

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **AUG 1, 2008** **and ending** **JUL 31, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization LONG ISLAND ALZHEIMER'S FOUNDATION, INC. Doing Business As		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 + 4 PORT WASHINGTON, NY 11050		G Gross receipts \$ 1,237,985.
		F Name and address of principal officer FRED JENNY SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.LIAF.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1988 M State of legal domicile: NY				

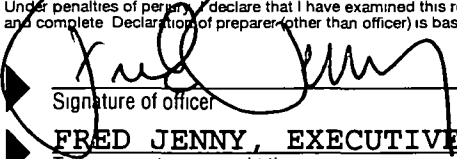
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HELP LIGHTEN THE BURDEN AND IMPROVE THE QUALITY OF LIFE FOR THOSE SUFFERING WITH ALZHEIMER'S		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	872,313.	755,810.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,481.	147,655.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,268.	10,960.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	499,612.	207,934.
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,544,674.	1,122,359.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,018,402.	838,476.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 111,717.		
17 Other expenses (Part IX, column (A), lines 11d, 11f-24f)	643,235.	520,784.	
18 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)	1,661,637.	1,359,260.	
19 Revenue less expenses—Subtract line 18 from line 12	-116,963.	-236,901.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,183,678.	1,956,049.
	22 Net assets or fund balances—Subtract line 21 from line 20	42,015.	52,291.
		2,141,663.	1,903,758.

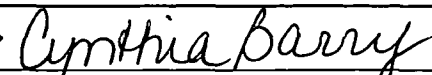
Extension Attached

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here:  Signature of officer Date **2/4/10**
FRED JENNY, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: **2/1/10** Check if self-employed: Preparer's identifying number (see instructions):

Firm's name (or yours if self-employed), address, and ZIP + 4: **SHEEHAN & COMPANY, CPA, PC**
230 PARK AVENUE, 23RD FLOOR
NEW YORK, NY 10169-0124 EIN ▶ Phone no. ▶ **212-962-4470**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TO IMPROVE THE QUALITY OF LIFE FOR THOSE SUFFERING FROM ALZHEIMER'S DISEASE AND THEIR CAREGIVERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O

Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,188,335. including grants of \$) (Revenue \$ 147,655.)

TO PROVIDE MUCH NEEDED COGNITIVE STIMULATION, SOCIALIZATION, AND THERAPEUTIC RECREATIONAL ACTIVITIES TO THOSE AFFLICTED WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS. THIS IS ACCOMPLISHED THROUGH A VARIETY OF PROGRAM SERVICES: IN-HOME RESPITE VISITS THAT OFFER ACTIVITIES AIMED AT THE MAINTENANCE OF COGNITIVE FUNCTIONING AND REDUCING THE INCIDENCE OF SOCIAL ISOLATION AND DEPRESSION; SOCIAL DAY PROGRAMS WHICH OFFER A SAFE, STRUCTURED ENVIROMENT IN WHICH APPROPRIATE SOCIALIZATION, RECREATION, EXERCISE, AND EDUCATIONAL ACTIVITIES ARE OFFERED BASED UPON THE INDIVIDUAL'S LEVEL OF FUNCTIONING, STAGE IN THE DISEASE PROCESS, AND INTERESTS. THE GOAL OF THESE ACTIVITIES IS TO ASSIST INDIVIDUALS WITH DEMENTIA TO MAINTAIN THEIR SAFTEY, WELL BEING AND INDEPENDENCE IN THE COMMUNITY WHILE AVOIDING COSTLY, PREMATURE NURSING HOME PLACEMENT.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,188,335. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶** _____
THE ORGANIZATION - 516-767-6856
5 CHANNEL DRIVE, PORT WASHINGTON, NY 11050

