (LE&RN)

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 20b				Yes	No
2 Is the organization request in domplete Schedule 0, Carbibulors 2 See instructions 2 X 3 Did the organization request indice 1 indice organization engage in lobbying activities on have a section 501(b) election in effect 4 X 4 Section 501(c)(3) organizations Did the organizations X 5 Max and the organization engage in lobbying activities, or have a section 501(b) election in effect 4 X 6 Max and the organization association 501(c)(4). 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Parcel X, theys, "complete Schedule C, Part II X 7 Max and the organization marks and values of anounts in such finds or accounts IP (**), "complete Schedule C, Part II S 8 To bid the organization marks and values on thold a complete Schedule D, Part II S 7 X Did the organization for amanus in such thoreal trassures, or other similar assets? If **Yes, "complete Schedule D, Part II X 9 Did the organization organization organization due organization, d	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in clinet or indirect political campaign activities on behalf of or in opposition to candidates for public office? // Yes, "complete Schedule C, Part // 3 X 4 Section 501(QS) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // Yes, "complete Schedule C, Part // 4 X 5 B the organization asotican 501(kS) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 39197 // Yes, "complete Schedule C, Part // 6 X 6 D did the organization relation and ord and soft and ords or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which donors have the right to the provide active on the distribution or investment or amounts on clistical treasure, and than assets? // Yes, "complete Schedule D, Part // 7 X 9 D did the organization maintain collections of works of art, historical treasure, or other amilian assets? // Yes, "complete Schedule D, Part // 7 X 9 D did the organization in amount in Part X, line 12, for score or custodial account liability. Serve as a custodian services? 9 X 9 D did the organization services? 9 X 9 D did the organization memory of the following quations in Yes, 'then complete Schedule D, Part V, line 12, that					
public office? If 'Tes' complete Schedule Q, Part I 3 X 4 Sectors 07((k)) organization b, Dith eropanization engage in tobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(c)(k), 501(c)(k) or 07(c)(k) organization that receives membership dues, assessments, or similar amounts as defined in Rev Proc. 89 (PI II'''''''''''''''''''''''''''''''''	2		2	X	
4 Section 501(c)(3) organizations: D0 the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(6), or 501(c)(6) organization that neceives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197. If "Yes," complete Schedule C, Part III 5 X 6 Dot the organization market and quote available funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 9 Dot the organization market any donor advices a sement. Including easements to the preserve open space. The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 9 Dot the organization senset: any of the following questions is "Yes," then complete Schedule D, Part VI. 7 X 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 11 If the organization senset: any of the following questions is "Yes," then complete Schedule D, Part VI. 11 X 10 Dif the organization senset: any of the following questions is "Y	3				
during the tax yea? If Yes,* complete Schedule Q, Part II. 4 X 5 is the organization a section Schedule Q, Part II. 5 X 6 bit the organization maintain any done advised funds or any similar funds or accounts for which donos have the right to provide advise on the distribution or investment of amounts in auxels. If a work in the discrete open space, the anvironment, historic fail means, or historic structures? If Yes,* complete Schedule D, Part II. 6 X 7 X 8 Did the organization maintain area, or historic advised transures, or other similar assets? If Yes,* complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for secrov 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 service? 9 X 10 Did the organization (alcetty or through a related organization, hold assets in account liability, serve as a custodian for a sate apointable. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,* complete Schedule D, Part W 10 X 12 Did the organization report an amount for investments - program related in Part X, line 10? If Yes,* complete Schedule D, Part W 11 X 13 X			3		<u> </u>
5 Is the organization ascience 501(c)(6, 501(c)(5), or 501(c)(6) organization that excitives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98197 if 'Yas,' complete Schedule C, Part II 5 X 6 Did the organization maintain any doore advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which. Genore space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 6 X 9 Did the organization maintain any doore advised funds assemble in challing assembles in parts, if 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization maintain any door advised in parts, in each in parts, X, in e 21, for secret or or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secret or or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secret or or custodial account liability. Serve assess in a south for liability, serve, 'complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If 'Yes, 'complete Schedule D, Part V 11a X 11 M torganization report an amount for other assets in Part X, line 1	4				
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic 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? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization meth, structures? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 10 X 9 Did the organization shower to any of the following questions is "Yes," then complete Schedule D, Part VI, a supplicable. 10 X 10 X 9 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 11 X 10 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 X 111 X 11 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 X 111	6				
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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? 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Part V, VII, VIII, X, or X, as applicable. 10 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 11 13 Did the organization report an amount for investments - tothe securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI 11 14 X 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? // "Yes," complete Schedule D, Part X 116 X 15 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? // "Yes," complete Schedule D, Part X 116 X 16 Did the organization separate or consolidated financial statements for the tax year? 111 X 17 Ves, 'and it the organization apoton to other	8	, ,			
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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, VII, VII, VII, VII, VII, VII,		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a 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 20a X	17				- 23
 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	.,		17	x	
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," 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 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18		– "		<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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			18	x	
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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	20a				X
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					_ <u></u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					<u> </u>
			21		х
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Form 990 (2022)

Part IV Checklist of Required Schedules

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Form	990 (2022) NETWORK, INC. (LE&RN) 58-2	40452	7	Page 4
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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			
	Schedule J	23	X	┿
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			177
	Schedule K. If "No," go to line 25a			<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	2	+
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ا م	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24		+
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24	u	+
258	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		a	+
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25		x
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	x	
27	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% controlle	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28		<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	s X	+
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29)	<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
04	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> ▲</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	·	+ **
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		·	+
57	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	····		X
	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	35	5	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizatio			
	If "Yes," complete Schedule R, Part V, line 2		;	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	·	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	-
-		c 🗖	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	6		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
22200	(gambling) winnings to prize winners?	1 0 For		(2022)
202002	5	101		(-022)

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Form	990 (2022) NETWORK, INC. (LE&RN)	58-2404	1527	Р	age 5
Par	t 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 7	<u>′</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
			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	0	3b		<u> </u>
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 A	counts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	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		X
			7b		┝──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
	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			
	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	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	-		
	Enter the amount of reserves on hand	13c			v
			14a		X
	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 remunel		4-		v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
<i>.</i>	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				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		-	000	(00000)
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Form	990 (2022) NETWORK, INC. (LE&RN)		58-2404		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2	through 7b be	low, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (
	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	1a	6			
	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	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		ier			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		ſ	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	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 Re					
		,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such c		I			
				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		I	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	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
45	Did the present for determining componentian of the following persons include a review and eppress					

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	Х	
b	Other officers or key employees of the organization	15b		Х
	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 filedAL, AK, CA, CT, DE, FL, GA, IA, ID	,IL,	IN,	KS

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) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Own website 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 financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	THE ORGANIZATION - 516-625-9675

154	West	14 th	Street,	2nd	Floor,	NEW	YORK,	NY	10011	
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Form 990 ((2022)	NETWORK	, INC.	(LE&RN)			58-2
Part VII	Compensation	of Officers,	Directors,	, Trustees,	Key Employees,	Highest	Compensated
	Employees an	d Indonanda	ont Contra	otore			

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

NETWORK, INC. (LE&RN)

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.

