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**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>AMERICAN LYME DISEASE FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>13-3601933</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>MILL POND OFFICES - 293 ROUTE 100</b>		<b>E</b> Telephone number <b>914-277-6970</b>
		City or town state or country and ZIP <b>SOMERS, NY 10589</b>		<b>F</b> Check <input type="checkbox"/> if application pending

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

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

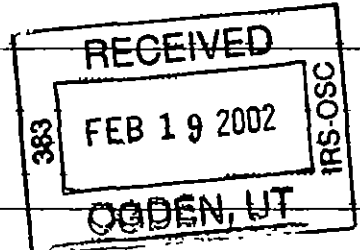
**J** Accounting method  Cash  Accrual  Other (specify) ▶

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

(H and I are not applicable to section 527 orgs )  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes" enter number of affiliates ▶  
**H(c)** Are all affiliates included? N/A  Yes  No (If "No" attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no (GEN) ▶  
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	206,537.		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	-26,182.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 180,355. noncash \$ )			<b>1d</b>	180,355.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	11,144.
	<b>5</b> Dividends and interest from securities			<b>5</b>	
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
		<b>8a</b>			
		<b>8b</b>			
		<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c columns (A) and (B))			<b>8d</b>		
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ 0. of contributions reported on line 1a)	<b>9a</b>	226,449.			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	94,797.			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 1	<b>9c</b>	131,652.	
<b>10 a</b> Gross sales of inventory less returns and allowances					
	<b>b</b> Less cost of goods sold	<b>10a</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10b</b>		<b>10c</b>	
<b>11</b> Other revenue (from Part VII line 103)			<b>11</b>	17,649.	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	340,800.	
Expenses	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	353,046.
	<b>14</b> Management and general (from line 44 column (C))			<b>14</b>	66,192.
	<b>15</b> Fundraising (from line 44 column (D))			<b>15</b>	22,071.
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	441,309.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	-100,509.	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73 column (A))			<b>19</b>	348,302.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	0.
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	247,793.



**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages	190,991.	152,793.	28,648.	9,550.
27	Pension plan contributions	7,435.	5,948.	1,115.	372.
28	Other employee benefits	38,484.	30,787.	5,773.	1,924.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	9,851.	7,881.	1,477.	493.
33	Supplies	4,769.	3,815.	715.	239.
34	Telephone	8,912.	7,130.	1,336.	446.
35	Postage and shipping	6,919.	5,535.	1,038.	346.
36	Occupancy	29,934.	23,947.	4,490.	1,497.
37	Equipment rental and maintenance	8,149.	6,519.	1,222.	408.
38	Printing and publications	13,005.	10,404.	1,951.	650.
39	Travel	2,708.	2,166.	406.	136.
40	Conferences, conventions and meetings	3,048.	2,438.	457.	153.
41	Interest				
42	Depreciation depletion etc (attach schedule)	9,412.	7,530.	1,412.	470.
43	Other expenses (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 2	107,692.	86,153.	16,152.	5,387.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) (D) carry these totals to lines 13-15	441,309.	353,046.	66,192.	22,071.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_ (iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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

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

a	THE AGENCY IS ENGAGED IN EDUCATING THE PUBLIC AND MEDICAL PROFESSIONS AND SPONSORING RESEARCH REGARDING LYME DISEASE.	(Grants and allocations \$ _____)	353,046.
b	_____	(Grants and allocations \$ _____)	
c	_____	(Grants and allocations \$ _____)	
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B) Program services)		353,046.

**Part IV Balance Sheets**

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	366,587.	208,053.
	46 Savings and temporary cash investments	1,961.	
	47 a Accounts receivable	96,691.	
	b Less allowance for doubtful accounts	20,000.	96,691.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	1,954.	1,911.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55 a Investments - land, buildings, and equipment basis		
b Less accumulated depreciation			
56 Investments - other			
57 a Land buildings and equipment basis	112,994.		
b Less accumulated depreciation STMT 4	93,563.	19,431.	
58 Other assets (describe )			
59 Total assets (add lines 45 through 58) (must equal line 74)	419,345.	326,086.	
Liabilities	60 Accounts payable and accrued expenses	71,043.	78,293.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers directors, trustees and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe )		
66 Total liabilities (add lines 60 through 65)	71,043.	78,293.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	280,717.	209,696.
	68 Temporarily restricted	67,585.	38,097.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock trust principal, or current funds		
	71 Paid-in or capital surplus, or land building and equipment fund		
	72 Retained earnings endowment accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)	348,302.	247,793.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	419,345.	326,086.	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue gains, and other support per audited financial statements 340,800. Row b: Amounts included on line a but not on line 12 Form 990. Row c: Line a minus line b 340,800. Row d: Amounts included on line 12, Form 990 but not on line a. Row e: Total revenue per line 12, Form 990 (line c plus line d) 340,800.

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements 441,309. Row b: Amounts included on line a but not on line 17, Form 990. Row c: Line a minus line b 441,309. Row d: Amounts included on line 17, Form 990 but not on line a. Row e: Total expenses per line 17, Form 990 (line c plus line d) 441,309.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: SEE ATTACHED LIST, 0, 0, 0.