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANET B. SCHABERG FOUNDER	2.00	X						0.	0.	0.
BARBARA DONNO TRUSTEE	2.00	X						0.	0.	0.
PAUL J. SALERNO, CPA TREASURER	2.00	X		X				0.	0.	0.
THOMAS J. KILLEEN, ESQ. CHAIRMAN	2.00	X						0.	0.	0.
PAUL EIBELER VICE CHAIRMAN	2.00	X						0.	0.	0.
MICHAEL PUNTILLO, JR TRUSTEE	2.00	X						0.	0.	0.
SYDNEY JACOFF LIFETIME TRUSTEE	2.00	X						0.	0.	0.
BONNIE DORAN TRUSTEE	2.00	X						0.	0.	0.
LINDA CRONIN SECRETARY	2.00	X		X				0.	0.	0.
MADelyn DUBINER TRUSTEE	2.00	X						0.	0.	0.
THOMAS B. MCGEARY TRUSTEE	2.00	X						0.	0.	0.
ALBERT J. MEYER TRUSTEE	2.00	X						0.	0.	0.
PETER SCOTESE HONORARY TRUSTEE	2.00	X						0.	0.	0.
FRED JENNY EXECUTIVE DIRECTOR	40.00				X			47,917.	0.	0.

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	149,250.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	257,630.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	348,930.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		755,810.			
	Program Service Revenue	2 a PROGRAM INCOME	Business Code 624100	142,563.	142,563.	
b PRODUCT INCOME		900099	5,092.	5,092.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			147,655.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,960.	10,960.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less. rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 149,250. of contributions reported on line 1c) See Part IV, line 18	a	323,560.			
		b Less direct expenses	b	115,626.		
c Net income or (loss) from fundraising events			207,934.	207,934.		
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,122,359.	366,549.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	47,917.	40,729.	3,594.	3,594.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	651,946.	575,397.	19,746.	56,803.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	72,440.	63,773.	2,416.	6,251.
10 Payroll taxes	66,173.	58,256.	2,206.	5,711.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,000.	9,350.	825.	825.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,130.	11,130.		
20 Interest	1,062.	882.	180.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,809.	30,437.	2,686.	2,686.
23 Insurance	27,465.	23,345.	2,060.	2,060.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OFFICE, OPERATING AND A	312,883.	275,597.	18,152.	19,134.
b PRINTING	71,051.	60,393.	5,329.	5,329.
c POSTAGE	24,874.	21,144.	1,865.	1,865.
d FOOD & ENTERTAINMENT	15,600.	7,992.	149.	7,459.
e OTHER COUNSELING PERSON	9,910.	9,910.	0.	0.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,359,260.	1,188,335.	59,208.	111,717.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	47,049.	1	1,923.
	2	Savings and temporary cash investments	1,019,994.	2	851,047.
	3	Pledges and grants receivable, net	80,735.	3	118,400.
	4	Accounts receivable, net	45,609.	4	35,851.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,868.	9	9,218.
	10a	Land, buildings, and equipment cost basis	1,422,892.		
	b	Less accumulated depreciation Complete Part VI of Schedule D	490,321.	10c	932,571.
	11	Investments - publicly traded securities	968,380.	11	7,039.
	12	Investments - other securities See Part IV, line 11	8,043.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,183,678.	16	1,956,049.	
Liabilities	17	Accounts payable and accrued expenses	37,867.	17	46,069.
	18	Grants payable		18	
	19	Deferred revenue	4,148.	19	6,222.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	42,015.	26	52,291.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,835,663.	27	1,597,758.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	306,000.	29	306,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,141,663.	33	1,903,758.	
34	Total liabilities and net assets/fund balances	2,183,678.	34	1,956,049.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1362842.	1281007.	1306016.	1475563.	1079370.	6504798.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1362842.	1281007.	1306016.	1475563.	1079370.	6504798.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						264,307.
6 Public Support. Subtract line 5 from line 4						6240491.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1362842.	1281007.	1306016.	1475563.	1079370.	6504798.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,371.	42,593.	50,136.	34,268.	10,960.	158,328.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			1,000.			1,000.
11 Total support. Add lines 7 through 10						6664126.
12 Gross receipts from related activities, etc (see instructions)					12	897,794.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.64 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	90.54 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

LONG ISLAND ALZHEIMER'S FOUNDATION, INC.

