

Return of Organization Exempt from Income Tax

1999

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

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

A For the 1999 calendar year, Or tax year period beginning 1999, and ending

B Check if: C Name of organization Save A Life Foundation D Employer Identification Number 36-3869459 E Telephone number (847) 928-9683 F Check... if exemption application is pending

G Type of organization [X] Exempt under section 501(c) 3 (insert number) or section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts Must attach a completed Schedule A (Form 990).

H (a) Is this a group return filed for affiliates? [ ] Yes [X] No I If either box in H is checked 'Yes,' enter four-digit group exemption number (GEN) J Accounting method: [ ] Cash [X] Accrual

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 it received a Form 990 package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sale of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

RECEIVED MAY 21 2000 IRS-OSC OGDEN, UT

SCANNED JUL 05 00 RECEIVED EXPENSES ASSETS

Form 990 (1999) Save A Life Foundation

36-3869459

Page 2

Part I 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.

Table with 5 columns: (A) Total, (B) Program Services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses (itemize): a, b Auto Expense, c Awards & Recognition, d Bank Charges, e See Other Expenses Stmt, 44 Total functional expenses.

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 II Statement of Program Service Accomplishments

Table with 2 columns: Description of program service, Program Service Expenses. Row 1: a Kid's Programs - Promotion and teaching of life saving first aid to Illinois school children (47,773 children taught) - 455,592. Row 2: b Other Training Programs - Promotion and teaching of life saving first aid to individuals other than school-age children (584 clients served) - 42,846. Row 3: c, d, e Other program services. Row 4: f Total of Program Service Expenses (should equal line 44, column (B), program services) - 498,438.

**Part IV Balance Sheets** (See instructions)

**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 .....	122,721.	45	8,925.
	46 Savings and temporary cash investments .....	359,017.	46	500,845.
	47a Accounts receivable .....	47a 1,750.		
	b Less: allowance for doubtful accounts .....	47b 0.	0.	47c 1,750.
	48a Pledges receivable .....	48a		48c
	b Less: allowance for doubtful accounts .....	48b		
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes & loans receivable (attach schedule) ..	51a		51c
	b Less: allowance for doubtful accounts .....	51b		
	52 Inventories for sale or use .....	0.	52	26,593.
	53 Prepaid expenses and deferred charges .....	0.	53	18,227.
	54 Investments - securities (attach schedule) .....		54	
	55a Investments - land, buildings, & equipment: basis ..	55a		
	b Less: accumulated depreciation (attach schedule) .....	55b		55c
	56 Investments - other (attach schedule) .....		56	
	57a Land, buildings, and equipment: basis .....	57a 107,023.		
	b Less: accumulated depreciation (attach schedule) .....	57b 46,180.	43,812.	57c 60,843.
	58 Other assets (describe ▶ Deposits) ..	0.	58	162.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	525,550.	59	617,345.	
LIABILITIES	60 Accounts payable and accrued expenses .....	1,474.	60	4,166.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) ..	61,521.	63	65,475.
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....	19,907.	64b	0.
	65 Other liabilities (describe ▶ See Line 65 Stmt) ..	4,928.	65	0.
66 <b>Total liabilities</b> (add lines 60 through 65) .....	87,830.	66	69,641.	
ORGANIZATIONAL ASSETS	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	137,720.	67	247,704.
	68 Temporarily restricted .....	300,000.	68	300,000.
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....	437,720.	73	547,704.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	525,550.	74	617,345.

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.

BAA

**Part IV A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

**Part IV B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	676,098.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 8,750.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): Supplies \$ 4,400.		
	Add amounts on lines (1) through (4)	b	13,150.
c	Line a minus line b	c	662,948.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	662,948.

a	Total expenses and losses per audited financial statements	a	566,114.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 8,750.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): Supplies \$ 4,400.		
	Add amounts on lines (1) through (4)	b	13,150.
c	Line a minus line b	c	552,964.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	552,964.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
Carol Spizzirri	Pres/Exec Dir 40	83,359.	372.	0.
Dr. Stan Zydlo	Director	20,832.	0.	0.
Carlos Costes	Director	0.	0.	0.
Sam L. Amirante	Director	0.	0.	0.
Scott Anderson	Director	0.	0.	0.
Deloris M. Burnam	Director	0.	0.	0.
Dr. Scott Betzelos	Director	1,666.	0.	0.
Bob Conroy	Director	0.	0.	0.
See List of Officers, Etc. Statement				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule - see instructions.