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures direct or indirect as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
90 a	List the states with which a copy of this return is filed <u>NEW YORK, CONNECTICUT AND NEW JERSEY</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 <u>5</u>	90b		5
91	The books are in care of <u>VICKI P ACCUMANNO</u> Telephone no <u>(914) 277-6970</u> Located at <u>MILL POND OFFICES, 293 ROUTE 100, SOMERS, NY</u> ZIP code <u>10589</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92		N/A

Part VII Analysis of Income-Producing Activities

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue (MISCELLANEOUS, SALE OF MATERIALS), 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No, Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Entry: SEE STATEMENT 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Entry: N/A

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization during the year receive any funds directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization during the year pay premiums, directly or indirectly, on a personal benefit contract?

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Declaration and signature section. Includes: Under penalties of perjury I declare that I have examined this return... Signature of officer: [Signature], Date: 2/11/02, Type or print name and title: CHAIR, AMERICAN LYME DISEASE FOUNDATION. Preparer's signature: [Signature], Date: 2/6/02, Preparer's SSN or PTIN: 132-32-0976. Firm name: BENNETT KIELSON STORCH DESANTIS & CO LLP, 1 BARKER AVENUE, WHITE PLAINS, NY 10601.

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information**

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

OMB No 1545-0047

**2000**

Name of the organization

AMERICAN LYME DISEASE FOUNDATION INC

Employer identification number

13 3601933

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID WELD -----	EXECUTIVE DIR 40	87,000.	3,386.	
VICKI P ACCUMANNO -----	40	66,000.	2,569.	
-----				
-----				
-----				
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-----				
Total number of other employees paid over \$50,000 ▶	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	



**Part III Statements About Activities**

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

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

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

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

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

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

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	189,438.	292,252.	398,686.	286,416.	1,166,792.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	169,328.	308,834.	SEE STATEMENT 6		478,162.
<b>23</b> Total of lines 15 through 22	358,766.	601,086.	398,686.	286,416.	1,644,954.
<b>24</b> Line 23 minus line 17	358,766.	601,086.	398,686.	286,416.	1,644,954.
<b>25</b> Enter 1% of line 23	3,588.	6,011.	3,987.	2,864.	
<b>26</b> Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					26a 32,899.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.	SEE STATEMENT 7				26b 121,452.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,644,954.
d Add Amounts from column (e) for lines	18	19			
	22	26b	478,162.	121,452.	26d 599,614.
e Public support (line 26c minus line 26d total)					26e 1,045,340.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 63.5483%
<b>27</b> Organizations described on line 12					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year.	(1999)	(1998)	(1997)	(1996)	
	N/A				
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(1999)	(1998)	(1997)	(1996)	
	N/A				
c Add Amounts from column (e) for lines	15	16			
	17	20	21		27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28</b> Unusual Grants. For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)	NONE				

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

N/A

Yes No

<p><b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument or in a resolution of its governing body?</p>	<p><b>29</b></p>		
<p><b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?</p>	<p><b>30</b></p>		
<p><b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?                      If "Yes" please describe if "No" please explain (If you need more space attach a separate statement )</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>31</b></p>		
<p><b>32</b> Does the organization maintain the following</p> <p><b>a</b> Records indicating the racial composition of the student body, faculty and administrative staff?</p> <p><b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p> <p><b>c</b> Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions programs and scholarships?</p> <p><b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?                      If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )</p> <p>_____</p> <p>_____</p>	<p><b>32a</b></p> <p><b>32b</b></p> <p><b>32c</b></p> <p><b>32d</b></p>		
<p><b>33</b> Does the organization discriminate by race in any way with respect to</p> <p><b>a</b> Students' rights or privileges?</p> <p><b>b</b> Admissions policies?</p> <p><b>c</b> Employment of faculty or administrative staff?</p> <p><b>d</b> Scholarships or other financial assistance?</p> <p><b>e</b> Educational policies?</p> <p><b>f</b> Use of facilities?</p> <p><b>g</b> Athletic programs?</p> <p><b>h</b> Other extracurricular activities?                      If you answered "Yes" to any of the above, please explain (If you need more space attach a separate statement )</p> <p>_____</p> <p>_____</p>	<p><b>33a</b></p> <p><b>33b</b></p> <p><b>33c</b></p> <p><b>33d</b></p> <p><b>33e</b></p> <p><b>33f</b></p> <p><b>33g</b></p> <p><b>33h</b></p>		
<p><b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?</p> <p><b>b</b> Has the organization's right to such aid ever been revoked or suspended?                      If you answered "Yes" to either 34a or b, please explain using an attached statement</p>	<p><b>34a</b></p> <p><b>34b</b></p>		
<p><b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No" attach an explanation</p>	<p><b>35</b></p>		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

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

N/A

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

(a)  
Affiliated group  
totals

(b)  
To be completed for all  
electing organizations

N/A

- 36 Total lobbying expenditures to influence public opinion (grassroots lobbying)  
 37 Total lobbying expenditures to influence a legislative body (direct lobbying)  
 38 Total lobbying expenditures (add lines 36 and 37)  
 39 Other exempt purpose expenditures  
 40 Total exempt purpose expenditures (add lines 38 and 39)  
 41 Lobbying nontaxable amount Enter the amount from the following table -  
 If the amount on line 40 is - The lobbying nontaxable amount is -  
 Not over \$500 000 20% of the amount on line 40  
 Over \$500 000 but not over \$1,000 000 \$100 000 plus 15% of the excess over \$500 000  
 Over \$1 000 000 but not over \$1 500 000 \$175 000 plus 10% of the excess over \$1 000 000  
 Over \$1 500 000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1 500 000  
 Over \$17 000 000 \$1 000 000  
 42 Grassroots nontaxable amount (enter 25% of line 41)  
 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36  
 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