Employer identification number

11-2926958

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		150,000.		150,000.
b Buildings		1,052,595.	284,772.	767,823.
c Leasehold improvements				
d Equipment		41,537.	32,601.	8,936.
e Other		178,760.	172,948.	5,812.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				932,571.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		GOLF OUTING (event type)	REMEMBRANCE BALL (event type)	NONE (total number)	
Revenue	1	Gross receipts	132,710.	340,100.	472,810.
	2	Less Charitable contributions	49,250.	100,000.	149,250.
	3	Gross revenue (line 1 minus line 2)	83,460.	240,100.	323,560.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	34,000.	54,396.	88,396.
	7	Other direct expenses	3,479.	23,751.	27,230.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(115,626.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			207,934.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain. _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

LONG ISLAND ALZHEIMER'S FOUNDATION, INC.

Employer identification number

11-2926958

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASE-AND THEIR CAREGIVERS.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE TAX RETURN BEFORE THE RETURN IS SIGNED AND FILED WITH THE INTERNAL REVENUE SERVICE. AS PART OF THIS REVIEW, THE BOARD COMPARES ALL FINANCIAL AMOUNTS WITH THE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS THEIR CONFLICT OF INTEREST POLICY AT THEIR MONTHLY BOARD MEETINGS. THE POLICY IS ENFORCED ON AN ONGOING BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION CONSULTS WITH AN INDEPENDENT 3RD PARTY THAT SPECIALIZES IN PROVIDING THESE TYPES OF SERVICES TO NONPROFIT ORGANIAZTIONS.

FORM 990, PART VI, SECTION C, LINE 19: ALL PUBLIC DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADDRESS OF OPERATIONS.

THE PROCESS THE ORGANIZATION FOLLOWS FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT, AS WELL AS THE PROCEDURES FOLLOWED TO PROVIDE THE NECESSARY OVERSIGHT FOR THE FINANCIAL STATEMENT AUDIT HAS NOT CHANGED FROM THE PREVIOUS YEAR.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ 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 10** Identifying number: **11-2926958**

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
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	800,000.
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 the 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 2007 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 2009 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 for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	34,854.

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 2008	17	955.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 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						
c 7-year property						
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 2008 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	35,809.
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 the 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 qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				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 the 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
42 Amortization of costs that begins during your 2008 tax year.					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Long Island Alzheimer's Foundation, Inc.

FINANCIAL STATEMENTS

July 31, 2009

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Long Island Alzheimer's Foundation, Inc.

We have audited the accompanying statement of financial position of Long Island Alzheimer's Foundation, Inc., (a non-profit organization) as of July 31, 2009 and the related statements of activities, functional expenses by natural classification, cash flows and the related statement of functional expenses by natural classification - schedule of program services for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from Long Island Alzheimer's Foundation, Inc.'s July 31, 2008 financial statements and in our report dated November 25, 2008, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Long Island Alzheimer's Foundation, Inc. as of July 31, 2009, and changes in its net assets, and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Sheehan & Company, CPA PC

January 14, 2010

Long Island Alzheimer's Foundation, Inc.