• 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.

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

(A) Name and title	(B) Average hours per	(C) Positic (do not check mo box, unless person officer and a direct			itior more rson i	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) WILLIAM REPICCI PRESIDENT & CEO	40.00			x				260,350.	0.	53,481.
(2) JOSEPH DAYAN MD	1.00			- 23				200,550.		55,4010
DIRECTOR	1.00	х						0.	0.	0.
(3) DORON ILAN MD	1.00									
DIRECTOR		Х						0.	0.	0.
(4) DAVE MCDOWELL	10.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(5) RICK PETTY	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DEBBIE MILES	1.00									
TREASURER		Х						0.	0.	0.
(7) MELISSA ALDRICH PHD	1.00									
SECRETARY		Х						0.	0.	0.
						-				
										
232007 12-13-22										Form 990 (2022)

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Form Par	990 (2022) NETWORK ,									58-24	045	027	P	age 8
ı aı			bloy	ees,			ghes	st C		, ,			(=)	
	(A) Name and title	(B) Average			Pos	C) iitior	ı		(D)	(E)		Га	(F)	ad
	Name and title	hours per					than d is both		Reportable compensation	Reportable compensatior	,	Estimated amount of		
		week					or/trus		from	from related	'		other	01
		(list any	ctor						the	organizations		com	pensa	ation
		hours for	r dire				ted		organization	(W-2/1099-MIS	C/	fr	om th	е
		related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations below	al trus	onal ti		loyee	comp		1099-NEC)				d relat	
		line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizati	ons
		111(0)	<u>n</u>	Ĕ	5	Υ.	ĒĒ	9						
							-							
							-							
1b	Subtotal						-	I	260,350.		0.	5	3,4	81.
с	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								260,350.		0.	5	3,4	81.
2	Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,			•	•	•				•				
	line 1a? If "Yes," complete Schedule J for se											3		X
4	For any individual listed on line 1a, is the su											-	v	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										····	4	X	
5	rendered to the organization? If "Yes," com										- 1	5		x
Sec	tion B. Independent Contractors		201	01 50		0015	011 .				1	•		
1	Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of compe	ensati	on fro	m	
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	vith o	or wi	thin	the organization's tax y	ear.				
	(A) Name and business	address	NT	זזאר	7				(B) Description of s	ervices	C))	;) nsatio	n
		2001033	INC	ONE	5				Description of a			mpe	134110	
2	Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	•				(•		-				000	

Form **990** (2022)

232008 12-13-22

Form 990 (2022)

NETWORK, INC. (LE&RN)

Pa	rt V	111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns					
ant unt	-		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G mila			Government grants (contributions) 1e	405,785.				
ion: Si			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	941,202.				
d O		g	Noncash contributions included in lines 1a-1f					
an Co		h	Total. Add lines 1a-1f	<u></u>	1,346,987.			
				Business Code				
e	2	а						
ervi		b						
n Si		С						
Jran Rev		d						
Program Service Revenue		e						
ш			All other program service revenue					
	3		Total. Add lines 2a-2f Investment income (including dividends, inter-					
	3		other similar amounts)		29,306.			29,306.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
anu			and sales expenses 7b					
Revenue			Gain or (loss)					
5	_	d	Net gain or (loss)	<u></u>				
Othe	8		Gross income from fundraising events (not including \$ of					
0			including \$ of contributions reported on line 1c). See					
			Part IV, line 18	91,641.				
		h	Less: direct expenses					
			Net income or (loss) from fundraising events		86,240.			86,240.
			Gross income from gaming activities. See		,			
			Part IV, line 19 9a	a				
		b	Less: direct expenses	>				
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
		b	Less: cost of goods sold 10	b				
		С	Net income or (loss) from sales of inventory					
s				Business Code				
leor	11							
llan		b						
Miscellaneous Revenue		c c						
M			All other revenue					
	12	6	Total revenue. See instructions	<u></u>	1,462,533.	0.	0.	115,546.
23200		13-2		<u></u>	, ,			Form 990 (2022)

09290531 789303 LYMPHATIC

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LYMPHATIC EDUCATION & RESEARCH NETWORK, INC. (LE&RN)

	NETWORK , INC			58-24	04527 Page
ecti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,000.	9,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	260,349.	221,297.	26,035.	13,017
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	346,116.	269,713.	19,545.	56,858
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,063.	28,104.	3,305.	1,654
9	Other employee benefits	74,164.	60,045.	5,574.	<u>1,65</u> 8,54
C	Payroll taxes	40,287.	32,617.	3,028.	4,642
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	37,050.		37,050.	
	Lobbying	57,493.	57,493.		
	Professional fundraising services. See Part IV, line 17	25,666.			25,660
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses	3,558.	2,881.	267.	41(
4	Information technology	11,200.	9,068.	842.	1,29
5	Royalties				· · ·
6	Occupancy	41,294.	39,065.	2,191.	38
7	Travel	33,479.	33,479.		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
,)	Г				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
≏ 3		2,207.	1,787.	166.	254
5 1	Other expenses. Itemize expenses not covered	2,207.	1,707.	100.	2.5
	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 0.)				
а	RESEARCH & PROGRAM ACTI	479,080.	479,080.		
b	FILING AND REGISTRATION	12,261.		12,261.	
c	BANK AND CREDIT CARD FE	10,905.		10,905.	
d	DUES AND MEMBERSHIP	6,692.		3,104.	3,588
	All other expenses	6,281.	3,953.	1,766.	562
5	Total functional expenses. Add lines 1 through 24e	1,490,145.	1,247,582.	126,039.	116,524
5 5	Joint costs. Complete this line only if the organization	_,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		210,02
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOD 08 2 (ASC 058 720)				

