

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning **AUG 1, 2000** and ending **JUL 31, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type See Specific Instructions	C Name of organization LONG ISLAND ALZHEIMER'S FOUNDATION, INC.		D Employer identification number 11-2926958
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5 CHANNEL DRIVE		E Telephone number 516-767-6856
		City or town, state or country, and ZIP PORT WASHINGTON, NY 11050		F Check <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c) (3) (insert no.) 527
OR 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

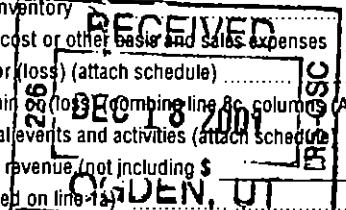
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	844,927.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 834,831. noncash \$ 10,096.)	1d		844,927.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		182,983.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		807.
	5 Dividends and interest from securities	5		46,741.
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe <input type="checkbox"/>)	7			
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	Less: cost or other basis and sales expenses	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	299,681.	
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1	299,681.
10 a Gross sales of inventory, less returns and allowances		10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,375,139.	
Expenses	13 Program services (from line 44, column (B))	13		942,797.
	14 Management and general (from line 44, column (C))	14		105,236.
	15 Fundraising (from line 44, column (D))	15		221,383.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		1,269,416.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		105,723.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,192,490.
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	<30,020.>
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,268,193.



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13

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 51,589. noncash \$	51,589.	51,589.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	100,834.	60,501.	30,250.	10,083.
26	Other salaries and wages	496,278.	440,990.	19,013.	36,275.
27	Pension plan contributions				
28	Other employee benefits	34,544.	27,184.	3,623.	3,737.
29	Payroll taxes	50,615.	42,609.	4,299.	3,707.
30	Professional fundraising fees				
31	Accounting fees	9,250.		9,250.	
32	Legal fees				
33	Supplies	30,059.	22,733.	806.	6,520.
34	Telephone	12,625.	11,405.	633.	587.
35	Postage and shipping	41,514.	32,234.	941.	8,339.
36	Occupancy	48,861.	40,461.	5,016.	3,384.
37	Equipment rental and maintenance	14,445.	12,088.	1,097.	1,260.
38	Printing and publications	72,609.	43,993.	1,231.	27,385.
39	Travel	7,854.	7,854.		
40	Conferences, conventions, and meetings	20,199.			20,199.
41	Interest	28,479.	22,783.	2,848.	2,848.
42	Depreciation, depletion, etc. (attach schedule)	49,423.	39,539.	4,942.	4,942.
43	Other expenses (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 3	200,238.	86,834.	21,287.	92,117.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,269,416.	942,797.	105,236.	221,383.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others)

a	TO PROVIDE SERVICES FOR PERSONS AFFLICTED WITH ALZHEIMER'S AND THEIR FAMILIES, INCLUDING COUNSELING. ADDITIONALLY, THE AGENCY PROVIDES GRANTS FOR RESEARCH	(Grants and allocations \$)	942,797.
b		(Grants and allocations \$)	
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		942,797.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	8,689.	45	1,272.	
	46 Savings and temporary cash investments	1,004,517.	46	458,689.	
	47 a Accounts receivable	80,690.			
	47 b Less: allowance for doubtful accounts				
			131,157.	47c	80,690.
	48 a Pledges receivable	124,255.			
	48 b Less: allowance for doubtful accounts				
			312,660.	48c	124,255.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	51 b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		8,585.	53	17,723.
54 Investments - securities	STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54	676,504.	
55 a Investments - land, buildings, and equipment: basis	15,000.				
55 b Less: accumulated depreciation					
		40,000.	55c	15,000.	
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	1,305,575.				
57 b Less: accumulated depreciation	STMT 7	151,901.			
		1,166,241.	57c	1,153,674.	
58 Other assets (describe ► SECURITY DEPOSITS)		3,265.	58	3,265.	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,675,114.	59	2,531,072.	
Liabilities	60 Accounts payable and accrued expenses	25,124.	60	12,879.	
	61 Grants payable		61		
	62 Deferred revenue	5,000.	62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	64 b Mortgages and other notes payable	STMT 8	452,500.	64b	250,000.
	65 Other liabilities (describe ►)			65	
66 Total liabilities (add lines 60 through 65)		482,624.	66	262,879.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,769,376.	67	1,883,938.	
	68 Temporarily restricted	413,114.	68	124,255.	
	69 Permanently restricted	10,000.	69	260,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		2,192,490.	73	2,268,193.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,675,114.	74	2,531,072.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

Table with columns N/A, Yes, No. Rows 76-91 containing questions about organizational activities, financials, and governance.