STATEMENT OF FINANCIAL POSITION

July 31, 2009

With Summarized Financial Information at July 31, 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Cash	\$ 2,082	\$ 61,846
Investments, at market	7,039	8,043
Program income receivable	25,601	15,659
Other receivables	10,250	29,950
Unconditional promises to give	-	9,704
Grants receivable	118,400	71,031
Prepaid expenses and other assets	9,218	13,868
Cash designated for endowment fund	544,888	699,197
Cash restricted for endowment fund	306,000	306,000
Fixed assets, net of accumulated depreciation	<u>932,571</u>	<u>968,380</u>
Total assets	<u>\$ 1,956,049</u>	<u>\$ 2,183,678</u>
Liabilities:		
Accounts and accrued expenses payable	\$ 46,069	\$ 37,867
Deferred revenue	<u>6,222</u>	<u>4,148</u>
Total liabilities	<u>52,291</u>	<u>42,015</u>
Net assets:		
Unrestricted:		
General operating - undesignated	120,299	168,086
Board designated - fixed assets	932,571	968,380
Board designated - endowment fund	<u>544,888</u>	<u>699,197</u>
Total unrestricted	<u>1,597,758</u>	<u>1,835,663</u>
Restricted:		
Temporarily restricted	-	-
Permanently restricted	<u>306,000</u>	<u>306,000</u>
Total restricted	<u>306,000</u>	<u>306,000</u>
Total net assets	<u>1,903,758</u>	<u>2,141,663</u>
Total liabilities and net assets	<u>\$ 1,956,049</u>	<u>\$ 2,183,678</u>

See accompanying notes to the financial statements

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Long Island Alzheimer's Foundation, Inc.

STATEMENT OF ACTIVITIES

For the Year Ended July 31, 2009
With Summarized Financial Information for the Year Ended July 31, 2008

	2009			2008			
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Revenue and other support:							
Contributions and events	\$ 805,738	\$ -	\$ -	\$ 1,258,054	\$ -	\$ -	\$ 1,258,054
Program income	142,563	-	-	136,888	-	-	136,888
Grants	273,632	-	-	217,509	-	-	217,509
Investment income	9,956	-	-	34,026	-	-	34,026
Sales of resource materials	5,092	-	-	1,593	-	-	1,593
In-kind donations	-	-	-	14,310	-	-	14,310
Total revenue and other support	<u>1,236,981</u>	<u>-</u>	<u>-</u>	<u>1,662,380</u>	<u>-</u>	<u>-</u>	<u>1,662,380</u>
Expenses:							
Program services	1,188,335	-	-	1,401,857	-	-	1,401,857
Management and general	59,208	-	-	60,054	-	-	60,054
Fundraising	227,343	-	-	317,803	-	-	317,803
Total expenses	<u>1,474,886</u>	<u>-</u>	<u>-</u>	<u>1,779,714</u>	<u>-</u>	<u>-</u>	<u>1,779,714</u>
Change in net assets	<u>(237,905)</u>	<u>-</u>	<u>-</u>	<u>(117,334)</u>	<u>-</u>	<u>-</u>	<u>(117,334)</u>
Net assets - beginning of year	<u>1,835,663</u>	<u>-</u>	<u>306,000</u>	<u>1,952,997</u>	<u>-</u>	<u>306,000</u>	<u>2,258,997</u>
Net assets - end of year	<u>\$ 1,597,758</u>	<u>\$ -</u>	<u>\$ 306,000</u>	<u>\$ 1,835,663</u>	<u>\$ -</u>	<u>\$ 306,000</u>	<u>\$ 2,141,663</u>

See accompanying notes to the financial statements

Long Island Alzheimer's Foundation, Inc.

STATEMENT OF FUNCTIONAL EXPENSES BY NATURAL CLASSIFICATION

For the Year Ended July 31, 2009
With Summarized Financial Information for the Year Ended July 31, 2008