36		
37		
38		
39		
40		
41		
42		
43		
44		

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

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

N/A

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

N/A

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members legislators or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs government officials or a legislative body
- h Rallies demonstrations, seminars conventions speeches, lectures or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule. N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B STATEMENT 7

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

<u>CONTRIBUTOR'S NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>EXCESS CONTRIBUTION</u>
	88,383.	55,484.
	73,383.	40,484.
	58,383.	25,484.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		<u>121,452.</u>

AMERICAN LYME DISEASE FOUNDATION, INC

SUPPLEMENTAL SCHEDULES  
 Years Ended June 30, 2001 and 2000

	2001		
	Revenue	Expenses	Net
<b>Restricted Revenue and Expenses</b>			
	\$ -	\$ -	\$ -
	-	10,000	(10,000)
Restricted support	-	-	-
Four Poster Deer Feeder	-	146	(146)
Grant-CDC	34,191	25,542	8,649
BSA Program	-	1,570	(1,570)
Hispanic community program	8,750	11,954	(3,204)
Research fund	25,505	59,416	(33,911)
PR-radio spots	42,000	28,000	14,000
	<u>42,000</u>	<u>28,000</u>	<u>14,000</u>
<b>Total Restricted Revenue and Expenses</b>	<u>\$ 110,446</u>	<u>\$ 136,628</u>	<u>\$ (26,182)</u>
<b>Special Events/Projects</b>			
NYC benefit	\$ 225,538	\$ 90,422	\$ 135,116
Computerized database	-	895	(895)
Appalachian trail walk	-	-	-
AT Walk	868	5,027	(4,159)
Conferences	43	(1,547)	1,590
	<u>43</u>	<u>(1,547)</u>	<u>1,590</u>
<b>Total Special Events</b>	<u>\$ 226,449</u>	<u>\$ 94,797</u>	<u>\$ 131,652</u>

2000

<u>Revenue</u>	<u>Expenses</u>	<u>Net</u>
\$ 10,000	\$ 20,000	\$ (10,000)
-	-	-
-	3,876	(3,876)
-	-	-
-	-	-
-	-	-
16,000	-	16,000
110,145	65,874	44,271
-	-	-
<u>\$ 136,145</u>	<u>\$ 89,750</u>	<u>\$ 46,395</u>

\$ 266,909	\$ 105,019	\$ 161,890
500	3,190	(2,690)
19,413	4,163	15,250
-	-	-
2,900	8,022	(5,122)
<u>\$ 289,722</u>	<u>\$ 120,394</u>	<u>\$ 169,328</u>



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC 179 Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	OFFICE EQUIPMENT	010192SL		5.00	19	35,000.			35,000.	35,000.		0.
2	OFFICE EQUIPMENT	041895SL		5.00	19	2,543.			2,543.	2,543.		0.
3	OFFICE EQUIPMENT	111795SL		5.00	19	2,199.			2,199.	2,035.		164.
4	OFFICE EQUIPMENT	122295SL		5.00	19	343.			343.	319.		24.
5	COMPUTER EQUIPMENT	013196SL		3.00	19	11,774.			11,774.	11,774.		0.
6	COMPUTER EQUIPMENT	060197SL		3.00	19	6,102.			6,102.	6,102.		0.
7	TELEPHONE EQUIPMENT	080197SL		5.00	19	7,795.			7,795.	4,547.		1,559.
8	COMPUTER EQUIPMENT	080697SL		3.00	19	3,593.			3,593.	3,494.		99.
9	TELEPHONE EQUIPMENT	110597SL		5.00	19	1,230.			1,230.	656.		246.
10	COMPUTER EQUIPMENT	101597SL		3.00	19	400.			400.	360.		40.
11	COMPUTER EQUIPMENT	021598SL		3.00	19	6,780.			6,780.	5,368.		1,412.
12	TELEPHONE EQUIPMENT	031298SL		5.00	19	1,938.			1,938.	889.		388.
13	FURNITURE	031798SL		5.00	19	1,195.			1,195.	548.		239.
14	COMPUTER EQUIPMENT	052798SL		3.00	19	1,629.			1,629.	1,113.		516.
15	COMPUTER EQUIPMENT	081598SL		3.00	19	3,619.			3,619.	2,761.		858.
16	COMPUTER EQUIPMENT	081598SL		10.00	19	19,075.			19,075.	3,657.		1,908.
17	COMPUTER EQUIPMENT	091598SL		3.00	19	1,991.			1,991.	1,217.		664.
18	COMPUTER EQUIPMENT	103098SL		5.00	19	1,212.			1,212.	404.		242.

(D) - Asset disposed

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	SOFTWARE	012099	SL	3.00	19	1,900.			1,900.	897.		633.
20	OFFICE EQUIPMENT	061500	SL	5.00	19	2,676.			2,676.	467.		420.
	* TOTAL 990 PAGE 2 DEPR					112,994.		0.	112,994.	84,151.	0.	9,412.

