

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

Open to Public Inspection

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

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

A For the 2001 calendar year, or tax year period beginning **AUG 1, 2001** and ending **JUL 31, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	G 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) 5 CHANNEL DRIVE		Room/suite E Telephone number 516-767-6856
		City or town, state or country, and ZIP + 4 PORT WASHINGTON, NY 11050		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates

G Web site **WWW.LIAF.ORG**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,629,211.**

I Enter 4-digit GEN
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

		1a		1b		1c		1d	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1,314,927.						1,314,927.	
	a Direct public support								
	b Indirect public support								
	c Government contributions (grants)								
	d Total (add lines 1a through 1c) (cash \$ 1,314,927. noncash \$ _____)								
	2 Program service revenue including government fees and contracts (from Part VII, line 93)							238,099.	
	3 Membership dues and assessments								
	4 Interest on savings and temporary cash investments							1,952.	
	5 Dividends and interest from securities							20,233.	
	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 _____)							7		
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other						
	54,000.	8a							
	30,300.	8b							
	23,700.	8c							
d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2						8d 23,700.		
9 Special events and activities (attach schedule)									
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a								
b Less direct expenses other than fundraising expenses	9b								
c Net income or (loss) from special events (subtract line 9b from line 9a)							9c		
10 a Gross sales of inventory, less returns and allowances	10a								
	10b								
							10c		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)									
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 1,598,911.		
Expenses	13 Program services (from line 4, column (B))							13 1,016,636.	
	14 Management and general (from line 4, column (C))							14 87,943.	
	15 Fundraising (from line 4, column (D))							15 222,119.	
	16 Payments to affiliates (attach schedule)							16	
	17 Total expenses (add lines 13 and 14, column (A))							17 1,326,698.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)							18 272,213.		
19 Net assets or fund balances at beginning of year (from line 7, column (A))							19 2,268,193.		
20 Other changes in net assets or fund balances (attach explanation)							20 <773.>		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)							21 2,539,633.		

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SEE STATEMENT 3

20

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 \$ <u>30,680</u> noncash \$ _____	22 30,680.	30,680.	STATEMENT 6	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 120,000.	96,000.	12,000.	12,000.
26	Other salaries and wages	26 528,713.	468,577.	29,457.	30,679.
27	Pension plan contributions	27			
28	Other employee benefits	28 41,746.	32,736.	4,505.	4,505.
29	Payroll taxes	29 49,750.	43,041.	3,358.	3,351.
30	Professional fundraising fees	30			
31	Accounting fees	31 9,250.		9,250.	
32	Legal fees	32			
33	Supplies	33 35,529.	28,093.	3,121.	4,315.
34	Telephone	34 15,803.	14,223.	790.	790.
35	Postage and shipping	35 51,130.	41,832.	1,500.	7,798.
36	Occupancy	36 36,615.	33,865.	1,375.	1,375.
37	Equipment rental and maintenance	37 17,786.	15,562.	1,112.	1,112.
38	Printing and publications	38 90,227.	55,846.	1,239.	33,142.
39	Travel	39 7,987.	5,894.	2,093.	
40	Conferences, conventions, and meetings	40 48,975.	22,928.	299.	25,748.
41	Interest	41 16,453.	13,163.	1,645.	1,645.
42	Depreciation, depletion, etc (attach schedule)	42 54,975.	43,019.	5,377.	6,579.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 4	43e 171,079.	71,177.	10,822.	89,080.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,326,698.	1,016,636.	87,943.	222,119.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 5**

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 \$ _____)	1,016,636.
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)		1,016,636.