	2009			2008				
	Program Services	Management and General	Fundraising	Total	Program Services	Management and General	Fundraising	Total
Payroll costs	\$ 616,126	\$ 23,340	\$ 60,397	\$ 699,863	\$ 827,562	\$ 23,102	\$ 91,015	\$ 941,679
Payroll taxes	58,256	2,206	5,711	66,173	69,042	2,082	7,440	78,564
Medical insurance	63,773	2,416	6,251	72,440	67,424	2,033	7,266	76,723
Printing	60,393	5,329	5,329	71,051	70,518	5,310	24,730	100,558
Postage	21,144	1,865	1,865	24,874	31,793	188	6,712	38,693
Events and food costs	7,992	149	117,824	125,965	6,823	2,148	155,449	164,420
Other counseling personnel	9,910	-	-	9,910	15,040	-	-	15,040
Office operating and administrative costs	285,829	19,157	25,220	330,206	231,921	20,464	20,464	272,849
Insurance	23,345	2,060	2,060	27,465	23,285	2,054	2,054	27,393
Conference and workshops	11,130	-	-	11,130	28,155	-	-	28,155
Depreciation	30,437	2,686	2,686	35,809	30,294	2,673	2,673	35,640
Total	\$ 1,188,335	\$ 59,208	\$ 227,343	\$ 1,474,886	\$ 1,401,857	\$ 60,054	\$ 317,803	\$ 1,779,714

See accompanying notes to the financial statements

Long Island Alzheimer's Foundation, Inc.

**STATEMENT OF FUNCTIONAL EXPENSES BY NATURAL CLASSIFICATION -
SCHEDULE OF PROGRAM SERVICES**

For the Year Ended July 31, 2009
With Summarized Financial Information for the Year Ended July 31, 2008

	<u>Social Day Programs</u>	<u>In-Home Respite</u>	<u>Early Stage Programs</u>	<u>Conferences & Workshops</u>	<u>Support Groups</u>	<u>2009</u>	<u>Total</u>	<u>2008</u>
Payroll costs	\$ 191,089	\$ 184,187	\$ 109,373	\$ 65,740	\$ 65,737	\$ 616,126	\$	\$ 827,562
Payroll taxes	18,069	17,415	10,340	6,216	6,216	58,256		69,042
Medical insurance	19,779	19,065	11,321	6,804	6,804	63,773		67,424
Printing	9,059	9,059	9,059	24,157	9,059	60,393		70,518
Postage	3,172	3,172	3,172	8,456	3,172	21,144		31,793
Events and food costs	1,198	1,199	1,199	3,197	1,199	7,992		6,823
Other counseling personnel	3,151	2,836	1,735	1,094	1,094	9,910		15,040
Office operating and administrative costs	57,165	57,166	57,166	57,166	57,166	285,829		231,920
Insurance	4,669	4,669	4,669	4,669	4,669	23,345		23,285
Conference and workshops	-	-	-	11,130	-	11,130		28,155
Depreciation	6,089	6,087	6,087	6,087	6,087	30,437		30,295
Total 2009	<u>\$ 313,440</u>	<u>\$ 304,855</u>	<u>\$ 214,121</u>	<u>\$ 194,716</u>	<u>\$ 161,203</u>	<u>\$ 1,188,335</u>	<u>\$</u>	<u>\$ 1,401,857</u>
Total 2008	<u>\$ 407,145</u>	<u>\$ 315,244</u>	<u>\$ 256,646</u>	<u>\$ 239,129</u>	<u>\$ 183,693</u>	<u>\$</u>	<u>\$</u>	<u>\$ 1,401,857</u>

See accompanying notes to the financial statements

Long Island Alzheimer's Foundation, Inc.

STATEMENT OF CASH FLOWS

For the Year Ended July 31, 2009

With Summarized Financial Information for the Year Ended July 31, 2008

	<u>2009</u>	<u>2008</u>
Cash flows from operating activities:		
Change in net assets	\$ (237,905)	\$ (117,334)
Adjustments to reconcile changes in net assets to net cash provided (used) by operating activities:		
Depreciation	35,809	35,640
Donated investments	-	(14,310)
Net unrealized (gain) loss on investments	1,004	371
Net (gain) loss on sale of investments	-	(129)
(Increase) decrease in operating assets:		
Program income receivable	(9,942)	14,417
Other receivables	19,700	3,000
Unconditional promises to give	9,704	92,196
Grants receivable	(47,369)	97,199
Prepaid expenses and other assets	4,650	810
Increase (decrease) in operating liabilities:		
Accounts and accrued expenses payable	8,202	(10,818)
Deferred revenue	2,074	(26,896)
Net cash provided (used) by operating activities	<u>(214,073)</u>	<u>74,146</u>
Cash flows from investing activities:		
Sale of securities	-	6,025
Purchases of fixed assets	-	(16,977)
Net cash provided (used) by investing activities	<u>-</u>	<u>(10,952)</u>
Cash flows from financing activities:		
Proceeds from line of credit	35,000	-
Payments on line of credit	(35,000)	-
Net cash provided (used) by financing activities	<u>-</u>	<u>-</u>