(D) - Asset disposed

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
NYC BENEFIT	225,538.		225,538.	90,422.	135,116.	
COMPUTERIZED DATABASE	0.			895.	-895.	
CONFERENCES	43.		43.	-1,547.	1,590.	
NEWSPAPER NATIONAL NETWORK	0.			0.	0.	
APPALACHIAN TRAIL WALK	868.		868.	5,027.	-4,159.	
<b>TO FM 990, PART I, LINE 9</b>	<b>226,449.</b>		<b>226,449.</b>	<b>94,797.</b>	<b>131,652.</b>	

FORM 990	OTHER EXPENSES				STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
OFFICE EXPENSES	4,411.	3,529.	661.	221.		
MEALS AND ENTERTAINMENT	1,361.	1,089.	204.	68.		
INSURANCE EXPENSE	4,873.	3,898.	731.	244.		
MISCELLANEOUS	4,002.	3,202.	600.	200.		
SUBSCRIPTIONS	1,428.	1,142.	214.	72.		
NEWSLETTER	0.					
TEMPORARY LABOR	11,051.	8,841.	1,657.	553.		
BROCHURES	0.					
RESEARCH	0.					
STATE FEES	925.	740.	139.	46.		
BANK CHARGES	2,083.	1,666.	313.	104.		
BAD DEBT	0.					
COMPUTER SUPPLIES	578.	462.	87.	29.		
CONSULTING FEES	66,840.	53,472.	10,026.	3,342.		
INTERNET CHARGES	1,575.	1,260.	236.	79.		
VOLUNTEERS	528.	422.	79.	27.		
DEVELOPMENT	5,970.	4,776.	895.	299.		
COMPUTER SOFTWARE	2,067.	1,654.	310.	103.		
<b>TOTAL TO FM 990, LN 43</b>	<b>107,692.</b>	<b>86,153.</b>	<b>16,152.</b>	<b>5,387.</b>		

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

EXPLANATION

THE AGENCY IS ENGAGED IN EDUCATING THE PUBLIC AND MEDICAL PROFESSIONS

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	35,000.	35,000.	0.
OFFICE EQUIPMENT	2,543.	2,543.	0.
OFFICE EQUIPMENT	2,199.	2,199.	0.
OFFICE EQUIPMENT	343.	343.	0.
COMPUTER EQUIPMENT	11,774.	11,774.	0.
COMPUTER EQUIPMENT	6,102.	6,102.	0.
TELEPHONE EQUIPMENT	7,795.	6,106.	1,689.
COMPUTER EQUIPMENT	3,593.	3,593.	0.
TELEPHONE EQUIPMENT	1,230.	902.	328.
COMPUTER EQUIPMENT	400.	400.	0.
COMPUTER EQUIPMENT	6,780.	6,780.	0.
TELEPHONE EQUIPMENT	1,938.	1,277.	661.
FURNITURE	1,195.	787.	408.
COMPUTER EQUIPMENT	1,629.	1,629.	0.
COMPUTER EQUIPMENT	3,619.	3,619.	0.
COMPUTER EQUIPMENT	19,075.	5,565.	13,510.
COMPUTER EQUIPMENT	1,991.	1,881.	110.
COMPUTER EQUIPMENT	1,212.	646.	566.
SOFTWARE	1,900.	1,530.	370.
OFFICE EQUIPMENT	2,676.	887.	1,789.
TOTAL TO FORM 990, PART IV, LN 57	112,994.	93,563.	19,431.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 5  
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

101 THE ALDF IS A NATIONAL NON PROFIT ORGANIZATION DEDICATED TO ADVANCING THE PREVENTION, DIAGNOSIS, TREATMENT & CONTROL OF LYME DISEASE AND OTHER TICK BORNE INFECTIONS. ALDF PROVIDES RELIABLE & SCIENTIFICALLY ACCURATE INFORMATION TO THE PUBLIC & MEDICAL COMMUNITY ABOUT TICK-BORNE DISEASES & THEIR POTENTIALLY SERIOUS EFFECT ON OUR HEALTH & QUALITY OF LIFE

SCHEDULE A	OTHER INCOME			STATEMENT 6
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
SPECIAL FUNDRAISING EVENT	169,328.	308,834.		
TOTAL TO SCHEDULE A, LINE 22	<u>169,328.</u>	<u>308,834.</u>		

## - CURRENT YEAR FEDERAL - AMERICAN LYME DISEASE FOUNDATION, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - IRC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 173	Amount Of Depreciation
1	OFFICE EQUIPMENT	010192SL		5.00	19	35,000.			35,000.	35,000.		0.
2	OFFICE EQUIPMENT	041895SL		5.00	19	2,543.			2,543.	2,543.		0.
3	OFFICE EQUIPMENT	1111795SL		5.00	19	2,199.			2,199.	2,035.		164.
4	OFFICE EQUIPMENT	122295SL		5.00	19	343.			343.	319.		24.
5	COMPUTER EQUIPMENT	0113196SL		3.00	19	11,774.			11,774.	11,774.		0.
6	COMPUTER EQUIPMENT	060197SL		3.00	19	6,102.			6,102.	6,102.		0.
7	TELEPHONE EQUIPMENT	080197SL		5.00	19	7,795.			7,795.	4,547.		1,559.
8	COMPUTER EQUIPMENT	080697SL		3.00	19	3,593.			3,593.	3,494.		99.
9	TELEPHONE EQUIPMENT	110597SL		5.00	19	1,230.			1,230.	656.		246.
10	COMPUTER EQUIPMENT	101597SL		3.00	19	400.			400.	360.		40.
11	COMPUTER EQUIPMENT	021598SL		3.00	19	6,780.			6,780.	5,368.		1,412.
12	TELEPHONE EQUIPMENT	031298SL		5.00	19	1,938.			1,938.	889.		388.
13	FURNITURE	031798SL		5.00	19	1,195.			1,195.	548.		239.
14	COMPUTER EQUIPMENT	052798SL		3.00	19	1,629.			1,629.	1,113.		516.
15	COMPUTER EQUIPMENT	081598SL		3.00	19	3,619.			3,619.	2,761.		858.
16	COMPUTER EQUIPMENT	081598SL		10.00	19	19,075.			19,075.	3,657.		1,908.
17	COMPUTER EQUIPMENT	091598SL		3.00	19	1,991.			1,991.	1,217.		664.
18	COMPUTER EQUIPMENT	103098SL		5.00	19	1,212.			1,212.	404.		242.