91 The books are in care of ERIC HALL, PRESIDENT & CEO Telephone no. 516-767-6856
Located at 5 CHANNEL DRIVE, PORT WASHINGTON, NY ZIP code 11050

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONFERENCES AND SEMINAR					178,651.
b SALE OF RESOURCE MATRL					4,332.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	807.	
96 Dividends and interest from securities			14	46,741.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	299,681.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		347,229.	182,983.
105 Total (add line 104, columns (B), (D), and (E))					530,212.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 9870 and Form 4790 (see instructions).

I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge. (Important: See General Instruction W.)

4/12/01

ERIC HALL

CEO

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

LONG ISLAND ALZHEIMER'S FOUNDATION, INC.

Employer identification number
11 2926958

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)
Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,127,048.	1,046,722.	322,379.	172,173.	2,668,322.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	684,296.	542,589.	326,509.	571,139.	2,124,533.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	32,894.	19,184.	23,445.	16,771.	92,294.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	311.	4,270.	SEE STATEMENT 12	3,313.	11,682.
23 Total of lines 15 through 22	1,844,549.	1,612,765.	676,121.	763,396.	4,896,831.
24 Line 23 minus line 17	1,160,253.	1,070,176.	349,612.	192,257.	2,772,298.
25 Enter 1% of line 23	18,445.	16,128.	6,761.	7,634.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 55,446.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts			SEE STATEMENT 13		26b 632,270.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,772,298.
d Add: Amounts from column (e) for lines: 18 92,294. 19 19 22 11,682. 26b 632,270.					26d 736,246.
e Public support (line 26c minus line 26d total)					26e 2,036,052.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.4428%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) N/A (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) N/A (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions)

NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31			
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)					
.....					
.....					
32	Does the organization maintain the following:				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d			
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)					
.....					
33	Does the organization discriminate by race in any way with respect to:				
a	Students' rights or privileges?	33a			
b	Admissions policies?	33b			
c	Employment of faculty or administrative staff?	33c			
d	Scholarships or other financial assistance?	33d			
e	Educational policies?	33e			
f	Use of facilities?	33f			
g	Athletic programs?	33g			
h	Other extracurricular activities?	33h			
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)					
.....					
.....					
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a			
b	Has the organization's right to such aid ever been revoked or suspended?	34b			
If you answered "Yes" to either 34a or b, please explain using an attached statement.					
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35			

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group.
 Check here If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -	The lobbying nontaxable amount is -	
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Name of organization

LONG ISLAND ALZHEIMER'S FOUNDATION, INC.