11

232010 12-13-22

Check here

Form 990 (2022)

09290531 789303 LYMPHATIC

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

09290531 789303 LYMPHATIC

LYMPHATIC	EDUCATION	&	RESEARCH

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Pa	1.	Balance Sneet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,650,998.	1	949,870.
	2	Savings and temporary cash investments		160,020.	2	160,565.
	3	Pledges and grants receivable, net		861,068.	3	22,500.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current o				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqual				
		under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9			1,922.	9	7,343.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		212,559.	12	2,768,718.
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,526.	15	1,354.
	16	Total assets. Add lines 1 through 15 (must equ		3,889,093.	16	3,910,350.
	17	Accounts payable and accrued expenses		33,610.	17	47,172.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ŝ	22	Loans and other payables to any current or form	ner officer, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
abi		controlled entity or family member of any of the	se persons	209,696.	22	245,003.
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	ayables to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		243,306.	26	292,175.
		Organizations that follow FASB ASC 958, ch	eck here X			
or Fund Balances		and complete lines 27, 28, 32, and 33.				
an	27	Net assets without donor restrictions		3,119,719.	27	3,618,175.
Ba	28		<u></u>	526,068.	28	0.
pur		Organizations that do not follow FASB ASC 9	958, check here			
ц,		and complete lines 29 through 33.				
S S	29	Capital stock or trust principal, or current funds			29	
Net Assets	30	Paid-in or capital surplus, or land, building, or e	quipment fund		30	
t As	31	Retained earnings, endowment, accumulated in			31	
Nei	32	Total net assets or fund balances		3,645,787.	32	3,618,175.
	33	Total liabilities and net assets/fund balances		3,889,093.	33	3,910,350.

Form **990** (2022)

Form 990 (2022)
Part X Bala NETWORK, INC. (LE&RN)

_

a	ance Sheet	
e	ck if Schedule () contains a respons

	LYMPHATIC EDUCATION & RESEARCH								
Form	990 (2022) NETWORK, INC. (LE&RN)	58-2	404527	Pag	_{ge} 12				
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	1,46						
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3			12.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,64	5,7	87.				
5	Net unrealized gains (losses) on investments	5							
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	3,61	8,1	75.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: 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	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e 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 Sch	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
				000					

Form **990** (2022)

(Form Departme Internal R	ent of the Treasury evenue Service	Co		OMB No. 1545-0047							
Name	of the organizati			ATION & RESEA	ARCH				identification number		
Part				(LE&RN) (All organizations must c	omploto th	nic part) S	oo instruction		8-2404527		
								15.			
1 1		•		For lines 1 through 12, cl on of churches described		,	I // A //;)				
2				Attach Schedule E (Form			·ለጥለי/·				
3	_			anization described in se		(h)(1)(Δ)(ii	i)				
4	_ ·	•		njunction with a hospital			•)(iii). Enter	the hospital's name.		
• _	city, and state:										
5	_		or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	🗌 An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in		
_	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 _				(1)(A)(vi). (Complete Part	,						
9	-	-		in section 170(b)(1)(A)(i		-		-	-		
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
10 🛛	university:	on that narma		than 22 1/20/ of its supp	ort from o	ontribution	n momboroh	in food on	d araga ragginta from		
10 12	•		•	than 33 1/3% of its supp t to certain exceptions; a				-	•		
				(less section 511 tax) fro					-		
			mplete Part III.)	(,aa			
11	_			vely to test for public saf	ety. See	section 50)9(a)(4).				
12		-	-	vely for the benefit of, to	•			rry out the	purposes of one or		
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3).	Check the box on		
	lines 12a thro	ugh 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.			
а	Type I. A s	upporting orga	anization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), t	pically by	giving		
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting		
-	·		complete Part IV, Se								
b			-	or controlled in connect			-		-		
				anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	Dorted		
с			t complete Part IV,	g organization operated i	in connect	tion with	and functional	llv integrate	od with		
U). You must complete F				iy integrate			
d		•	. , . ,	porting organization operation				ted organiz	zation(s)		
		-	• •	ation generally must sati				Ũ			
	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
е	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
	functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.					
	Inter the number		•								
g F	Provide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other		
	organization		(1) 2.14	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)		
				above (see instructions))	103						
_											
Tetel											
<u>Total</u>											

LYMPHATIC EDUCATION & RESEARCH 58-2404527 Page 2 NETWORK INC. (LE&RN) Schedule A (Form 990) 2022 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 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.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions 5 by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 %

14	Public support percentage for 2022 (line 0, column (i), divided by line 11, column (i))	14		70
15	Public support percentage from 2021 Schedule A, Part II, line 14	15		%
16a	a 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 m	ore, che	eck this box and	
	stop here. The organization qualifies as a publicly supported organization			
k	33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more	e, check this box	
	and stop here. The organization qualifies as a publicly supported organization			
17a	a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, a	nd line	14 is 10% or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part	VI how	the organization	
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
k	0 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 1	7a, and	l line 15 is 10% or	
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in	n Part V	'I how the	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organiz	ation		

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

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LYMPHATIC 1	EDUCATION	&	RESEARCH
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NETWORK INC. (LE&RN)

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%

%

Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 947,016. 1113946. 896,827. 4128787. 1433227. 8519803. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 4128787. 947,016. 1113946. 896,827. 1433227. 8519803. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 8519803. Public support. (Subtract line 7c from line 6.) Section B. Total Support (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (e) 2022 (f) Total 947,016. 9 Amounts from line 6 1113946. 896,827. 4128787 1433227. 8519803. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 558. 294. 29,306. 161. 1,380. 31,699. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 161. 1,380. 558. 294. 29,306. 31,699. 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 605 605. assets (Explain in Part VI.) 947,177. 1115326. 897,385. 4129686. 1462533. 8552107. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.62 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 99.95 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage .37 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 .04 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22

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LYMPHATIC EDUCATION & RESEARCH NETWORK, INC. (LE&RN)

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Schedule A (Form 990) 2022 NETV 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.)