**Part V Other Information** (See specific instructions.)

		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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a confirmed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	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?		X
	b If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions <b>81a</b> 0.		
81b	Did the organization file Form 1120-POL for this year?		X
82a	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?	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.) <b>82b</b> 13,150.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts 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?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	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.		
	c Dues, assessments, and similar amounts from members <b>85c</b>		
	d Section 162(e) lobbying and political expenditures <b>85d</b>		
	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices <b>85e</b>		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>		
85g	Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?		
85h	If Section 6033(e)(1)(A) dues notices 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?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <b>86a</b>		
	b Gross receipts, included on line 12, for public use of club facilities <b>86b</b>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <b>87a</b>		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>		
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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 ▶ 0.; Section 4912 ▶ 0.; Section 4955 ▶ 0.		
89b	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		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ▶ 0.		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90a	List the states with which a copy of this return is filed ▶ Illinois		
90b	Number of employees employed in the pay period that includes March 12, 1999 (see instructions)	90b	2
91	The books are in care of ▶ Carol Spizzirri Telephone number ▶ (847) 928-9683 Located at ▶ 4825 N. Scott St. #74A, Schiller Park IL ZIP + 4 ▶ 60176		
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 ▶ 92		

**Part VII Analysis of Income-Producing Activities** (See instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program Fees					16,831.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	24,575.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					59.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous					440.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				24,575.	17,330.
105 Total (add line 104, columns (B), (D), and (E))					41,905.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

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).
93a	Promote and teach life saving first aid programs
101	To supplement funding required to perform and carry out the life
103a	saving first aid programs

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.) N/A

(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
	%			
	%			
	%			
	%			

Please Sign Here

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. (See instructions.)

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_ Type or Print Name and Title \_\_\_\_\_

Paid Preparer's Use Only

Preparer's Signature \_\_\_\_\_ Date 05/16/00 Check if self-employed  Preparer's SSN or PTIN 339-46-6475  
 Firm's Name (or yours if self-employed) and Address Ahlbeck & Company 1665 Elk Boulevard Des Plaines IL ZIP +4 36-2991500 60016-4798

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

**1999**

IRS use only — Do not write or staple in this space.

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

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

Name of the Organization Save A Life Foundation	Employer Identification Number 36-3869459
--	--

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

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

**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	None	

**Part III** Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . ▶ \$		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990. . . . .	X	
e Transfer of any part of its income or assets? . . . . . If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? . . . . .		X
4a Do you have a section 403(b) annuity plan for your employees? . . . . .		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

**Part IV** Reason for Non-Private Foundation Status (See 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 4.)
  - 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 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 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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	621,289.	101,330.	37,566.	110,761.	870,946.	
16 Membership fees received		550.	1,527.	1,410.	3,487.	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	6,134.				6,134.	
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	676.				676.	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23 Total of lines 15 through 22	628,099.	101,880.	39,093.	112,171.	881,243.	
24 Line 23 minus line 17	621,965.	101,880.	39,093.	112,171.	875,109.	
25 Enter 1% of line 23	6,281.	1,019.	391.	1,122.		
26 Organizations described on lines 10 or 11:						
a Enter 2% of amount in column (e), line 24					26a 17,502.	
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 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b	
c Total support for Section 509(a)(1) test: Enter line 24, column (e)					26c 875,109.	
d Add: Amounts from column (e) for lines:	18 676.	19	20	21	26d 676.	
e Public support (line 26c minus line 26d total)					26e 874,433.	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.92 %	
27 Organizations described on line 12:						
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list 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:	(1998)	(1997)	(1996)	(1995)		
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:	(1998)	(1997)	(1996)	(1995)		
c Add: Amounts from column (e) for lines:	15	16	17	20	21	27c
d Add: Line 27a total and line 27b total					27d	
e Public support (line 27c total minus line 27d total)					27e	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, 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 instructions.)

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

N/A  
 Yes No

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed Only by an eligible organization that filed Form 5768)

N/A

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45	Lobbying nontaxable amount .....				
46	Lobbying ceiling amount (150% of line 45(e)) .....				
47	Total lobbying expenditures .....				
48	Grassroots non-taxable amount .....				
49	Grassroots ceiling amount (150% of line 48(e)) .....				
50	Grassroots lobbying expenditures .....				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

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

	Yes	No	Amount
a Volunteers .....		X	
b Paid staff or management (include compensation in expenses reported on lines c through h.) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (add lines c through h) .....			

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 (See Instructions)

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?