See accompanying notes to the financial statements

Long Island Alzheimer's Foundation, Inc.

STATEMENT OF CASH FLOWS

For the Year Ended July 31, 2009

With Summarized Financial Information for the Year Ended July 31, 2008

	<u>2009</u>	<u>2008</u>
Net increase (decrease) in cash	\$ (214,073)	\$ 63,194
Cash - beginning of year	<u>1,067,043</u>	<u>1,003,849</u>
Cash - end of year	<u>\$ 852,970</u>	<u>\$ 1,067,043</u>
Supplemental disclosure of cash flow information:		
Cash paid for:		
Interest	<u>\$ 913</u>	<u>\$ -</u>
Non-cash investing activity:		
In-kind donation	<u>\$ -</u>	<u>\$ 14,310</u>

See accompanying notes to the financial statements

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Sheehan
& COMPANY

Long Island Alzheimer's Foundation, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Organization and summary of significant accounting policies:

Organization: Since its creation in 1988, Long Island Alzheimer's Foundation, Inc. (the Organization) has served as a lifeline to more than 1,000 individuals annually with Alzheimer's disease and their families in Nassau, Suffolk, Brooklyn and Queens. Additionally, the Organization receives requests for information each month and each request is promptly answered with up-to-date information about diagnosis and treatment; compassionate counseling; referrals to community based services, home health agencies, medical, healthcare and geriatric professionals; and information about the Organization's programs and events. The Organization receives a significant portion of its support from private contributions, grants and fundraising events.

Financial statement presentation: The Organization's financial statements have been prepared using the accrual basis of accounting. As required under accounting principles generally accepted in the United States of America, the Organization's financial statements distinguish between unrestricted, temporarily restricted, and permanently restricted net assets and changes in net assets. The Organization's net assets consist of the following:

Unrestricted - Net assets of the Organization, which have not been restricted by an outside donor or by law and, therefore, are available for use in carrying out the operations of the Organization. As of July 31, 2009 and 2008, the Board of Directors had designated \$932,571 and \$968,380, respectively, as fixed assets and \$544,888 and \$699,197, respectively, as endowment fund. The purpose of these funds is to help accomplish the long-term goals of the Organization. Restricted funds, whose restrictions are met in the same reporting period, are reported as unrestricted support.

Temporarily restricted - Net assets of the Organization which have been limited by donor imposed stipulations or by law that either expire with the passage of time or can be fulfilled and removed by the actions of the Organization pursuant to those stipulations. At July 31, 2009 and 2008, there were no amounts considered to be temporarily restricted net assets.

Permanently restricted - Net assets of the Organization which donors have stipulated are to remain intact so that only the investment income can be utilized for operating purposes. The Organization has endowment funds of \$306,000 at July 31, 2009 and 2008.

Long Island Alzheimer's Foundation, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Organization and summary of significant accounting policies (continued):

Investment income and net realized and unrealized gains (losses): Investment income and net realized and unrealized gains (losses) on permanently restricted endowments are recorded as increases (decreases) to unrestricted net assets in the absence of donor imposed restrictions on such income.

Contributions: As prescribed by accounting principles generally accepted in the United States of America, contributions received, including unconditional promises to give, are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are received. Restricted net assets are reclassified to unrestricted net assets upon satisfaction of the time or purpose restrictions. Restricted contributions are recorded as unrestricted support when donor imposed restrictions expire or are satisfied in the same reporting period for which they were received.