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NETWORK, INC. (LE&RN) Schedule A (Form 990) 2022 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a 3

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions).

The organization satisfied the Activities Test. Complete line 2 below. а

b] The organization is the parent of each of its supported o	organizations. Complete line 3 below
---	--	---	--------------------------------------

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

3

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Schedule A (Form 990) 2022

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Sche	edule A (Form 990) 2022 NETWORK, INC. (LE&RN)			58-2404527 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
6 7 8 Sect 1 2 3 4 5	Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount.	6 7 8 1 2 3 4 5		Current Year

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

Schedule A (Form 990) 2022

232026 12-09-22

LYMPHATIC EDUCATION & RESEARCH

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LYMPHATIC EDUCATION & RESEARCH TNC (LEGRN

	t V Type III Non-Functionally Integrated 509		ni-ationa i i i	8-2404527 Page 7
		(a)(3) Supporting Orga	nizations (continued)	Oursent Voor
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	2	
	organizations, in excess of income from activity			
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es of supported organizations	3	
- 5	Qualified set-aside amounts (prior IRS approval required - prior	avida dataila in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
U	(provide details in Part VI). See instructions.	le organization le responsive	8	
9	Distributable amount for 2022 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022	LYMPHATIC E NETWORK, IN	C. (LE&RN)		58-2404527 P
line 1; Part IV, Section I	D, lines 2 and 3; Part IV, Se	ection E, lines 1c, 2a	by Part II, line 10; Part II, li b, and 11c; Part IV, Section , 2b, 3a, and 3b; Part V, line lso complete this part for an	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V y additional information.
232028 12-09-22				Schedule A (Form 990)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Name	of the	organ	izatic

, organizatio					
	LYMPHATIC	EDUC	CATION	&	RESEARCH
	NETWORK,	INC.	(LE&RN	1)	

58-2404527

Filers 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 for an *exclusively* set is the set of the parts unless the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless totaling \$5,000 or more during the year for an set of the parts unless totaling \$5,000 or more during the year for an set of the parts unless totaling \$5,000 or more during the year for an set of the parts unless totaling \$5,000 or more during the year for an set of the parts unless totaling \$5,000 or more during the year for an set of the parts unless totaling \$5,000 or more during the year for an set of the parts unless totaling \$5,000 or more during the year for an set of the parts unless the set of the parts unless the set of the parts unless total set of the parts unless the set of the parts u

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

SCHEDULE C	Pc	olitical Campaign a	nd Lobbying	a Activities		OMB No. 1545-0047
(Form 990)				-	-	2022
		anizations Exempt From Income				ZUZZ
Department of the Treasury Internal Revenue Service	-	if the organization is described to to www.irs.gov/Form990 for in			-62.	Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Campa	aign Activ	vities), then
	•	plete Parts I-A and B. Do not com	•			
		01(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Part	I-B.	
 Section 527 organization 		,				
		Form 990, Part IV, line 4, or For				
	•	have filed Form 5768 (election und		•		
	•	nave NOT filed Form 5768 (election		•		•
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	990-EZ, I	Part V, line 35C (Proxy
		ions: Complete Part III.				
Name of organization		IC EDUCATION & RE	SEARCH		Emplove	r identification number
······		, INC. (LE&RN)	Dimen			58-2404527
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) o	r is a section 52		
		•				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign	activity expendit	ures	1 0		\$	
3 Volunteer hours for	political campai	gn activities				
		-				
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3)).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955		\$	
		incurred by organization managers				
3 If the organization i		n 4955 tax, did it file Form 4720 fo				Yes No
4a Was a correction m						Yes No
b If "Yes," describe in		anization is exempt under	$c_{\text{constinue}} = 501(a)$	waant agation E	01(0)(2)	
				-		
		I by the filing organization for sect ization's funds contributed to othe			\$	
	5 5		5		¢	
exempt function ac		. Add lines 1 and 2. Enter here and			\$	
•		. Add lines 1 and 2. Enter here and	,		¢	
		1120-POL for this year?				Yes No
		ployer identification number (EIN)				
		tion listed, enter the amount paid		-		
		omptly and directly delivered to a s				
political action com	mittee (PAC). If a	additional space is needed, provid	e information in Part IV	Ι.		
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid fr	om	(e) Amount of political
				filing organization		ntributions received and
				funds. If none, ente		promptly and directly delivered to a separate
						political organization.
						If none, enter -0
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 99	0 or 990-EZ.	·	Sche	edule C (Form 990) 2022

LHA 232041 11-08-22

-		EDUCATION &	RESEARCH	59_1	2404527 Page 2
Part II-A Complete if the org	anization is ex	INC . (LE&RN) cempt under section	n 501(c)(3) and file		
section 501(h)).					
00	•	affiliated group (and list in	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	,	U 1 <i>y</i>	- delene en el c		
B Check if the filing organization		A and "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group
	s on Lobbying Ex litures" means ar	penditures nounts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influ	ence public opinio	on (grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lir					
d Other exempt purpose expenditure					
e Total exempt purpose expenditures			ſ		
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) of Not over \$500,000		lobbying nontaxable am of the amount on line 1e			
Over \$500,000 but not over \$1,000		0,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50	· · · · · · · · · · · · · · · · · · ·	5,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		5,000 plus 5% of the exce			
Over \$17,000,000		00,000.	. , , ,		
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero			•		
j If there is an amount other than zer reporting section 4911 tax for this		or line 1i, did the organiz			Yes No
		Averaging Period Under	• • •		
(Some organizations th		n 501(h) election do not parate instructions for li		f the five columns b	elow.
		penditures During 4-Ye			
	Loppying Ex	penditures During 4- re	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
			•	<u>.</u>	

Schedule C (Form 990) 2022

232042 11-08-22

LYMPHATIC EDUCATION & RESEARCH NETWORK, INC. (LE&RN)

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
	obbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		x		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?	X		57	,493.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
	Total. Add lines 1c through 1i			57	,493.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	n 501(c)(5)			3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
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Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