Table with columns: Description, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; 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; 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:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a 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 [X] No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Dinner Event	34,525.	9,038.	25,487.	25,487.	0.
Various Merchandise	150.		150.	91.	59.
<b>Total</b>	<b>34,675.</b>	<b>9,038.</b>	<b>25,637.</b>	<b>25,578.</b>	<b>59.</b>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
Computer Expenses	22,542.	21,592.	388.	562.
Consulting Fees	36,765.	33,615.	3,150.	0.
Contract Labor	1,697.	1,564.	25.	108.
Dues & Subscriptions	800.	419.	381.	0.
Equipment Rental	1,740.	1,584.	52.	104.
Instructors Fees	64,015.	64,015.	0.	0.
Insurance	7,072.	6,435.	212.	425.
Licenses & Permits	1,063.	1,044.	17.	2.
Marketing	9,534.	8,849.	45.	640.
Memorial Fund Expenses	370.	0.	370.	0.
Miscellaneous	1,157.	443.	713.	1.
Recruitment	2,321.	2,193.	39.	89.
Research/Evaluation	1,123.	1,042.	30.	51.
<b>Total</b>	<b>150,199.</b>	<b>142,795.</b>	<b>5,422.</b>	<b>1,982.</b>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Office Equipment	75,025.	38,020.	37,005.
Vehicles	31,998.	8,160.	23,838.
<b>Total</b>	<b>107,023.</b>	<b>46,180.</b>	<b>60,843.</b>

Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Payroll Liabilities	-747.	0.
Interest due to State of IL	5,675.	0.

Form 990, Page 3, Part IV, Line 65  
**Other Liabilities Statement**

Continued

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Total	<u>4,928.</u>	<u>0.</u>

Form 990, Page 4, Part V  
**List of Officers, Etc. Statement**

(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 and deferred compensation	(E) Expense account and other allowances
<u>Note: The individuals above, except as noted, spend time as needed in their capacity on the Board. They can be contacted c/o Save a Life Foundation, 4825 N. Scott St. #74A, Schiller Park, IL 60176</u>				

Total

**Supporting Statement of:**

Form 990 p 2/Line 42(B)

Description	Amount
Office Equipment-Program Depreciation	8,316.
Vehicles-Program Depreciation	4,570.
Total	<u>12,886.</u>

**Supporting Statement of:**

Form 990 p 2/Line 42(C)

Description	Amount
Office Equipment-Mgmt & Genrl Depreciation	260.
Vehicles-Mgmt & Genrl Depreciation	143.
Total	<u>403.</u>

**Supporting Statement of:**

Form 990 p 2/Line 42(D)

Description	Amount
Office Equipment-Fundraising Depreciation	521.
Vehicles-Fundraising Depreciation	287.
Total	<u>808.</u>

**Supporting Statement of:**

Form 990 p 3/Line 63, column (B)

Description	Amount
Due to Carol Spizzirri	65,475.
Total	<u>65,475.</u>

# Application for Extension of Time to File Certain Excise, Income, Information, and Other Returns

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions.

Name <b>Save A Life Foundation.</b>	Employer Identification Number <b>36-3869459</b>
Number, Street, and Room or Suite Number (or P.O. box number, if mail is not delivered to street address) <b>4825 N. Scott Street, #74A</b>	
City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions. <b>Schiller Park, IL 60176</b>	

**Note:** Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trusts must use **Form 8736** to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until Aug 15, 2000, to file (check only one):

- |  |  |  |                                    |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D)                | <input type="checkbox"/> Form 990-T (Sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (Sec 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T)                | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 3520-A                   | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions)   | <input type="checkbox"/> Form 4720                     | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                   | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 5227                     | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1042                               | <input type="checkbox"/> Form 6069                     | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box

- 2a For calendar year 1999, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year?  Yes  No
- 4 State in detail why you need the extension Need additional time to compile the financial information needed to complete Form 990

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_
- c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ \_\_\_\_\_

### 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 *[Signature]* Title AHLBECK & COMPANY #36-2991500 Date 5/10/00  
1665 ELK BLVD. DES PLAINES, IL 60016

File Original and One Copy. The IRS will show below whether or not your application is approved and will return the copy.

- Notice to Applicant -- To be completed by the IRS
- We Have approved your application. Please attach this form to your return.
- We Have Not approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to your return.
- We Have Not approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Director

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name <b>Ahlbeck &amp; Company</b>
	Number, Street, and Room or Suite Number (or P.O. box number, if mail is not delivered to street address) <b>1665 Elk Boulevard</b>
	City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions. <b>Des Plaines, IL 60016-4798</b>