A significant portion of the Organization's revenue is derived from an annual fundraising event. The Organization received approximately \$340,100 and \$683,000, respectively, of contributions from the Remembrance Balls held in November 2009 and 2008. During the years ended July 31, 2009 and 2008, the Organization received contributions from Directors and/or their affiliated organizations of \$276,945 and \$195,447, respectively.

Comparative information: The financial statements include certain prior year summarized comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended July 31, 2008, from which the summarized information was derived.

Cash: The Organization considers all highly liquid debt instruments purchased with maturities of six months or less to be cash.

For the year ended July 31, 2009, cash included \$-0- held by banking institutions, \$1,116 invested in money market accounts yielding 0.10% and Treasury Bills valued at \$849,772, which were scheduled to mature in October 2009.

For the year ended July 31, 2008, cash included \$50,817 held by banking institutions, \$16,726 invested in money market accounts yielding 1.40% and Treasury Bills valued at \$999,500, which were scheduled to mature in August 2008.

Long Island Alzheimer's Foundation, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Organization and summary of significant accounting policies (continued):

Concentration of credit risk: The Organization's financial instruments that are exposed to concentrations of credit risk consist primarily of cash deposited in financial institutions. The Organization deposits its cash with high credit quality institutions. At times, such amounts may be in excess of the Federal Deposit Insurance Corporation and Securities Investor Protection Corporation insurance limits.

Receivables and allowance for doubtful accounts: Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. Receivables consist of program fees and awarded grants. Bad debts are recognized on the allowance method based on historical experience and management's evaluation of outstanding receivables and unconditional promises to give. Receivables are considered impaired if full principal payments are not received in accordance with contractual terms. The allowance for doubtful accounts is \$-0- for the years ended July 31, 2009 and 2008.

Investments: In accordance with generally accepted accounting principles in the United States, the Organization's investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the Statement of Financial Position. Realized and unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

The Organization maintains their investments with reputable financial institutions. At times, the Organization's investments may be in excess of the Federal Deposit Insurance Corporation and Securities Investor Protection Corporation insurance limits.

Fair value measurements: As required by accounting principles generally accepted in the United States of America, the Organization reports the fair value of assets and liabilities based on an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical investments that the Organization has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the investment, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the investment.

Long Island Alzheimer's Foundation, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Organization and summary of significant accounting policies (continued):

Fair value measurements (continued): The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Fixed assets: Fixed assets are carried at cost or, if donated, at the estimated fair value at the date of donation. Depreciation is computed using the straight line or double declining balance method over the estimated useful lives of the assets. Repairs and maintenance charges, which do not increase the useful lives of assets, are charged to operations as incurred and betterments that materially prolong the useful lives of the assets are capitalized.

Donated services: A number of volunteers have donated their time to the Organization. The Organization does not recognize any support, revenue or expense from this type of contributed general non-specific services by its volunteers since no special skills are required to perform these volunteer services.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Functional allocation of expenses: The costs of providing the program service and other activities have been summarized on a functional basis in the Statement of Activities. Accordingly, certain costs have been allocated among the program and supporting services benefited.

Fair value of financial statements: The fair values of substantially all reported assets and liabilities, which represent financial instruments (none of which are held for trading purposes), approximate the carrying values of such amounts.

Income taxes: The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and, therefore, has made no provision for federal income taxes in the accompanying financial statements. The Organization has been classified as an organization that is not a private foundation within the meaning of Section 509(a)(1) of the Code.

Advertising expense: Advertising costs are expensed as incurred.

Long Island Alzheimer's Foundation, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Organization and summary of significant accounting policies (continued):

Subsequent events: Subsequent events have been evaluated through January 14, 2010, which is the date the financial statements were available to be issued.

