

Return of Organization Exempt From Income Tax

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

1998

This Form Is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 1998 calendar year, OR tax year period beginning 1998, and ending 19

B Check if:

- Change of address
Initial return
Final return
Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code

Save a Life Foundation

4825 N. Scott Street #7
Schiller Park, IL 60176

Employer Identification number 36-3869459

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 [] No [X] I If either box in H is checked "Yes," enter four-digit group exemption no. (GEN) []

(b) If "Yes," enter number of affiliates for which return is filed: [] J Accounting method: [] Cash [X] Accrual

(c) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X] 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 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 I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.)

Revenue

SCANNED APR 30 1999

Expenses

Net Assets

Table with 21 rows and 4 columns (line number, description, sub-column, total amount). Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

10

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. (See Specific Instructions on page 17.)

Do not include amounts reported on line 8b, 8b, 9b, 10b, or 18 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ... (cash \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals (attach sch.)				
24	Benefits paid to or for members (attach sch.)				
25	Compensation of officers, directors, etc	35,000.	33,125.	625.	1,250.
26	Other salaries and wages	25,044.	25,044.		
27	Pension plan contributions				
28	Other employee benefits	262.	262.		
29	Payroll taxes	1,709.	1,709.		
30	Professional fundraising fees				
31	Accounting fees	1,191.	1,191.		
32	Legal fees	10,000.	10,000.		
33	Supplies	7,120.	6,992.	113.	15.
34	Telephone	6,554.	6,255.	100.	199.
35	Postage and shipping	1,022.	941.	27.	54.
36	Occupancy	314.	275.	33.	6.
37	Equipment rental and maintenance	200.	170.	10.	20.
38	Printing and publications	7,412.	7,412.		
39	Travel	6,262.	5,712.	215.	335.
40	Conferences, conventions, and meetings	2,200.	1,455.	745.	
41	Interest	154.		154.	
42	Depreciation, depletion, etc. (attach schedule)	12,527.		12,527.	
43	Other expenses (itemize): a Stmt Att	42,738.	32,256.	10,482.	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	159,709.	132,799.	25,031.	1,879.

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) amt. allocated to Prog. services . . \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) amt. allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 20.)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
Promote Life Saving First Aid	
a IL PILOT PROGRAM-Teach Life Saving First Aid to IL School Children	
8000 Taught (Grants and allocations \$ _____)	132,799.
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).	132,799.

Part IV Balance Sheets (See Specific Instructions on page 20.)

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	6,719.	122,721.
	46 Savings and temporary cash investments		359,017.
	47a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		
	51a Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments -- securities (attach schedule)		
	55a Investments -- land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule)		
	56 Investments -- other (attach schedule)		
	57a Land, buildings, and equipment: basis	75,894.	
	b Less: accumulated depreciation (attach schedule)	32,082.	
58 Other assets (describe)			
59 Total assets (add lines 45 through 58) (must equal line 74)	31,060.	525,550.	
Liabilities	60 Accounts payable and accrued expenses		1,474.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	60,070.	61,521.
	64a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)		19,907.
	65 Other liabilities (describe ▶ Stmt Attchd)		4,928.
66 Total liabilities (add lines 60 through 65)	60,070.	87,830.	
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	-29,010.	137,720.
	68 Temporarily restricted		300,000.
	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)	-29,010.	437,720.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	31,060.	525,550.	

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 (See Specific Instructions, page 22.)

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements... 699,884. Row b: Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments... (2) Donated services & use of facilities \$42,500. (3) Recoveries of prior year grants... (4) Other (specify): Materials \$30,945. Add amounts on lines (1) through (4)... 73,445. Row c: Line a minus line b... 626,439. Row 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)... Row e: Total revenue per line 12, Form 990 (line c plus line d)... 626,439.

Part IV E Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements... 233,154. Row b: Amounts included on line a but not on line 17, Form 990: (1) Donated services & use of facilities... \$42,500. (2) Prior year adjustments reported on line 20, Form 990... (3) Losses reported on line 20, Form 990... (4) Other (specify): Materials \$30,945. Add amounts on lines (1) through (4)... 73,445. Row c: Line a minus line b... 159,709. Row 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)... Row e: Total expenses per line 17, Form 990 (line c plus line d)... 159,709.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 22.)

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 comp., (E) Expense account and other allowances. Row 1: See Attached, 0, 0, 0.

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 Specific Instructions on page 22.

Part VII Other Information (See Specific Instructions on page 23.)

Yes No

76 Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
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?
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?
80b If "Yes," enter the name of the organization
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81
81b Did the organization file Form 1120-POL for this year?
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?
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.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. -- a Were substantially all dues nondeductible by members?
85a Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85b 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
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
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
86a Gross receipts, included on line 12, for public use of club facilities
86b 501(c)(12) organizations. -- Enter:
87a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX
88a 501(c)(3) organizations. -- Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
88b 501(c)(3) and 501(c)(4) organizations. -- Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction.
88c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
88d Enter: Amount of tax on line 88c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 1998 (See instructions.)
91 The books are in care of CAROL SPIZZIRRI Telephone no. 847-928-9683 Located at 4825 N. SCOTT STREET, SCHILLER PARK ZIP + 4 60176
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 27.)

