

Return of Organization Exempt from Income Tax

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning , 2000, and ending , 20

B Check applicable: X Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: Save A Life Foundation. D Employer identification number: 36-3869459. E Telephone number: (847) 928-9683. F Check if application pending.

G Organization type (check only one) X 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 X 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.

Note: H and I are not applicable to section 527 orgs. H (a) Is this a group return for affiliates? Yes X No. H (b) If 'yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes X 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 (see instructions)

Table with 21 rows and multiple columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents, Less: rental expenses, Net rental income or (loss). Row 7: Other investment income. Row 8: Gross amount from sales of assets other than inventory, Less: cost or other basis and sales expenses, Gain or (loss), Net gain or (loss). Row 9: Special events and activities. Row 10: Gross sales of inventory, Less: cost of goods sold, Gross profit or (loss) from sales of inventory. Row 11: Other revenue. Row 12: Total revenue. Row 13: Program services. Row 14: Management and general. Row 15: Fundraising. Row 16: Payments to affiliates. Row 17: Total expenses. Row 18: Excess or (deficit) for the year. Row 19: Net assets or fund balances at beginning of year. Row 20: Other changes in net assets or fund balances. Row 21: Net assets or fund balances at end of year.

SCANNED JUN 05 2001

RECEIVED MAY 6 2001 OSDEN, JT

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.

Do not include amounts reported on line 50, 51, 90, 105 or 116 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) Cash \$ _____ Non-cash \$ _____	22			
23 Specific assistance to individuals (attach sch)	23			
24 Benefits paid to or for members (attach sch)	24			
25 Compensation of officers, directors, etc	25	104,900.	97,557.	5,245.
26 Other salaries and wages	26	187,407.	130,187.	27,076.
27 Pension plan contributions	27			
28 Other employee benefits	28	8,994.	0.	8,994.
29 Payroll taxes	29	23,703.	18,369.	2,705.
30 Professional fundraising fees	30			
31 Accounting fees	31	13,922.	3,598.	10,223.
32 Legal fees	32	49,783.	35,582.	13,488.
33 Supplies	33	21,696.	17,832.	3,864.
34 Telephone	34	28,463.	23,894.	4,569.
35 Postage and shipping	35	8,592.	8,090.	2.
36 Occupancy	36	36,432.	5,532.	30,833.
37 Equipment rental and maintenance	37	1,995.	1,669.	326.
38 Printing and publications	38	46,804.	40,932.	-75.
39 Travel	39	10,093.	10,088.	5.
40 Conferences, conventions, and meetings	40	11,447.	10,629.	584.
41 Interest	41	3,954.	2,934.	540.
42 Depreciation, depletion, etc (attach schedule)	42	16,858.	0.	16,858.
43 Other expenses (itemize):				
a Auto Expense	43a	3,547.	0.	3,547.
b Bank Charges	43b	2,338.	1,553.	755.
c Branch Development	43c	54,493.	54,493.	0.
d Computer Expenses	43d	50,218.	44,450.	5,768.
e See Other Expenses Stmt	43e	212,743.	204,237.	7,848.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	898,382.	711,626.	143,155.

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

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Promote life saving first aid	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Kid's Programs - Promotion and teaching of life saving first aid to Illinois school children (100,228 children taught) (Grants and allocations \$ 0.)	521,220.
b Corporate Program - Promotion and teaching of life saving first aid to individuals other than school-age children (1676 clients served) (Grants and allocations \$ 0.)	41,808.
c Blue Angels Program - Promotion and teaching of life saving first aid to the police in the State of Illinois (Grants and allocations \$ 0.)	11,653.
d Branch Development/Expansion Program - Expand to satellite office inside and outside the State of Illinois (Grants and allocations \$ 0.)	134,644.
e Other program services... See attached (Grants and allocations \$ 0.)	2,301.
f Total of Program Service Expenses (should equal line 44, column (B), program services)	711,626.