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	1,272.	45	2,748.
	46 Savings and temporary cash investments	458,689.	46	305,069.
	47 a Accounts receivable	47a 13,020.		
	b Less allowance for doubtful accounts	47b	80,690.	47c 13,020.
	48 a Pledges receivable	48a 104,575.		
	b Less allowance for doubtful accounts	48b	124,255.	48c 104,575.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		17,723.	53 5,632.
	54 Investments - securities	STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	676,504.	54 990,149.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	15,000.	55c
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 1,343,263.			
b Less accumulated depreciation	STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	57b 206,876.	57c 1,136,387.	
58 Other assets (describe _____)		3,265.	58 0.	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,531,072.	59 2,557,580.	
Liabilities	60 Accounts payable and accrued expenses	12,879.	60	17,447.
	61 Grants payable		61	
	62 Deferred revenue		62	500.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		250,000.	64b
65 Other liabilities (describe _____)		65		
66 Total liabilities (add lines 60 through 65)		262,879.	66 17,947.	
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		1,883,938.	67 2,129,058.
	68 Temporarily restricted		124,255.	68 104,575.
	69 Permanently restricted		260,000.	69 306,000.
	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, column (B) must equal line 21)		2,268,193.	73 2,539,633.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,531,072.	74 2,557,580.	

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 for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding 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 + 4 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 (See Specific Instructions on page 32)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CONFERENCES AND SEMINAR					233,281.
b SALE OF RESOURCE MATRL					4,818.
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	1,952.	
96 Dividends and interest from securities			14	20,233.	
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					23,700.
101 Net income or (loss) from special events			01		
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.		22,185.	261,799.
105 Total (add line 104, columns (B), (D), and (E))					283,984.

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 (See Specific Instructions on page 32)

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 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 (See Specific Instructions on page 33)

- (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

I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true and correct. I am a preparer of this return and I am not a partner in the organization. I am not a partner in the organization. I am not a partner in the organization. Information of which preparer has any knowledge

Type or print name and title

Organization Exempt Under Section 501(c)(3)

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

2001

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

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 page 1 of the 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 page 2 of the 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 (See page 2 of the instructions)

	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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
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
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note 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		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
 - 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See the 28.)	844,927.	1,127,048.	1,046,722.	322,379.	3,341,076.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	482,664.	684,296.	542,589.	326,509.	2,036,058.
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	47,548.	32,894.	19,184.	23,445.	123,071.
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.	SEE STATEMENT 11 4,270.	3,788.	8,369.
23 Total of lines 15 through 22	1,375,139.	1,844,549.	1,612,765.	676,121.	5,508,574.
24 Line 23 minus line 17	892,475.	1,160,253.	1,070,176.	349,612.	3,472,516.
25 Enter 1% of line 23	13,751.	18,445.	16,128.	6,761.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 69,450.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,168,793.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 3,472,516.
d Add: Amounts from column (e) for lines 18 123,071. 19 19,184. 22 8,369. 26b 1,168,793.					26d 1,300,233.
e Public support (line 26c minus line 26d total)					26e 2,172,283.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 62.5565%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A				
	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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 N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 16 17 20					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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		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?		
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?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? 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?		
b	Has the organization's right to such aid ever been revoked or suspended? 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" 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 -			
Not over \$500 000	The lobbying nontaxable amount is -		
	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	41	
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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
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) (See page 12 of the instructions) 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, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

LONG ISLAND ALZHEIMER'S FOUNDATION, INC.

11-2926958

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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 box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

LONG ISLAND ALZHEIMER'S FOUNDATION, INC.

11-2926958

Part I **Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 215,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 55,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 255,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 44,347.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 42,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is 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	16	21,328.			21,328.	21,328.		0.
2	MACHINERY AND EQUIPMENT	123193SL		5.00	16	4,124.			4,124.	4,124.		0.
3	MACHINERY AND EQUIPMENT	123194SL		5.00	16	5,392.			5,392.	5,392.		0.
4	MACHINERY AND EQUIPMENT	123195SL		5.00	16	3,656.			3,656.	3,656.		0.
5	MACHINERY AND EQUIPMENT	123196SL		5.00	16	3,967.			3,967.	3,913.		54.
6	MACHINERY AND EQUIPMENT	020197SL		5.00	16	7,333.			7,333.	5,776.		1,465.
7	MACHINERY AND EQUIPMENT	060197SL		5.00	16	2,194.			2,194.	1,463.		439.
8	MACHINERY AND EQUIPMENT	120397SL		5.00	16	215.			215.	158.		43.
9	MACHINERY AND EQUIPMENT	072298SL		5.00	16	2,966.			2,966.	1,779.		593.
10	LEASEHOLD IMPROVEMENTS	120195		36M	42	21,000.			21,000.	21,000.		0.
11	WRITE OFF ABANDONED LEASEHOLD IMPROVEMENTS	120198		.000	16	<21,000.>			<21,000.>	<21,000.>		0.
12	MACHINERY & EQUIPMENT - FIVE 7/99	010199SL		5.00	16	45,516.			45,516.	22,329.		9,103.
13	BUILDING	120298SL		39.00	16	857,476.			857,476.	58,632.		21,987.
14	BUILDING IMPROVEMENTS	020199SL		39.00	16	124,560.			124,560.	8,517.		3,194.
15	MACHINERY & EQUIPMENT	010100SL		5.00	16	25,973.			25,973.	8,225.		5,195.
16	LAMINATE OMNITRAK	072000SL		5.00	16	14,019.			14,019.	2,804.		2,804.
17	BUILDING IMPROVEMENTS	020100SL		39.00	16	10,691.			10,691.	274.		274.
18	HARDWARE	010101SL		5.00	16	7,913.			7,913.	923.		1,583.