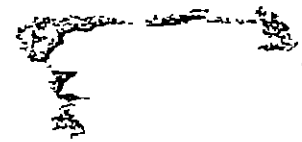
(D) - Asset disposed

0000 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN LYME DISEASE FOUNDATION, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 79	Amount Of Depreciation
19	SOFTWARE	012099SL		3.00	19	1,900.			1,900.	897.		633.
20	OFFICE EQUIPMENT	061500SL		5.00	19	2,676.			2,676.	467.		420.
	* TOTAL 990 PAGE 2 DEPR					112,994.		0.	112,994.	84,151.	0.	9,412.

(D) - Asset disposed



**AMERICAN LYME DISEASE FOUNDATION, INC.  
BOARD OF DIRECTORS**

6/01

**Chairman**

**Mr Anthony J. Walton**  
McFarland Dewey & Co , LLC.  
230 Park Avenue  
New York, NY 10169-1450  
Tel (212) 916-7473  
Fax (212) 867-6104  
E-Mail [ajwalton@mcfcd.com](mailto:ajwalton@mcfcd.com)

**Treasurer**

**Chairman, Finance & Personnel Committee**  
**Mr Jeffrey Black**  
Managing Partner – New York Assurance  
Practice  
Arthur Andersen LLP  
1345 Avenue of the Americas  
New York, NY 10105  
Tel (212) 708-4685  
Fax (212) 445-9119  
E-Mail [jeffrey h black@us arthurandersen.com](mailto:jeffrey.h.black@us.arthurandersen.com)

**Vice Chairman**

**Chairman, Executive Committee**  
**Mr Henry J. Fisher II**  
Vice President, Senior Portfolio Manager  
U S Trust Company of CT  
225 High Ridge Road  
Stamford, CT 06905  
Tel (203) 352-4486  
Fax (203) 326-2698  
E-Mail [Henry\\_Fisher@USttrust.com](mailto:Henry_Fisher@USttrust.com)

**Secretary**

**Mr David G. Nichols, Jr**  
Attorney at Law  
Morgan, Lewis & Bockius LLP  
101 Park Avenue  
New York, NY 10178-0060  
Tel (212) 309-6145  
Fax (212) 309-6273  
E-Mail [DNichols@morganlewis.com](mailto:DNichols@morganlewis.com)

**Executive Director**

**Mr David L. Weld**  
American Lyme Disease Foundation, Inc  
Mill Pond Offices  
293 Route 100  
Somers, NY 10589  
Tel (914) 277-6970 ext 22  
Fax (914) 277-6974  
E-mail [davidlweld@aldf.com](mailto:davidlweld@aldf.com)

**Administrative Director**

**Ms Vicki Accumanno**  
American Lyme Disease Foundation, Inc  
Mill Pond Offices  
293 Route 100  
Somers, NY 10589  
Tel (914) 277-6970 ext 24  
Fax (914) 277-6974  
E-mail [vicki@aldf.com](mailto:vicki@aldf.com)



**John J. Connolly, Ed.D.**

President

Castle Connolly Medical Ltd.

60 East 56<sup>th</sup> Street 4<sup>th</sup> Floor

New York, NY 10022

Tel (212) 980-8230 Ext 25

Fax (212) 980-1716

E-Mail JConnolly@CastleConnolly.com

**Co-Chair, Programs & PR Committee**

**Mr. E. Clifton Hotvedt**

Vice President/Medical & Scientific Affairs

Ketchum Public Relations Worldwide

711 Third Avenue

New York, NY 10017

Tel (646) 935-3981

Fax (646) 935-4494

E-Mail Clif.Hotvedt@Ketchum.com

**Mr Thomas P. Farrell**

President

MGT Capital Alliance, Inc

191 Post Road West

Westport, CT 06880

Tel (203) 221-2677

Fax (203) 221-2679

E-mail tfarrell@mgtalliance.com

**Mr. Charles Kaplan**

Partner

Thelen Reid & Priest LLP

40 West 57<sup>th</sup> Street

New York, NY 10019-4097

Tel: (212) 603-6528

Fax (212) 603-2001

E-mail ckaplan@thelenreid.com

**Mr. Richard E. Gray**

Chairman & Chief Executive Officer

Chariot Investors, Inc.