Employer identification number

11-2926958

Organization type (check one)-Section: 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization LONG ISLAND ALZHEIMER'S FOUNDATION, INC.	Employer identification number 11-2926958
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Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>21,850.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>2</u>		\$ <u>50,067.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>3</u>		\$ <u>40,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>4</u>		\$ <u>49,896.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>5</u>		\$ <u>22,500.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>6</u>		\$ <u>21,910.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization LONG ISLAND ALZHEIMER'S FOUNDATION, INC.	Employer identification number 11-2926958
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Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>21,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>8</u>		\$ <u>32,200.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>9</u>		\$ <u>313,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>10</u>		\$ <u>23,475.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>11</u>		\$ <u>110,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>12</u>		\$ <u>20,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization LONG ISLAND ALZHEIMER'S FOUNDATION, INC.	Employer identification number 11-2926958
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Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 22,697.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
14		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
15		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
16		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
17		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
18		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	MACHINERY AND EQUIPMENT	123192SL		5.00	19	21,328.			21,328.	21,328.		0.
2	MACHINERY AND EQUIPMENT	123193SL		5.00	19	4,124.			4,124.	4,124.		0.
3	MACHINERY AND EQUIPMENT	123194SL		5.00	19	5,392.			5,392.	5,392.		0.
4	MACHINERY AND EQUIPMENT	123195SL		5.00	19	3,656.			3,656.	3,656.		0.
5	MACHINERY AND EQUIPMENT	123196SL		5.00	19	3,967.			3,967.	3,120.		793.
6	MACHINERY AND EQUIPMENT	020197SL		5.00	19	7,333.			7,333.	4,309.		1,467.
7	MACHINERY AND EQUIPMENT	060197SL		5.00	19	2,194.			2,194.	1,024.		439.
8	MACHINERY AND EQUIPMENT	120397SL		5.00	19	215.			215.	115.		43.
9	MACHINERY AND EQUIPMENT	072298SL		5.00	19	2,966.			2,966.	1,186.		593.
10	LEASEHOLD IMPROVEMENTS WRITE OFF ABANDONED	120195		36M	41	21,000.			21,000.	21,000.		0.
11	LEASEHOLD IMPROVEMENTS MACHINERY & EQUIPMENT - FYE 7/99	120198		.000	19	<21,000.>			<21,000.>	<21,000.>		0.
12	FYE 7/99	010199SL		5.00	19	45,516.			45,516.	13,226.		9,103.
13	BUILDING	120298SL		39.00	19	857,476.			857,476.	36,645.		21,987.
14	BUILDING IMPROVEMENTS	020199SL		39.00	19	124,560.			124,560.	5,323.		3,194.
15	MACHINERY & EQUIPMENT	010100SL		5.00	19	25,973.			25,973.	3,030.		5,195.
16	LAMINATE OMNITRAK	072000SL		5.00	19	14,019.			14,019.			2,804.
17	BUILDING IMPROVEMENTS	020100SL		39.00	19	10,691.			10,691.			274.
18	HARDWARE	010101SL		5.00	19	7,913.			7,913.			923.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	FURNITURE AND FIXTURES	010101	200DB	7.00	15C	18,252.		0.	18,252.			2,608.
	* TOTAL 990 PAGE 2 DEPR & AMORT					1155575.		0.	1155575.	102,478.	0.	49,423.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISING INCOME	299,681.		299,681.		299,681.
TO FM 990, PART I, LINE 9	299,681.		299,681.		299,681.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
CARRY COST OF LAND HELD FOR SALE	<3,720.>
UNREALIZED LOSS	<26,300.>
TOTAL TO FORM 990, PART I, LINE 20	<30,020.>

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING	9,675.	5,575.	2,100.	2,000.
ADVERTISING	10,788.	10,003.	785.	
FOOD & BEVERAGE	107,959.	22,038.	3,165.	82,756.
INSURANCE	14,399.	9,759.	3,420.	1,220.
DUES AND SUBSCRIPTIONS	6,815.	4,969.	978.	868.
AUDIO, VIDEO AND PHOTOGRAPHY	6,599.	5,041.		1,558.
PRODUCT EXPENSE	1,861.	1,861.		
MISC. EXPENSES	26,184.	22,853.		3,331.
ADMINISTRATIVE EXPENSES	15,958.	4,735.	10,839.	384.
TOTAL TO FM 990, LN 43	200,238.	86,834.	21,287.	92,117.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO OPERATE A RESOURCE CENTER TO PROVIDE INFORMATION ABOUT SERVICES AVAILABLE TO THE COMMUNITY WITH REGARDS TO ALZHEIMER'S DISEASE AND TO AWARD GRANTS

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
GRANT TO COMMUNITY PROGRAMS	COMMUNITY PROGRAMS CENTER OF LI	300 PARK AVE, DEER PARK, NY	NONE	5,000.
GRANT TO SUNY STONYBROOK	DMITRY GOLDGABER, PH.D	SUNY @ STONY BROOK, STONY BROOK, NY	PROVIDES RESEARCH	10,000.
GRANT TO COMMUNITY	NYSADSA, INC	300 PARK AVE, DEER PARK, NY	NONE	2,000.
GRANT TO COMMUNITY	PARKER JEWISH INSTITUTE	271-11 76 AVE, NEW HYDE PARK, NY	NONE	5,000.
MISCELLANEOUS			NONE	24,589.
GRANT TO COMMUNITY	A.F.A.D.S.	101 NOTT TERRACE, SCHENECTAD , NY 12308	NONE	5,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				51,589.