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	8,925.	45	500.	
	46 Savings and temporary cash investments	500,845.	46	332,812.	
	47a Accounts receivable	3,987.			
	b Less: allowance for doubtful accounts		47b		
			1,750.	47c	3,987.
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48b	48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach schedule)		51a		
	b Less: allowance for doubtful accounts		51b	51c	
	52 Inventories for sale or use	26,593.	52	52,188.	
	53 Prepaid expenses and deferred charges	18,227.	53	11,305.	
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		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	117,663.	57a		
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	63,038.	57b	57c	54,625.
58 Other assets (describe ▶ Deposits)	162.	58	162.		
59 Total assets (add lines 45 through 58) (must equal line 74)	617,345.	59	455,579.		
LIABILITIES	60 Accounts payable and accrued expenses	4,166.	60	8,648.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	65,475.	63	65,450.	
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	0.	64b		
	65 Other liabilities (describe ▶ See Line 65 Stmt)	0.	65	583.	
66 Total liabilities (add lines 60 through 65)	69,641.	66	74,681.		
ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE <input checked="" type="checkbox"/> AND COMPLETE LINES 67 THROUGH 69 AND LINES 73 AND 74.	67 Unrestricted	49,294.	67	-27,648.	
	68 Temporarily restricted	498,410.	68	408,546.	
	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 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)	547,704.	73	380,898.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	617,345.	74	455,579.	

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 786,251.	a Total expenses and losses per audited financial statements	a 953,057.
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments		(1) Donated services and use of facilities	
(2) Donated services and use of facilities		(2) Prior year adjustments reported on line 20, Form 990	
(3) Recoveries of prior year grants		(3) Losses reported on line 20, Form 990	
(4) Other (specify): <u>Donated Materials</u>		(4) Other (specify): <u>Donated Materials</u>	
----- \$ 54,675.		----- \$ 54,675.	
Add amounts on lines (1) through (4)	b 54,675.	Add amounts on lines (1) through (4)	b 54,675.
c Line a minus line b	c 731,576.	c Line a minus line b	c 898,382.
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990		(1) Investment expenses not included on line 6b, Form 990	
(2) Other (specify):		(2) Other (specify):	
----- \$		----- \$	
Add amounts on lines (1) and (2)	d	Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 731,576.	e Total expenses per line 17, Form 990 (line c plus line d)	e 898,382.

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	104,900.	568.	0.
Dr. Stan Zydlo, Jr.	Director	0.	0.	0.
Carlos A. Azcoitia	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	0.	0.	0.
Martin a. Sandoval	Director	0.	0.	0.
Michael E. Lavallo	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 VII Other Information (See specific instructions.)

		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.			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.			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
80b	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 81a			
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	
82b	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 54,675			
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
84b	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. 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.			
85c	Dues, assessments, and similar amounts from members 85c			
85d	Section 162(e) lobbying and political expenditures 85d			
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices 85e			
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
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?			
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a			
86b	Gross receipts, included on line 12, for public use of club facilities 86b			
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a			
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
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 <input type="checkbox"/> 0.; Section 4912 <input type="checkbox"/> 0.; Section 4955 <input type="checkbox"/> 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 <input type="checkbox"/> 0.			
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> Illinois			
90b	Number of employees employed in the pay period that includes March 12, 2000 (see instructions)			9
91	The books are in care of <input type="checkbox"/> Carol Spizzirri Telephone number <input type="checkbox"/> (847) 928-9683 Located at <input type="checkbox"/> 9950 Lawrence Suite 300, Schiller Park IL ZIP code <input type="checkbox"/> 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 <input type="checkbox"/> 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	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a Program Fees					38,386.
b Conferences					800.
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	8,725.	
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					651.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous					136.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				8,725.	39,973.
105 Total (add line 104, columns (B), (D), and (E))					48,698.

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.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

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

Note: If 'Yes' to b, file Form 8870 and Form 4720 (see instructions).

