Extended to November 15, 2019

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

Α	For the	e 2018 calendar year, or tax year beginning and	enaing				
В	Check if applicabl	LIMPHALIC EDUCATION & RESEARCH		D Employer identific	cation number		
Ļ	Addre						
Name		Doing business as		58-2	404527		
	Initial return Final return	261 MADICON AVENUE	Room/suite	E Telephone numbe 516 –	r 625-9675		
	termin ated			G Gross receipts \$	947177.		
	Ameno return	ded NEW YORK, NY 10016		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: WILLIAM REFICCI		for subordinates			
	pendir	9 261 MADISON AVENUE, NEW YORK, NY $$ 1001 9	6	H(b) Are all subordinates in	ncluded? Yes No		
T	Tax-exe	empt status: $X = 501(c)(3)$ $501(c)(0)$ $(insert no.)$ $4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)		
J	Websit	http://lymphaticnetwork.org		H(c) Group exemptio	n number 🕨		
ĸ	Form of	organization: X Corporation Trust Association Other	∟ Year		A State of legal domicile: NY		
P	art I	Summary		•			
0	1	Briefly describe the organization's mission or most significant activities: ${f THE}$	ORGANI	ZATION'S MI	SSION IS TO		
Governance		FIGHT LYMPHATIC DISEASE AND LYMPHEDEMA T	HROUGH	EDUCATION,	RESEARCH		
rus	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7		
ھ 9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7		
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	5		
ξ		Total number of volunteers (estimate if necessary)			64		
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.		
				Prior Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		479608.	756980.		
eun	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		623.	161.		
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		137410.	155474.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		617641.	912615.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		144170.	55692.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		373323.	412734.		
)Su	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	77 <u>.</u>				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		306773.	399495.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		824266.	867921.		
	19	Revenue less expenses. Subtract line 18 from line 12		-206625.	44694.		
Or John			Ве	ginning of Current Year			
Net Assets	20	Total assets (Part X, line 16)		264626.	352714.		
TAS P	21	Total liabilities (Part X, line 26)		93393.	136787.		
캺	22	Net assets or fund balances. Subtract line 21 from line 20		171233.	215927.		
_	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer		0010		
		Control eque		July 18,	2019		
Sign		Signature of officer		Date			
Не	re	WILLIAM REPICCI, PRESIDENT & CEO Type or print name and title					
				Data I	I DTIN		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		ROBERT CRAIG ROBERT CRAIG	<u> </u>	07/12/19 if self-employ	P01239055		
	parer	Firm's name CRAIG FITZSIMMONS & MICHAELS LL	ר	Firm's EIN	11-2442493		
US	Only	Firm's address 20 MANOR RD			1 260 1400		
_		SMITHTOWN, NY 11787		Phone no. 6 3	1 360-1400		
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

LYMPHATIC EDUCATION & RESEARCH 58-2404527 Page 2 NETWORK, INC. (LE&RN) Form 990 (2018) Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III 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 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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. 705262 including grants of \$ 55692) (Revenue \$ The activities of the organization during 2018 include the following: "LE&RN continued its rebranding effort and expanded programs to meet the goals of the expanded mission of fighting lymphatic disease and lymphedema 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 fellowship award program, attracting 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ (Code: ______) (Expenses \$ ______ including grants of \$ ______) (Revenue \$

4d Other program services (Describe in Schedule O.)

Expenses \$ Including grants of \$

enue \$

1e Total program service expenses ▶

705262.

Form **990** (2018)

LYMPHATIC EDUCATION & RESEARCH Form 990 (2018) NETWORK, INC. (LE&RN) Part IV Checklist of Required Schedules

			Yes	No
1	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	es," complete Schedule A		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		₹.	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			Λ
a	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
				25
'	d the organization's separate or consolidated financial statements for the tax year include a footnote that addresses organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		х	
122	12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124			х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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

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

Form 990 (2018) NETWORK, INC. (LE& Part IV 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			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	current		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	37	
	lule J		Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	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	33		
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	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 in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note. All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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LYMPHATIC EDUCATION & RESEARCH NETWORK, INC. (LE&RN)

Form 990 (2018) NETWORK, INC. (LE&RN)

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					77
	Did the organization have unrelated business gross income of \$1,000 or more during the year?					_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4a		Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					Λ
D	If "Yes," enter the name of the foreign country:					
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions	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 set	vices	provided to the payor?	7a		_X_
	•			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		•			37
	to file Form 8282?	1	I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	- 10	۱		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		_ <u>X</u>
f g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8						
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ندا	I			
a	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	146				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	<u>1</u> 2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ	IZG		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			-		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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					
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		_X_	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15				l		v
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	.+ i	umo?	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yos" complete Form 4720. Schodule O	IL INCC	nne?	16		Λ
	If "Yes," complete Form 4720, Schedule O.					

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Y

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 1	7				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b	'				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
	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 reached at the	- 55				
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
	, , , , , , , , , , , , , , , , , , , ,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100				
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a			Х			
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х			
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
_	in Schedule O how this was done	12c	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	Х			
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			
	Other officers or key employees of the organization			Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b				
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		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►AL , AK , CA , CT , DE , FL , GA , IA , II	,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					
	for public inspection. Indicate how you made these available. Check all that apply.	. ,		-		
	Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial			
-	statements available to the public during the tax year.	,				
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
=	THE ORGANIZATION - 516-625-9675					
	261 MADISON AVENUE, NEW YORK, NY 10016					
83200	See Schedule O for full list of states	Forn	990	(2018)		