730 Park Avenue, Suite 12C

New York, NY 10021

Tel (212) 288-7108 ext 12

Fax (212) 535-4432

E-mail reg1@compuserve.com

**Co-Chair, Programs & PR Committee**

**Eileen Madden, Ph.D.**

Director, Scientific Affairs

Nestle USA, Inc

162 Corlies Avenue

Pelham, NY 10803-1902

Tel (914) 738-6226

Fax (914) 251-3600

E-Mail. eileen.madden@us.nestle.com

**Mr Emil W Henry, Jr**

Managing Director

Gleacher & Co LLC

660 Madison Avenue, 19<sup>th</sup> Floor

New York, NY 10021-8405

Tel (212) 418-4272

Fax (212) 935-4839

E-Mail Emil.Henry@gleacher.com

**Mr. John A. Ward, III**

830 Park Avenue #6A

New York, NY 10021

Tel, (212) 288-8840

Fax (212) 585-3617

E-Mail JohnAWard3@HOTMAIL.COM

**Mr. Gary S Hett**

President

Greeley Hull Associates

900 Hylan Boulevard 2<sup>nd</sup> Floor

Staten Island, NY 10305-2015

Tel (718) 876-7766

Fax (212) 585-2274

E-Mail hullg530@aol.com

**Ex Officio**

**Durland Fish, Ph.D.**

Associate Professor  
Yale University School of Medicine  
Dept of Epidemiology & Public Health  
P O Box 208034  
60 College St  
New Haven, CT 06520-8034  
Tel (203) 785-3525  
Fax (203) 785-3604  
E-Mail [durland.fish@yale.edu](mailto:durland.fish@yale.edu)

**Mr. James Handelman**

Executive Director  
The G. Harold & Leila Y Mathers  
Charitable Foundation  
103 South Bedford Road  
Mt Kisco, NY 10549  
Tel (914) 242-0465  
Fax (914) 242-0665  
E-Mail: [Mathers@bestweb.net](mailto:Mathers@bestweb.net)

**AMERICAN LYME DISEASE FOUNDATION, INC.**

**FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2001 AND 2000**

AMERICAN LYME DISEASE FOUNDATION, INC.

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2001 AND 2000

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**INDEPENDENT AUDITORS' REPORT**

To the Board of Directors of  
American Lyme Disease Foundation, Inc

We have audited the accompanying statements of financial position of American Lyme Disease Foundation, Inc as of June 30, 2001 and 2000 and the related statements of activities, cash flows and functional expenses for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatements. 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 audits provide 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 American Lyme Disease Foundation, Inc as of June 30, 2001 and 2000 and the changes in its net assets and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary schedules on page 9 are presented for the purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Bennett Kielson Storch DeSantis & Company LLP*

August 15, 2001

AMERICAN LYME DISEASE FOUNDATION, INC.

STATEMENTS OF FINANCIAL POSITION  
June 30, 2001 and 2000

	<u>2001</u>	<u>2000</u>
<b><u>ASSETS</u></b>		
Cash	\$ 208,051	\$ 366,585
Investments	-	1,961
Accounts Receivable, net of allowance for doubtful accounts of \$-0- in 2001 and \$3,000 in 2000	96,691	20,000
Prepaid Expenses	1,911	1,954
Equipment, net	19,432	28,844
	<u>326,085</u>	<u>419,344</u>
Total Assets	<u>\$ 326,085</u>	<u>\$ 419,344</u>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
Liabilities		
Accounts payable	\$ 65,698	\$ 57,446
Accrued liabilities	12,595	13,597
	<u>78,293</u>	<u>71,043</u>
Total Liabilities	<u>78,293</u>	<u>71,043</u>
Commitments and Contingencies		
Net Assets		
Unrestricted	209,696	280,716
Temporarily restricted	38,096	67,585
	<u>247,792</u>	<u>348,301</u>
Total Net Assets	<u>247,792</u>	<u>348,301</u>
Total Liabilities and Net Assets	<u>\$ 326,085</u>	<u>\$ 419,344</u>

See notes to financial statements

AMERICAN LYME DISEASE FOUNDATION, INC

STATEMENTS OF ACTIVITIES  
Years Ended June 30, 2001 and 2000

	<u>2001</u>	<u>2000</u>
Unrestricted Net Assets		
Revenue and support		
Memberships and contributions	\$ 33,487	\$ 29,176
Foundation and corporate support	120,950	89,200
Contributions-in-kind	52,100	24,667
Sales of educational materials	15,684	10,422
Special events/projects - net of related expenses of \$94,797 and \$120,394	131,652	169,328
Interest income	11,144	11,713
Other	1,965	39,603
Total Revenue and Support	<u>366,982</u>	<u>374,109</u>
Net assets released from restriction	<u>3,307</u>	<u>39,960</u>
Total Revenue and Support and Other Gains	<u>370,289</u>	<u>414,069</u>
Expenses		
Program services	353,046	381,169
Supporting services	88,263	95,290
Total Expenses	<u>441,309</u>	<u>476,459</u>
Decrease in Unrestricted Net Assets	<u>(71,020)</u>	<u>(62,390)</u>
Temporarily Restricted Net Assets		
Revenue and support, net	<u>(26,182)</u>	<u>46,395</u>
Net assets released from restrictions		
Production of educational video/brochure	-	(9,960)
Local conference	-	(30,000)
Grant-CDC	(8,649)	-
Benefit silent auction	1,570	-
Research	23,876	-
Four Poster Deer Feeder	146	-
Film library	(6,250)	-
PR-radio spots	(14,000)	-
Total Net Assets Released from Restriction	<u>(3,307)</u>	<u>(39,960)</u>
Increase (Decrease) in Temporarily Restricted Net Assets	<u>(29,489)</u>	<u>6,435</u>
Total Decrease in Net Assets	<u>(100,509)</u>	<u>(55,955)</u>
Net Assets - Beginning of Year	<u>348,301</u>	<u>404,256</u>
Net Assets - End of Year	<u>\$ 247,792</u>	<u>\$ 348,301</u>