	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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from govt. agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	676.	
96 Dividends and 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 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					4,474.
102 Gross profit/(loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				676.	4,474.
105 Total (add line 104, columns (B), (D), and (E))					5,150.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on pg. 28.)

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).
95	INCIDENTAL ITEMS FROM PROGRAM OPERATIONS
101	INCIDENTAL ITEMS FROM PROGRAM OPERATIONS

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if "Yes" box on line 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	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 General Instruction U, on page 12.)

Signature of officer: *[Signature]* Date: 11/23/99 Type or print name and title: President *[Signature]* J. Spizzuti

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 04/22/99 Check if self-employed: Preparer's SSN: 355-40-4066

Firm's name (or yours if self-employed) and address: Ahlbeck & Company, 1665 Elk Boulevard, Des Plaines, IL, ZIP + 4: 60016

**SCHEDULE A
(Form 990)**

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

See separate instructions.

OMB No. 1545-0047

1998

Department of the Treasury
Internal Revenue Service

▶ **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 on page 1. 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over

\$50,000

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions on page 1. 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

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1998

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 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)?	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 on page 2.)		

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)

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 on page 4.)

(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 on page 4.)

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) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	101,330.	37,566.	110,761.	93,405.	343,062.
16 Membership fees received	550.	1,527.	1,410.	2,875.	6,362.
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					
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					
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	101,880.	39,093.	112,171.	96,280.	349,424.
24 Line 23 minus line 17	101,880.	39,093.	112,171.	96,280.	349,424.
25 Enter 1% of line 23	1,019.	391.	1,122.	963.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	6,988.
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 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts		26b	3,012.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	349,424.
d Add: Amounts from column (e) for lines:	18 _____ 19 _____	26d	3,012.
	22 _____ 26b 3,012. ...	26e	346,412.
e Public support (line 26c minus line 26d total)		26e	346,412.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.138 %

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:

(1997) _____ (1996) _____ (1995) _____ (1994) _____

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:

(1997) _____ (1996) _____ (1995) _____ (1994) _____

c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c	
	17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____		27e	
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, col. (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 1994 through 1997, 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 on page 4.)

Part V Private School Questionnaire (See instructions on page 4.)

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34a	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 on page 8.)
(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 (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	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 38. Enter -0- if line 42 is more than line 38	43	0.	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.	0.

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 7.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
45 Lobbying nontaxable amount .					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 on page 8.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

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 of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

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.

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

Form 990 - Exempt Organization Tax Return
 Line 9a - Special Fundraising Events and Activities

Description of Event	Gross Rec.	Contrib.	Exp.
Various Fundraisers	6,134.	0.	1,660.
TOTAL	6,134.	0.	1,660.

Form 990 - Exempt Organization Tax Return
 Line 42 - Depreciation, Depletion, Etc.

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund-raising
Depreciation	12,209.	0.	12,209.	0.
Amortization	318.	0.	318.	0.
TOTAL	12,527.	0.	12,527.	0.

Form 990 - Exempt Organization Tax Return
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund-raising
Auto expense	561.	561.	0.	0.
Computer expenses	20,187.	13,547.	6,640.	0.
Consulting fees	7,215.	7,215.	0.	0.
Instructor fees	3,200.	3,200.	0.	0.
Insurance	2,390.	0.	2,390.	0.
Licenses & permits	90.	0.	90.	0.
Marketing	6,135.	6,135.	0.	0.
Recruitment	1,598.	1,598.	0.	0.
Miscellaneous	660.	0.	660.	0.
Awards	340.	0.	340.	0.
Bank charges	39.	0.	39.	0.
Dues & subscriptions	323.	0.	323.	0.
TOTAL	42,738.	32,256.	10,482.	0.

Continued on Page 2

Land, Buildings, and Equipment

<u>Asset</u>	<u>Basis</u>	<u>Accum Depr</u>	<u>Book Value</u>
Office Equipment	43,896	19,873	24,023
Vehicle	31,998	0	31,998
Total	75,894	19,873	56,021

Form 990 (1998)
Part IV
Line 63

Save a Life Foundation

36-3869459

Loans from Officers, Directors, Trustees, and Key Employees

Due to Carol Spizzirri

\$61,521

List of Officers, Trustees, and Directors

Name and Address	Title & Average Hours per Week	Compensation	Contributions to employee benefit plans	Expense account and other allowances
Judge Sam Amirante 4825 N. Scott Street Schiller Park, IL 60176	Director	0	0	0
Mr. Rick Bronstein 4825 N. Scott Street Schiller Park, IL 60176	Director	0	0	0
Ms. Carol Spizzirri 4825 N. Scott Street Schiller Park, IL 60176	Executive Director 40 HRS	\$ 35,000	0	0

The above individuals put in time at Save a Life Foundation as needed, except where indicated otherwise.

Form 990 - Part IV - Balance Sheets
Line 64b - Mortgages and Other Notes Payable

Description	Amount
Vehicle Loan	19,907.
Date of Loan: 09/07/98	
Maturity Date: 09/07/02	
Original Amount: 21,668	
TOTAL	19,907.

Form 990 - Part IV - Balance Sheets
Line 65 - Other Liabilities

Description	Amount
Payroll Liabilities	-747.
Interest Due to State of IL	5,675.
TOTAL	4,928.