FORM 990 GOVERNMENT SECURITIES STATEMENT 6

<u>DESCRIPTION</u>	<u>U.S. GOVERNMENT</u>	<u>STATE AND LOCAL GOV'T</u>	<u>TOTAL GOV'T SECURITIES</u>
	676,504.		676,504.
TOTAL TO FORM 990, LINE 54, COL B	676,504.		676,504.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MACHINERY AND EQUIPMENT	21,328.	21,328.	0.
MACHINERY AND EQUIPMENT	4,124.	4,124.	0.
MACHINERY AND EQUIPMENT	5,392.	5,392.	0.
MACHINERY AND EQUIPMENT	3,656.	3,656.	0.
MACHINERY AND EQUIPMENT	3,967.	3,913.	54.
MACHINERY AND EQUIPMENT	7,333.	5,776.	1,557.
MACHINERY AND EQUIPMENT	2,194.	1,463.	731.
MACHINERY AND EQUIPMENT	215.	158.	57.
MACHINERY AND EQUIPMENT	2,966.	1,779.	1,187.
LEASEHOLD IMPROVEMENTS	21,000.	21,000.	0.
WRITE OFF ABANDONED LEASEHOLD IMPROVEMENTS	<21,000.>	<21,000.>	0.
MACHINERY & EQUIPMENT - FYE 7/99	45,516.	22,329.	23,187.
BUILDING	857,476.	58,632.	798,844.
BUILDING IMPROVEMENTS	124,560.	8,517.	116,043.
MACHINERY & EQUIPMENT	25,973.	8,225.	17,748.
LAMINATE OMNITRAK	14,019.	2,804.	11,215.
BUILDING IMPROVEMENTS	10,691.	274.	10,417.
HARDWARE	7,913.	923.	6,990.
FURNITURE AND FIXTURES	18,252.	2,608.	15,644.
TOTAL TO FORM 990, PART IV, LN 57	1,155,575.	151,901.	1,003,674.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	8
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LENDER'S NAME	TERMS OF REPAYMENT
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FLEET BANK	MONTHLY
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
12/01/98	12/01/00	500,000.	7.09%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
INVESTMENTS IN SECURITIES	FINANCE ACQUISITION OF BUILDING

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	250,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	250,000.
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FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
CARRY COST OF LAND HELD FOR SALE	3,720.
TOTAL TO FORM 990, PART IV-A	3,720.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JACQUELINE F. CAYNE C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	MEMBER AS NEEDED	0.	0.	0.
LINDA CRONIN C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	SECRETARY AS NEEDED	0.	0.	0.
SYDNEY JACOFF C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
ROBERT E. LEOPOLD C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
DUNCAN A. MACDONALD C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	SECOND VICE CHAIRMAN AS NEEDED	0.	0.	0.
MAYA RAJANI C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	TREASURER AS NEEDED	0.	0.	0.
PATRICIA H. STRASBERG C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	VICE CHAIRMAN AS NEEDED	0.	0.	0.
JANET B. WALSH C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	CHAIRMAN AS NEEDED	0.	0.	0.
STEPHEN WALSH C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.

LONG ISLAND ALZHEIMER'S FOUNDATION, INC.

11-2926958

MARK E. BLOOM C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
NANCY MCKEE C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
BERT BRODSKY C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
NEIL DEROSA C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
PAUL GREENWOOD C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
THOMAS J. KILLEEN C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
THOMAS B. MCGEARY C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
JOHN E. MCWEENEY, JR. C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
CATHERINE NELKIN MILLER C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.
JOSEPH GRIMALDI C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR AS NEEDED	0.	0.	0.

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return: **LONG ISLAND ALZHEIMER'S FOUNDATION, INC.** Business or activity to which this form relates: **FORM 990 PAGE 2** Identifying number: **11-2926958**

Part I Election To Expense Certain Tangible Property (Section 179) Note: If you have any "listed property," complete Part V before you complete Part I.

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	20,000.
2	Total cost of section 179 property placed in service. See instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)
Section A - General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property						
b 5-year property						
c 7-year property		18,252.	7 YRS.	HY	200DB	2,608.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	46,815.

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	49,423.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
25 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year:					
41 Amortization of costs that began before 2000					41
42 Total. Add amounts in column (f). See instructions for where to report					42