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	1200DB	7.00	17	18,252.			18,252.	2,608.		4,470.
20	ROOF	082001	SL	39.00	16	18,025.			18,025.			424.
21	SIGNS	092701	1200DB	7.00	19C	4,080.			4,080.			583.
22	KAYAK	121201	1200DB	5.00	19B	6,002.			6,002.			1,201.
23	COMPUTERS	103101	1200DB	5.00	19B	3,393.			3,393.			679.
24	CARPET & PAINT	010102	1200DB	7.00	19C	6,188.			6,188.			884.
25	LAND	120298	L			150,000.			150,000.			0.
	* TOTAL 990 PAGE 2 DEPR & AMORT					1343263.		0.	1343263.	151,901.	0.	54,975.

FOOTNOTES

STATEMENT 1

LONG ISLAND ALZHEIMER'S FOUNDATION, INC. ELECTS NOT TO CLAIM
THE ADDITIONAL 30-PERCENT DEPRECIATION WITH RESPECT TO THE
FOLLOWING CLASSES OF PROPERTY PLACED IN SERVICE DURING
TAXABLE YEAR ENDED JULY 31, 2002:

FIVE-YEAR PROPERTY

SEVEN-YEAR PROPERTY

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
LAND	54,000.	30,300.	0.	23,700.	
TOTAL TO FORM 990, PART I, LINE 8	54,000.	30,300.	0.	23,700.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	3
DESCRIPTION				AMOUNT
UNREALIZED LOSS				<773.>
TOTAL TO FORM 990, PART I, LINE 20				<773.>

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
CONSULTING	8,800.	8,800.	0.	0.		
ADVERTISING	14,398.	14,250.	0.	148.		
FOOD & BEVERAGE	104,791.	21,167.	923.	82,701.		
INSURANCE	26,977.	20,003.	4,725.	2,249.		
DUES AND SUBSCRIPTIONS	4,598.	4,148.	0.	450.		
AUDIO, VIDEO AND PHOTOGRAPHY	1,992.	813.	0.	1,179.		
PRODUCT EXPENSE	0.					
MISC. EXPENSES	9,523.	1,996.	5,174.	2,353.		
ADMINISTRATIVE EXPENSES	0.	0.	0.			
TOTAL TO FM 990, LN 43	171,079.	71,177.	10,822.	89,080.		