See notes to financial statements

AMERICAN LYME DISEASE FOUNDATION, INC

STATEMENTS OF CASH FLOWS  
Years Ended June 30, 2001 and 2000

	<u>2001</u>	<u>2000</u>
Cash Flows From Operating Activities		
Decrease in net assets	\$ (100,509)	\$ (55,955)
Adjustments to reconcile decrease in net assets to net cash provided by (used in) operating activities		
Depreciation	9,412	14,109
Changes in operating assets and liabilities		
Investments	1,961	(1,961)
Accounts receivable	(76,691)	92,208
Prepaid expenses	43	(424)
Accounts payable	8,252	(42,823)
Accrued liabilities	(1,002)	4,418
Net Cash Provided by (Used in) Operating Activities	<u>(158,534)</u>	<u>9,572</u>
Cash Flows From Investing Activities		
Purchases of equipment	<u>-</u>	<u>(2,676)</u>
Net Increase (Decrease) in Cash	(158,534)	6,896
Cash - Beginning of Year	<u>366,585</u>	<u>359,689</u>
Cash - End of Year	<u>\$ 208,051</u>	<u>\$ 366,585</u>

See notes to financial statements



AMERICAN LYME DISEASE FOUNDATION, INC

STATEMENTS OF FUNCTIONAL EXPENSES  
Years Ended June 30, 2001 and 2000

	2001				
	Program Services	Supporting Services			Total Expenses
	Public Health Education	Fund Raising	Management and General	Total	
Salaries	\$ 152,793	\$ 9,550	\$ 28,648	\$ 38,198	\$ 190,991
Employee benefits and payroll taxes	30,787	1,924	5,773	7,697	38,484
Pension	5,948	372	1,115	1,487	7,435
<b>Total Payroll and Benefits</b>	<b>189,528</b>	<b>11,846</b>	<b>35,536</b>	<b>47,382</b>	<b>236,910</b>
Rent	23,947	1,497	4,490	5,987	29,934
Professional and consulting fees	11,792	737	2,211	2,948	14,740
Office supplies	3,815	239	715	954	4,769
Office	3,529	221	661	882	4,411
Temporary labor	8,841	553	1,657	2,210	11,051
Equipment rental and repair	6,519	408	1,222	1,630	8,149
Telephone	7,130	446	1,336	1,782	8,912
Postage and shipping	5,535	346	1,038	1,384	6,919
Travel	2,166	136	406	542	2,708
Printing and publications	10,404	650	1,951	2,601	13,005
Meals and entertainment	1,089	68	204	272	1,361
Conferences and seminars	2,438	153	457	610	3,048
Insurance	3,898	244	731	975	4,873
Subscriptions	1,142	72	214	286	1,428
Internet charges	1,260	79	236	315	1,575
State fees	740	46	139	185	925
Bank and credit card fees	1,666	104	313	417	2,083
Bad debts	-	-	-	-	-
Computer supplies	462	29	87	116	578
Computer software	1,654	103	310	413	2,067
Service contracts	7,881	493	1,477	1,970	9,851
Volunteers	422	27	79	106	528
Contributions-in-kind	41,680	2,605	7,815	10,420	52,100
Newsletter	-	-	-	-	-
Development	4,776	299	895	1,194	5,970
Miscellaneous	3,202	200	600	800	4,002
<b>Total Expenses before Depreciation</b>	<b>345,516</b>	<b>21,601</b>	<b>64,780</b>	<b>86,381</b>	<b>431,897</b>
Depreciation	7,530	471	1,411	1,882	9,412
<b>Total Expenses</b>	<b>\$ 353,046</b>	<b>\$ 22,072</b>	<b>\$ 66,191</b>	<b>\$ 88,263</b>	<b>\$ 441,309</b>

See notes to financial statements

2000

Program Services Public Health Education	Supporting Services			Total Expenses
	Fund Raising	Management and General	Total	
\$ 178,882	\$ 11,180	\$ 33,541	\$ 44,721	\$ 223,603
36,152	2,260	6,779	9,039	45,191
8,321	520	1,560	2,080	10,401
223,355	13,960	41,880	55,840	279,195
28,427	1,777	5,330	7,107	35,534
30,248	1,888	5,675	7,563	37,811
5,034	314	944	1,258	6,292
4,752	297	891	1,188	5,940
5,220	326	979	1,305	6,525
4,405	275	826	1,101	5,506
8,815	551	1,652	2,203	11,018
5,365	335	1,006	1,341	6,706
2,266	142	425	567	2,833
1,258	78	236	314	1,572
1,300	81	244	325	1,625
1,846	115	346	461	2,307
4,422	276	829	1,105	5,527
1,021	64	191	255	1,276
460	29	86	115	575
120	7	23	30	150
594	37	111	148	742
2,920	183	547	730	3,650
3,032	189	569	758	3,790
-	-	-	-	-
10,608	663	1,989	2,652	13,260
409	25	77	102	511
19,734	1,236	3,697	4,933	24,667
2,518	157	473	630	3,148
-	-	-	-	-
1,752	110	328	438	2,190
369,881	23,115	69,354	92,469	462,350
11,288	705	2,116	2,821	14,109
<u>\$ 381,169</u>	<u>\$ 23,820</u>	<u>\$ 71,470</u>	<u>\$ 95,290</u>	<u>\$ 476,459</u>

AMERICAN LYME DISEASE FOUNDATION, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

**Nature of Activities**

The American Lyme Disease Foundation, Inc is a non - profit organization dedicated to the prevention, diagnosis, treatment, and control of lyme disease and other tick - borne infections. The American Lyme Disease Foundation, Inc supports critical scientific research and plays a key role in providing reliable and scientifically accurate information to the public, medical community and government agencies about tick borne diseases and their potentially serious effects on health and quality of life.