Description Cols ower ages/form@30% Instruction Impreton Name of the organization LiftWHATTC EDUCATION & RESEARCH Endoyer Mentitication number 587–2046527. Call Organization answered 'ves' on Form 980, Part IV, line 6. (a) Don't advised funds or Other Similar Funds or Accounts. Compate if the organization answered 'ves' on Form 980, Part IV, line 6. (a) Don't advised funds (b) Funds and other accounts. Aggregate value of grant from (during year) (a) Aggregate value of grant from (during year) (b) Funds and other accounts. Ves No Ob the organization informal grantes, storms, maintip that year funds can be used only for chantable puppose and fool for the benefits. Compatible of the organization arewards 'Yes' on Form 980, Part IV, line 7. Yes No Perturned of organization informal grantes, storms, maintip that year funds can be used only for chantable puppose and fool for the benefits. Compatible of the organization arewards 'Yes' on Form 980, Part IV, line 7. Yes No Perturned of organization informal grantes, storms, maintip that year funds can be used only for chantable puppose and fool for the benefits. Compatible of the organization area (abcore advisor) Presention of anal advisor in white grant and can be availed. The advisor in white grant and can be used only for chantable puppose and fool for the benefits. Compatible of the organization have a distance advisor in white grant and can be used only for chantable puppose advisor in white grant and can be advisor in white gran	(Form	HEDULE D 1 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10		s" on Form 990,		OMB No. 1545-0047
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		violations, and enfo	rcement of the conservation easements it	holds?			Yes No
 Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? 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. 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 XIII. I) Revenue included on Form 990, Part X I) 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: B Revenue included on Form 990, Part X I Assets included in Form 990, Par	6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conserv	ation easement	s during the year
 Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? 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. 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 XIII. I) Revenue included on Form 990, Part X I) 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: B Revenue included on Form 990, Part X I Assets included in Form 990, Par							
and section 170(h)(4)(B)(ii)? Image: 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: 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: if the organization elected 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: a Revenue included on Form 990, Part X b	7	Amount of expense	s incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation	easements dur	ing the year
and section 170(h)(4)(B)(ii)? Image: 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: 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: if the organization elected 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: a Revenue included on Form 990, Part X b							
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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 XIII, 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 X b Assets included in Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iv) Assets included on Form 990, Part X (iv) Assets included on Form		and section 170(h)(4	4)(B)(ii)?				Yes No
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 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 X 5 b Assets included in Form 990, Part X 5 Complete the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 5 Complete the following amounts required to be reported under FASB ASC 958 relating to	9						
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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 2 If the organization received or held works of art, historical treasures, or other similar assets ASC 958 relating to these items:		organization's acco	unting for conservation easements.	-			
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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 XIII, line 1 \$	1 a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and	balance sheet v	vorks
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 \$		-					
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2022 232051 09-01-22		-					
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 (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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 						\$	
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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 \$	2	.,					
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ 232051 09-01-22 33	2					in, provide	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22 33							
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33			auction Act Notice, see the instructions	5 IOF FOLD 990.		Sche	aule D (Form 990) 2022
	232051	09-01-22		22			
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		IC EDUCATI		RESEA	RCH						_
		, INC. (LE						<u>58-24</u>			age 2
Par	t III Organizations Maintaining C								continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that make	e signif	icant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c		Loan or exc	hange program						
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organization's ex	xempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or other simi	ilar ass	ets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered "Yes"	on For	m 990), Part IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other assets n	ot inclu	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									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 Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.										ĺ
Par											
	·	(a) Current year		rior year	(c) Two years back		Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
Č	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
	and programs										
	Administrative expenses										
g	End of year balance		//:								
2	Provide the estimated percentage of the curr			g, column (a))) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administered for	r the			5	X 1	
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par											
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	<i>,</i>	/	X, line	10.				
	Description of property	(a) Cost or c		• •) Accu			(d) Book	value	э
		basis (investr	nent)	basis	(other)	depred	ciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	0c.)						0.
								Schedule	D (Form	990)	2022

232052 09-01-22

LYMPHATIC	C EDUC	ATION	&	RESEARCH	
NETWORK,	INC.	(LE&RN	1)		

(1) Financ	I Investments - Other Securities. Complete if the organization answered "Yes" ription of security or category (including name of security)		11b. See Form 990, Part X, line 12.	
(1) Financ			11b. See Form 990, Part X, line 12.	
(1) Financ	ription of security or category (including name of security)			
. ,		(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	cial derivatives			
	ly held equity interests			
(3) Other				
	HARLES SCHWAB	245,003.	End-of-Year Market	Value
	'idelity Investment	2,523,715.	End-of-Year Market	
(C)		2,020,1200		
(D)				
(E)				
(E)				
(G)				
(H)	(b)	2,768,718.		
Dart VI	. (b) must equal Form 990, Part X, col. (B) line 12.)	2,700,710.		
Faitvi	-	an Fauna 000 Davit IV/ lines	11. Cas Farm 000 Dart V line 10	
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	u-oi-year market Value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
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)				
				+
	lume (b) must squal Form 000 Part X asl (P) line	15)		
		9 10.)		
		on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
				1
	ederal income taxes			<u> </u>
(3)				
(4)				
(5)				l
(6)				<u> </u>
(7)				ļ
(8)				
(9)				
Total. (Co	olumn (b) must equal Form 990. Part X_col_(R) line	e 25.)		
(8) (9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (6) (7) (8) (7) (8) (9) Total. (Col. (7) (8) (9) Total. (Col. (9) (7) (8) (9) Total. (Col. (9) (9) Total. (Col. (9) (9) Total. (Col. (9) (9) (9) (9) (9) (9) (9) (9)	Complete if the organization answered "Yes"	Description	11e or 11f. See Form 990, Part X, line 25	(b) Book valu

Schedule D (Form 990) 2022

232053 09-01-22

	LYMPHATIC EDUCATION & RE	SEARCH	
Sche	dule D (Form 990) 2022 NETWORK , INC . (LE&RN)		58-2404527 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t 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.