2. Investments:

Investments consist of corporate stocks and are stated at fair value based on quoted prices in active markets (all Level 1 measurements) and are summarized as follows as July 31, 2009 and 2008:

	<u>Cost</u>	<u>Quoted Market Price in Active Markets (Level 1 input)</u>
2009		
Unrestricted:		
Exxon Mobil Corp.	<u>\$8,414</u>	<u>\$7,039</u>
Total	<u>\$8,414</u>	<u>\$7,039</u>
2008		
Unrestricted:		
Exxon Mobil Corp.	<u>\$8,414</u>	<u>\$8,043</u>
Total	<u>\$8,414</u>	<u>\$8,043</u>

The financial assets and liabilities valued using Level 1 inputs are based upon quoted market prices within active markets. There were no assets or liabilities measured using Level 2 or Level 3 inputs. Valuation techniques utilized to determine fair value are consistently applied.

For the years ended July 31, 2009 and 2008, investment income includes the following:

	<u>2009</u>	<u>2008</u>
Interest and dividends	\$10,960	\$34,268
Unrealized gain (loss)	(1,004)	(371)
Realized gain (loss)	<u>-</u>	<u>129</u>
Total investment income	<u>\$ 9,956</u>	<u>\$34,026</u>

Long Island Alzheimer's Foundation, Inc.

NOTES TO FINANCIAL STATEMENTS

3. Fixed assets:

Fixed assets consist of the following at July 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>	<u>Estimated Useful Life</u>
Land	\$ 150,000	\$ 150,000	-
Building	857,476	857,476	39 Years
Building improvements	195,119	195,119	39 Years
Furniture, fixtures and equipment	178,760	178,760	5-7 Years
Other	<u>41,537</u>	<u>41,537</u>	5-7 Years
	1,422,892	1,422,892	
Less: accumulated depreciation	<u>490,321</u>	<u>454,512</u>	
	<u>\$ 932,571</u>	<u>\$ 968,380</u>	

4. Unconditional promises to give:

Unconditional promises to give at July 31, 2009 and 2008, in the amounts of \$-0- and \$9,704, respectively, are due within one year.

5. Line of credit:

At July 31, 2009 and 2008, the Organization had available a secured line of credit for direct borrowings with Capital One Bank of \$50,000. The agreement provides for interest to be paid monthly at 0.5% above the bank's prime lending rate. Both the bank and the Organization reserve to right to cancel this line of credit at anytime of their choosing with all unpaid amounts due in thirty-six monthly installments at 2.5% above the bank's prime lending rate. The line is secured by a blanket lien on all assets held on account with Capital One Bank. At July 31, 2009 and 2008, there were no amounts outstanding on the line of credit.

6. Pension benefit plan:

The Organization maintains a voluntary Supplemental Salary Reduction Plan (403(b)), where a portion of an employee's compensation before taxes can be contributed toward the purchase of a supplementary annuity. The Organization does not contribute funds to the plan.

Long Island Alzheimer's Foundation, Inc.

NOTES TO FINANCIAL STATEMENTS

7. **Compensated absences:**

Employees of the Organization are entitled to paid vacation, paid sick days and personal days off, depending on job classification, length of service and other factors. It is impractical to estimate the amount of compensation for future absences and, accordingly, no liability has been recorded in the accompanying financial statements. The Organization's policy is to recognize the costs of compensated absences when actually paid to employees.

8. **Reclassifications:**

Certain amounts for the year ended July 31, 2008 have been reclassified to conform with the presentation of the July 31, 2009 amounts. The reclassifications have no effect on net assets for the year ended July 31, 2008.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization LONG ISLAND ALZHEIMER'S FOUNDATION, INC.	Employer identification number 11-2926958
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 5 CHANNEL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PORT WASHINGTON, NY 11050	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

FRED JENNY EXECUTIVE DIRECTOR

- The books are in the care of ▶ **5 CHANNEL DRIVE, PORT WASHINGTON, NY - 11050**
Telephone No ▶ **516-767-6856** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MARCH 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **AUG 1, 2008**, and ending **JUL 31, 2009**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.