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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.	3,967.	0.
MACHINERY AND EQUIPMENT	7,333.	7,241.	92.
MACHINERY AND EQUIPMENT	2,194.	1,902.	292.
MACHINERY AND EQUIPMENT	215.	201.	14.
MACHINERY AND EQUIPMENT	2,966.	2,372.	594.
LEASEHOLD IMPROVEMENTS	21,000.	21,000.	0.
WRITE OFF ABANDONED LEASEHOLD IMPROVEMENTS	<21,000.>	<21,000.>	0.
MACHINERY & EQUIPMENT - FYE 7/99	45,516.	31,432.	14,084.
BUILDING	857,476.	80,619.	776,857.
BUILDING IMPROVEMENTS	124,560.	11,711.	112,849.
MACHINERY & EQUIPMENT	25,973.	13,420.	12,553.
LAMINATE OMNITRAK	14,019.	5,608.	8,411.
BUILDING IMPROVEMENTS	10,691.	548.	10,143.
HARDWARE	7,913.	2,506.	5,407.
FURNITURE AND FIXTURES	18,252.	7,078.	11,174.
ROOF	18,025.	424.	17,601.
SIGNS	4,080.	583.	3,497.
KAYAK	6,002.	1,201.	4,801.
COMPUTERS	3,393.	679.	2,714.
CARPET & PAINT	6,188.	884.	5,304.
LAND	150,000.	0.	150,000.
TOTAL TO FORM 990, PART IV, LN 57	1,343,263.	206,876.	1,136,387.

FORM 990

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

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JANET B. WALSH C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	CHAIRMAN 2	0.	0.	0.
PATRICIA H. STRASBERG C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	VICE CHAIRMAN 2	0.	0.	0.
PAUL J. SALERNO, CPA C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	TREASURER 2	0.	0.	0.
THOMAS J. KILLEEN, ESQ. C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	SECRETARY 2	0.	0.	0.
ERIC HALL C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	PRESIDENT 40	120,000.	0.	0.
ROBERT E. LEOPOLD C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
SYDNEY JACOFF C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
STEPHEN WALSH C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
BERT BRODSKY C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.

LONG ISLAND ALZHEIMER'S FOUNDATION, INC.

11-2926958

NEIL DEROSA C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
LINDA CRONIN C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
THOMAS B. MCGEARY C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
CATHERINE NELKIN MILLER C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
JOSEPH GRIMALDI C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
NANCY D. MCKEE C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
JOHN E. MCWEENEY, JR. C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
JACQUELINE F. CAYNE C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.
EDMUND T. PRATT JR. C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	HONORARY CHAIRMAN 2	0.	0.	0.
ALBERT J. MEYER C/O LONG ISLAND ALZHEIMER'S FOUNDATION, INC. PORT WASHINGTON, NY 11050	DIRECTOR 2	0.	0.	0.

MICHAEL J. SCHARFF	DIRECTOR			
C/O LONG ISLAND ALZHEIMER'S	2			
FOUNDATION, INC.		0.	0.	0.
PORT WASHINGTON, NY 11050				

TOTALS INCLUDED ON FORM 990, PART V		120,000.	0.	0.
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FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	LIAF PROVIDES FORUMS FOR THE PUBLIC TO LEARN FROM EXPERTS IN ALZHEIMER
93A	RESEARCH AND CARE. SCIENTISTS FROM ALL OVER THE WORLD COME TO SPEAK
93A	AND EXPLAIN LATEST RESEARCH ON ALZHEIMERS. PROVIDES MUCH NEEDED SUPPORT
93B	LIAF MAINTAINS A RESOURCE CENTER FOR ALL INTERESTED IN OR AFFECTED BY
93B	ALZHEIMER'S.

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	0.	311.	4,270.	3,788.
TOTAL TO SCHEDULE A, LINE 22	0.	311.	4,270.	3,788.

Depreciation and Amortization
(Including Information on Listed Property) **990**

2001

Attachment
Sequence No. 67

▶ See separate instructions ▶ Attach to your tax 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
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Part I Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
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 29	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 line 13 of your 2000 Form 4562	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 2002 Add lines 9 and 10, less line 12	▶ 13	

Note Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	47,158.

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2001	17	4,470.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(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
19a 3 year property						
b 5 year property		9,395.	5 YRS.	HY	200DB	1,880.
c 7 year property		10,268.	7 YRS.	HY	200DB	1,467.
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 - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12 year			12 yrs		S/L
c 40-year	/		40 yrs	MM	S/L

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g) and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr	22	54,975.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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 24a, 24b, 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)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b 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
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L		
		%				S/L		
		%				S/L		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

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
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do 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
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42 Amortization of costs that begins during your 2001 tax year

(a)	(b)	(c)	(d)	(e)	(f)

43 Amortization of costs that began before your 2001 tax year 43

44 Total Add amounts in column (f) See instructions for where to report 44