(300)

Part X, Line 2:

UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) SECTION 740, THE TAX STATUS
OF TAX-EXEMPT ENTITIES IS AN UNCERTAIN TAX POSITION, SINCE EVENTS COULD
POTENTIALLY OCCUR THAT JEOPARDIZE THE ORGANIZATION'S TAX EXEMPT STATUS.
MANAGEMENT OF THE ORGANIZATION IS NOT AWARE OF ANY EVENTS THAT COULD
JEOPARDIZE ITS TAX-EXEMPT STATUS. THEREFORE, NO LIABILITY OR PROVISION
FOR INCOME TAX HAS BEEN REFLECTED IN THE FINANCIAL STATEMENTS

232054 09-01-22

SCHEDULE G	Suppleme	ntal Inforn	nation Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)			n answered "Yes" on entered more than \$1				or 19,	or if the	2022
Department of the Treasury			Attach to Form 990	or For	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.go	ov/Form990 for instru	ctions	and th	ne latest information	n.		Inspection
Name of the organization	LYMPHAT	IC EDUC	ATION & RES	EAR	СН				dentification number
	NETWORK							58-240	
	complete this par		the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	EZ filers are not
1 Indicate whether th	e organization rais	ed funds thro	ough any of the followir	ig activ	vities. (Check all that apply.			
a 📃 Mail solicitat	tions		e 🚺 Solicita	tion of	non-g	overnment grants			
b X Internet and	email solicitations	6	f 🚺 Solicita		-	-			
c 🔄 Phone solici			g X Special	fundra	aising	events			
d 🛛 In-person so	licitations								
2 a Did the organization		•		•	Ũ		tees,		
			ty in connection with p			•		XY	
	•		ties (fundraisers) pursu	ant to	agreer	ments under which the	he fur	ndraiser is to	be
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund			(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	
Powered By Profess:	ionals,	The Comple	te Fundraising	Yes	No				
Inc 1460 Broadwa		Advantage	- including the		x	0.		25,666	ō. 0.
				-	-				
Total		<u></u>	<u></u>	<u></u>				25,666	5.
3 List all states in whi	ich the organizatio	n is registered	d or licensed to solicit (contrib	utions	or has been notified	it is e	exempt from	registration

'y 9 or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

232081 10-27-22

		e G (Form 990) 2022 NETWORE	TIC EDUCATION	N)		2404527 Page
°a	rt I					
Т		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			(4) = 0 0 0 0 0	(2)	None	(d) Total events
			WALKATHONS			(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
Revenue						
Be	1	Gross receipts	91,641.			91,641
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	91,641.			91,641
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses		Food and beverages				
Ē						
		Entertainment				5 401
	9 10	Other direct expenses Direct expense summary. Add lines 4 throug		•		5,401
		Net income summary. Subtract line 10 from				86,240
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
Revenue			(4) =	bingo/progressive bingo	(0) 0 1101 galling	col. (a) through col. (a
Rev		-				
-	1	Gross revenue				
SS	2	Cash prizes				
xpenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	•		Yes %	Yes %	Yes %	
	6	Volunteer labor		No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	~		7 fueres lies et an lance (al)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
9	Fnt	ter the state(s) in which the organization cond	ucts gaming activities:			
		he organization licensed to conduct gaming a				
		No," explain:				
•-	<u></u>					
		ere any of the organization's gaming licenses r Yes," explain:				Yes N
~						
209	2 10	-27-22			Scho	dule G (Form 990) 20
~~0	_ 10				00110	

		LYMPHATIC				Н			
		NETWORK,						404527	<u> </u>
	Does the organization conduct gami							Yes	└── No
12	Is the organization a grantor, benefic				· ·	•		Vee	No
12	to administer charitable gaming? Indicate the percentage of gaming a							Yes	
	The organization's facility	•						13a	%
	An outside facility							13b	<u>%</u>
	Enter the name and address of the p								
	Name				•				
	Address								
15a	Does the organization have a contra	ct with a third part	ty from w	vhom the orga	nization receives g	gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming				\$	and the a	mount		
	of gaming revenue retained by the th								
c	If "Yes," enter name and address of	the third party:							
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Gaming manager compensation	Ψ							
	Description of services provided								
	Director/officer	Employee			dent contractor				
17	Mandatory distributions:								
a	Is the organization required under st	ate law to make c	haritable	distributions f	rom the gaming p	proceeds to			
	retain the state gaming license?							Yes	No No
b	Enter the amount of distributions rec	quired under state	law to b	e distributed to	o other exempt or	rganizations or spent	t in the		
	organization's own exempt activities	<u>u</u> 1							
Ра	rt IV Supplemental Information 15b, 15c, 16, and 17b, as an		•	•	•		v); and Par	t III, lines 9,	9b, 10b,
Sc	hedule G, Part I, I	ine 2b. I	ist	of Ten	Highest P	Paid Fundra	isers		
<u></u>		11110 207 1	1100	01 1011	<u></u>	<u>ura ranara</u>		•	
<u>(i</u>) Name of Fundraise	r: Powere	ed By	Profes	sionals,	Inc.			
<u>(i</u>) Address of Fundra	iser: 146	50 Br	oadway	4th floor	r, New YOrk	, NY	10036	
(+	i) Nativity, mba Ca		ndma	iaina 7	duantago	- includin	a the		
<u>(i</u>	i) Activity: The Co	mprete Fu	mura	LISING A	uvantage		ig the	- Fullar	aisi

	LYMPHATIC EDUCATION & RESEARCH	
Schedule G (Form 990) Part IV Supplemental In	NETWORK, INC. (LE&RN)	58-2404527 Page 4
Part IV Supplemental In	formation (continued)	
		Schedule G (Form 990
232084 04-01-22		

09290531 789303 LYMPHATIC

SCHEDULE I (Form 990)		C O O	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistan d Individual	d Other Assistance to Organizations, ts, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	ury		Go to www.irs.	Attach to Form 990. .gov/Form990 for the Ia	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	tion.		Open to Public Inspection
Name of the organization	LYMPHATIC NETWORK	EDUCATION & INC. (LE&RN)	2 &	·				Employer identification number 58 – 2404527
Part I Gener	(0)	nd Assistance						
1 Does the or	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants of	or assistance, the (grantees' eligibility	for the grants or assis	stance, and the selectior	
criteria used	criteria used to award the grants or assistance?	tance?						Yes X No
2 Describe in F	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant f	funds in the United	l States.			
Part II Grants recipie	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi 5,000. Part II can	zations and Domestic be duplicated if additic	Governments. Construction of the constructio	Complete if the orga ed.	inization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	V, line 21, for any
1 (a) Name ar o	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total n	Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table	nd government orç	janizations listed in the	e line 1 table				
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2022