**Contributions**

In accordance with Statement of Financial Accounting Standards No 116, contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions.

**Recognition of Donor Restrictions**

Donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Support from Federal and similar grants are recognized as an increase in unrestricted net assets when expended in accordance with the terms of the grant. Grant commitments are otherwise not recognized when the grant stipulates that such amounts will not be transferred to the Foundation unless expended in accordance with the grant terms.

**Income Taxes**

The American Lyme Disease Foundation, Inc qualifies as a tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Code and has been classified by the Internal Revenue Service as other than a private foundation.

**Allocations of Expenses**

Costs incurred that apply to more than one functional purpose have been allocated among the programs and supporting services benefited.

Note 2 - Grants

The Center for Disease Control and Prevention (CDC) has awarded ALDF a \$300,000 grant for the period March 15, 2001 through March 14, 2002 for a project entitled "Cooperative Agreement to prevent Lyme Disease in the United States (Community Intervention)".

AMERICAN LYME DISEASE FOUNDATION, INC.  
NOTES TO FINANCIAL STATEMENTS (Continued)

Note 3 - Equipment

Equipment at June 30, 2001 and 2000 consisted of the following

	<u>2001</u>	<u>2000</u>	<u>Useful Life</u>
Office equipment	\$ 42,631	\$ 112,994	3-5 years
Accumulated depreciation	<u>(31,791)</u>	<u>(84,150)</u>	
	<u>\$ 10,840</u>	<u>\$ 28,844</u>	

Note 4 - Restrictions on Assets

Temporarily restricted net assets at June 30, 2001 and 2000 were as follows

	<u>2001</u>	<u>2000</u>
Brochure Production	\$ 14,940	\$ 14,940
Hispanic Community Program	12,796	16,000
Research	<u>10,360</u>	<u>36,645</u>
	<u>\$ 38,096</u>	<u>\$ 67,585</u>

Note 5 - Retirement Plan

The American Lyme Disease Foundation operates a retirement annuity (RA) program (403(b) plan for which the Foundation contributes up to 5% of compensation of the Executive Director and up to 4% of the compensation of all eligible employees. Additionally, the Foundation has a supplemental retirement annuity (SRA) plan, which permits an employee to contribute in total up to 21% of the employee's salary. The Foundation contributed \$7,435 and \$10,401 to the annuity plan during the years ended June 30, 2001 and 2000, respectively.

Note 6 - Commitments

Effective September 1, 2001 the Foundation is obligated under a new lease agreement for office space that will expire June 30, 2004 and require monthly rent payments of \$1,594. Annual net rent expense under the current lease for the years ended June 30, 2001 and 2000 was \$29,934 and \$35,534, respectively.

Note 7 - Compensated Absences

The Foundation has established policies, outlined in an employee handbook, which deal with compensated absences. Six personal days per year are allocated for personal/sick time off. These personal days should be used during the calendar year and should not be accumulated or carried over to the next calendar year. Additionally, vacation time is accrued on a monthly basis and should be used within the calendar year. Remaining accrued vacation time may be carried forward into the next year and should be used by March 31, of the subsequent year.

AMERICAN LYME DISEASE FOUNDATION, INC.

NOTES TO FINANCIAL STATEMENTS (Concluded)

Note 8 – Contributions-in-Kind

During the fiscal year, the Foundation received certain contributions in the way of services and/or education materials, which further enhance the ability to educate the public and health-care professionals about Lyme disease and other tick-borne infections. The value of these contributions is reflected in the financial statements as both revenue and expense of the year in which the contributed services were utilized or donated materials were received.

Note 9 - Supplemental Cash Flow Information

During the year, the Foundation disposed of fully depreciated equipment with an original cost of \$70,363.

Note 10 – Tick Control Corporation LLC

During the period ended June 30, 2001 the Foundation became the sole member of Tick Control Corporation LLC (the LLC). The LLC was created with the intent to generate revenues through a license agreement, granted to the Foundation by the United States Department of Agriculture, to manufacture and sell special purpose deer feeders. The Foundation is pursuing an arrangement with a third party to subcontract the manufacturing, shipping, sales, collection and other functions in exchange for a predetermined share of the profits. For the period ended June 30, 2001 there was no activity with regard to this license agreement.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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)

**Note** 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)

**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>AMERICAN LYME DISEASE FOUNDATION, INC.</b>	Employer identification number <b>13-3601933</b>
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 <b>MILL POND OFFICES - 293 ROUTE 100</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SOMERS, NY 10589</b>	

**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 |

- 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 month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 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 JUL 1, 2000 and ending JUN 30, 2001

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

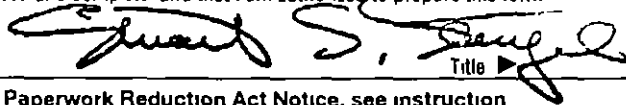
3a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069 enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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 \$ N/A

### Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶  Title ▶ CPA Date ▶ 11/06/2001