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: [Signature] Pres/FOUNDER Date: 05/01/01 Type or Print Name and Title: DR. J. Spitzer, Pres/Board

Paid Preparer's Use Only

Preparer's Signature: [Signature] Date: 04/30/01 Check if self-employed: Preparer's SSN or PTIN: 339-46-6475

Firm's name (or yours if self-employed) and address, and ZIP code: Ahlbeck & Company
1665 Elk Boulevard
Des Plaines IL 60016 EIN: 36-2991500
 Phone no: (847) 824-4000

▶ 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
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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 . . . ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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 Pt. 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 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 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 V-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	621,043.	621,289.	101,330.	37,566.	1,381,228.
16 Membership fees received			550.	1,527.	2,077.
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	41,158.	6,134.			47,292.
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	24,575.	676.			25,251.
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	686,776.	628,099.	101,880.	39,093.	1,455,848.
24 Line 23 minus line 17	645,618.	621,965.	101,880.	39,093.	1,408,556.
25 Enter 1% of line 23	6,868.	6,281.	1,019.	391.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 28,171.
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					26b
c Total support for Section 509(a)(1) test: Enter line 24, column (e)					26c 1,408,556.
d Add: Amounts from column (e) for lines:	18 25,251.	19	22	26b	26d 25,251.
e Public support (line 26c minus line 26d total)					26e 1,383,305.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.21 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year:	(1999)	(1998)	(1997)	(1996)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(1999)	(1998)	(1997)	(1996)	
c Add: Amounts from column (e) for lines:	15	16	17	20	21
d Add: Line 27a total and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
i 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 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 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:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table --		
	If the amount on line 40 is --		
	The lobbying nontaxable amount is --		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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: Question, 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, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; 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 No

b If 'Yes,' complete the following schedule:

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

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2000

Name of Organization

Save A Life Foundation

Employer Identification Number

36-3869459

Organization type (check one) – Section:

501(c)(3) ◀ (enter number): 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations – Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see **General rule** below.) ... ▶

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

BAA For Paperwork Reduction Act Notice, see instructions for Form 990 and Form 990-EZ.

Schedule B (Form 990 or 990-EZ) (2000)

Name of Organization

Employer Identification Number

Save A Life Foundation

36-3869459

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 600,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

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	20,800.	6,540.	14,260.	14,260.	0.
Various Merchandise	1,319.		1,319.	668.	651.
Total	22,119.	6,540.	15,579.	14,928.	651.

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)				
Consulting Fees	38,391.	37,891.	500.	0.
Dues & Subscriptions	577.	187.	285.	105.
Education	1,606.	1,156.	450.	0.
Equipment Rental	4,719.	4,323.	396.	0.
Instructors Fees	112,152.	112,152.	0.	0.
Insurance	5,500.	0.	5,325.	175.
Licenses & Permits	680.	570.	110.	0.
Marketing	7,648.	7,648.	0.	0.
Miscellaneous	676.	204.	94.	378.
Professional Fees-Other	390.	240.	150.	0.
Program Coordinator	1,666.	1,666.	0.	0.
Promotional	5,507.	5,278.	229.	0.
Recruitment	527.	218.	309.	0.
Reimbursed Program Fees	70.	70.	0.	0.
Research/Evaluation	493.	493.	0.	0.
Temporary Help	32,141.	32,141.	0.	0.
Total	212,743.	204,237.	7,848.	658.

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

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Office Equipment	85,665.	49,878.	35,787.
Vehicles	31,998.	13,160.	18,838.
Total	117,663.	63,038.	54,625.

Save A Life Foundation 36-3869459

Form 990, Page 2, Part III, Line E
Statement of Program Service Accomplishments

Line E – Other Program Services

New Program Development – Research & development for new ways to serve the community	
Program Service Expenses	\$2,301

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Instructor Deposits	0.	190.
Due to Morelli Fund		393.
Total	0.	583.

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, 9950 Lawrence Ste 300, Schiller Park, IL 60176</u>				

Total

Supporting Statement of:

Form 990 p 2/Line 42 column (C)

Description	Amount
Office Equipment - Mgmt & Genl Depreciation	11,858.
Vehicles - Mgmt & Genl Depreciation	5,000.
Total	<u>16,858.</u>

Supporting Statement of:

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

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