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Schedule I (Form 990) 2022 NETWORK , INC . (LE&RN)	LE&RN)				58-2404527 Page 2
er Assist Iplicated	. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Lymphedema Therapist Scholarship	თ	000 6	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
232102 10-31-22					Schedule I (Form 990) 2022

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SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7	
		Compensated Employees		20	22	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	LYMPHATIC EDUCATION & RESEARCH		identificatio		mber
		NETWORK, INC. (LE&RN)	58-2	240452	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 d	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i -			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee X Written employment contract				
	Independent of	compensation consultant X Compensation survey or study				
	Form 990 of o	ther organizations I Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b	Х	
С	-	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
а	The organization?			<u>5</u> a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	-				
						X
b		ation?		<u>6b</u>		x
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				L
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2022

Schedule J (Form 990) 2022 NETWORK ,	DRK,	, INC. (LE&RN)	kRN)		58-2404527	527		Page 2
s, Trustee	mploy	ees, and Highest C	Compensated Empl	oyees. Use duplica	e copies if additional s	space is needed.		2
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.	orm 99	orted on Schedule . 30, Part VII.	l, report compensati	on from the organize	ttion on row (i) and fror	n related organization.	s, described in the inst	ructions, on row (ii).
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.	ipui pe	vidual must equal th	ne total amount of F	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	 amounts for that indi 	vidual.
		(B) Breakdown of W	-2 and/or 1099-MIS compensation	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM REPICCI	9	260,350.	.0	.0	35,307.	18,174.	313,831.	•0
PRESIDENT & CEO	; []]	.0	0.	.0	• 0	•0	.0	.0
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							Sched	Schedule J (Form 990) 2022

LYMPHATIC EDUCATION & RESEARCH NETWORK, INC. (LE&RN)

232112 10-18-22

LYMPHATIC EDUCATION & RESEARCH Schedule J (Form 990) 2022 NETWORK, INC. (LE&RN)	58-2404527 Pe	Page 3
or descriptions required for Part I, lines 1	a, 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 J (Form 990) 2022) 2022

SCHEDULE L		Tra	insaction	ıs V	Vith	Int	erested	P	ersons			ON	ИВ No. 1	545-00	47
(Form 990)	Complete if t	ne or	-						ne 25a, 25b, 26	, 27, 2	28a,		2	02	2
			28b, or 28c, c Attac				Part V, line 38a Form 990-EZ.		40b.			0	Den To		
Department of the Treasury Internal Revenue Service	Go	o ww	w.irs.gov/Form						information.			-	spect		nic.
Name of the organization	LYMPHA	ГIС	EDUCATI	ON	& RI	ESEZ	ARCH			Em	ploye	r identi	ificatio	on nu	mber
			INC. (LE									045	27		
	Benefit Trans		-		-							• ·			
	the organizatior						line 25a or 25b I	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disquali	fied person	(b) F	Relationship betw person and or			ified	(c) De	escription of tran	sactic	n			es	ected? No
			•	0											NU
														\rightarrow	
														_	
2 Enter the amount of	f tax incurred by	tho o	ranization mon	ogoro	or diag	unalifia		ina t	be veer under						
			•	•			•	Ũ			\$				
3 Enter the amount of															
	-			-		,									
Part II Loans to	and/or Fron	n Int	erested Pers	sons.	I.										
-	the organizatior					, Part V	V, line 38a or F	Form	990, Part IV, line	e 26;	or if th	e orga	nizatio	n	
	amount on Forr				2. Dan to or) Quinin al					(h) Ap	proved	<i>(</i>) 14	/
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fron	n the		e) Original cipal amount	(†) Balance due) In ault?	by boa	ard or	(1) *	Vritten ement?
					zation?		ļ			Yes	No	Yes	No	Yes	—
WILLIAM REPIO	CCIPRESI	DEN	PENSION		X	2	45,003.		245,003.	100	X	X		X	1
															<u> </u>
															<u> </u>
															+
Total		<u></u>		<u></u>			\$		245,003.						
	r Assistance		-												
	the organizatior								(-1) T			(-)			
(a) Name of interes	sted person		(b) Relationship interested pers			(c) Amount of assistance		(d) Type assistan			• • •) Purp assista		Ť
			the organiza												
		_													
		_													
		+													
		+													
		+													
LHA For Paperwork Re	eduction Act No	tice,	see the Instruct	tions f	for For	m 990) or 990-EZ.				Sche	dule L	. (Forr	n 990) 2022

See Part V for Continuations

232131 11-01-22

		ATIC EDUCATION & RESE	EARCH			
	orm 990) 2022 NETWO Business Transactions Involv	RK, INC. (LE&RN)		58-2404	527	Page 2
		I "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
	Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ation's ues?
			<u> </u>	~ <u>1.1</u>	Yes	No
MICHAEL	MINICHIELLO	CEO's Spouse	60,750.	Consulting		X
	Supplemental Information.					
F	Provide additional information for resp	onses to questions on Schedule L (see in	nstructions).			
Schedul	e I. Part II I.oans	To and From Interes	ted Persons	•		
Denedur				•		
(a) Nam	e of Person: WILLIA	M REPICCI				
(1) - 1						
(b) Rel	ationship with Orga	nization: PRESIDENT	& CEO			
(c) Pur	pose of Loan: PENSI	ON				
(d) Loa	n to or from organi	zation? = From				
(e) Ori	ginal Principal Amc	ount \$ 245,003. (f)	Balance Due	\$ 245,003.		
(g) Loa	n in Default? = No					
(h) App	roved by Board or C	committee? = Yes				
(i) Wri	tten Agreement? = Y	es				
Sch L,	Part IV, Business I	ransactions Involvin	g Intereste	d Persons:		
(a) Nam	e of Person: MICHAE	L MINICHIELLO				
(d) Des	cription of Transac	tion: Consulting ser	vice relate	d to the de	sign	
of LE&R	n's website, brochu	rers, social media a	nd conferen	ce events		

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization



Form 990, Part I, Line 1, Description of Organization Mission:

INC.

NETWORK,

AND ADVOCACY. THE ORGANIZATION SEEKS TO ACCELERATE THE PREVENTION,

(LE&RN)

TREATMENT, AND CURE OF LYMPHATIC DISEASES WHILE BRINGING PATIENTS AND

MEDICAL PROFESSIONALS TOGETHER TO ADDRESS THE UNMET NEEDS SURROUNDING

LYMPHATIC DISORDERS.

Form 990, Part III, Line 1, Description of Organization Mission:

ADDRESS THE UNMET NEEDS SURROUNDING LYMPHATIC DISORDERS.

Form 990, Part III, Line 4a, Program Service Accomplishments:

attend a conference focused on lymphatic research.

LE&RN continued its educational and awareness outreach programs

targeting academia, government, industry, and the medical and patient

communities.

LE&RN continued its monthly virtual symposium series, which brings the

world's foremost authorities in lymphatic disease and lymphedema to

patients, their families, and professionals.

LE&RN updated its website and provided daily social media posts and

monthly newsletters featuring major events in the field.

LE&RN produced six issues of Lymphatic Research and Biology, an

international, peer-reviewed

biomedical journal providing a forum for the exchange of cutting-edge

scientific developments in lymphatic science and medicine.

LE&RN secured ongoing Congressional and National Institutes of Health

support for lymphatic research.

 LE&RN continued the LE&RN/LymphNotes Lymphedema Scholarship Program to

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Schedule O (Form 990) 20 Name of the organization	LYMPHATIC EDUCATION & RESEARCH	Page 2 Employer identification number
	NETWORK, INC. (LE&RN)	58-2404527
provide tuiti	on support to therapists seeking certif	fication in
lymphedema th	erapy.	
LE&RN contin	ued a web based "Ask the Experts" featu	ure that allows
patients, the	ir families, and professionals to direc	ctly ask questions
to the most p	prominent authorities in the field.	
LE&RN spokes	person, Academy Award Winner Kathy Bate	es, appeared in both
print and tel	evision media to support research.	
LE&RN grew i	ts Honorary Board, headed by Kathy Bate	es and including
notable celeb	orities who support LE&RN's mission.	
LE&RN's Virt	ual Expo was expanded to better serve p	patients and
therapists.		
LE&RN and NA	.VBO prepared a biennial Virtual Lymphat	tic Forum for
researchers		
LE&RN develo	ped new chapters in several states and	countries.
LE&RN contin	ued to lead global events related to it	ts having
established W	orld Lymphedema Day on March 6 in 2016	
LE&RN hosted	a National Action Week supporting the	creation of a
National Comm	ission on Lymphatic Diseases.	
LE&RN suppor	ted and grew its program creating the i	first-ever Centers
of Excellence	in the Diagnosis & Treatment of Lympha	atic Diseases.
LE&RN, in co	llaboration with Stanford University, h	hosted the annual
virtual State	e-of-the-Art Summit in Lymphatic Researc	ch & Medicine.
LE&RN promot	ed its authored New York State bill that	at mandates hospital
institutions	to provide lymphedema materials to all	at-risk patients.
LE&RN promot	ed its PSA video featuring National Spo	okesperson Kathy
Bates, which	is hosted on the Centers for Disease, (Control, and
Prevention (C	DC) cancer-related websites.	
LE&RN contin	ued its cancer-related lymphedema campa	aign funded by a
232212 10-28-22	49	Schedule O (Form 990) 2022

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09290531 789303 LYMPHATIC

Schedule O (Form 990) 2022	Page 2
Name of the organization LYMPHATIC EDUCATION & RESEARCH NETWORK, INC. (LE&RN)	Employer identification number 58-2404527
grant from the CDC Chronic Disease Awareness Grants progra	m.
Stavros Niarchos Foundation continued its LE&RN grant to	fund its
Centers of Excellence program.	
LE&RN succeeded in its efforts to have the Congressionall	y Directed
Medical Research Program (CDMRP) include lymphedema and ly	mphatic
diseases as categories in the Department of Defense's Peer	Reviewed
Medical Research Program (PRMRP).	
LE&RN succeeded in its efforts to have Congress request t	hat the
National Institutes of Health (NIH) establish a National C	ommission on
Lymphatic Diseases.	

Form 990, Part VI, Section B, line 11b:

THE BOARD TREASURER REVIEWS THE 990 IN DETAIL AND REVIEWS THE HIGHLIGHTS OF THE 990 WITH THE BOARD

Form 990, Part VI, Section B, Line 12c:

BOARD MEMBERS AND KEY MEMBERS OF MANAGEMENT ARE REQUIRED TO ANNUALLY SIGN A PROACTIVE CONFLICT OF INTEREST STATEMENT. BOARD MEMBERS AND KEY MEMBERS OF MANAGEMENT ARE REGULARLY REMINDED OF THEIR RESPONSIBILITIES WITH RESPECT TO THEIR INVOLVEMENT WITH THE ORGANIZATION AND THE NEED TO DISCLOSE REAL OR PERCEIVED CONFLICTS.

Form 990, Part VI, Section B, Line 15a:

ON AN ANNUAL BASIS THE BOARD DOES A COMPARISON STUDY BASED UPON PUBLISHED

SALARY SURVEYS TO DETERMINE A REASONABLE COMPENSATION FOR THE PRESIDENT &

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CEO TAKING INTO CONSIDERATION PERFORMANCE, INDUSTRY NORMS, AND UNIQUE

ASPECTS OF HIS RESPONSIBILITIES AT THE ORGANIZATION.

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Name of the organization LYMPHATIC EDUCATION & RESEARCH	Employer identification number
NETWORK, INC. (LE&RN)	58-2404527
Form 990, Part VI, Line 17, List of States receiving copy	of Form 990:
AL, AK, CA, CT, DE, FL, GA, IA, ID, IL, IN, KS, LA, MA, MD, MI, MO, MT, NC, N	H , AR , NV , NY , OH , OK
OR, PA, SC, TN, VA, VT, WA, WV, WY, AK, WI, WY, CO, DC, HI, KY, ME, MS, NE, N	J, NM, ND, RI, SD, TX

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATON MAKES ITS FINANCIAL STATEMENTS, ITS CONFLICTS OF INTEREST

POLICY, AND ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION AT ITS

CORPORATE OFFICE DURING NORMAL BUSINESS HOURS

Schedule O (Form 990) 2022

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