INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: DEC 11 2007

SAVE A STAR DRUG AWARENESS FOUNDATION C/O MICHAEL A HABER KALCHEIM HARBER LLP 134 N LASALLE ST STE 2100 CHICAGO, IL 60602-0000 Employer Identification Number:
26-0413591
DLN:
17053295004017
Contact Person:
RICHARD K DOLFI ID# 31363
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 26, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2011
Addendum Applies:
No

Dear Applicant:

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We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

SAVE A STAR DRUG AWARENESS

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

Enclosures: Publication 4221-PC

Statute Extension

		SAVE A STAR Drug A	wareness Foundation	EIN:	26 _ 04135	91 [Page 11	
1023 (Rev. 6-2)	blic Charity Stat	us (Continued)						•
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509(a)(1) and of contribu	nd 170(b)(1)(A)(vi)— utions from publicly	an organization that resupported organization	eceives a substantial pa	al unit, or from the	general pub	lic. ss		11-20
509(a)(2) investmen	an organization the	at normally receives no gives more than one-ti	of more than one-third third of its financial suppose exempt functions (suit	ort from contribut oject to certain ex	ions, member ceptions).	ship		
A publicly	supported organiz	ation, but unsure if it i	s described in 5g or 5h	. The organization	Would like th			-
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Request to the Code excise tax at the end years to 8 the extens Assessme	for Advance Rulin you request an ad c under section 494 d of the 5-year adv 3 years, 4 months, sion to a mutually ent Period, provide a You may obtain	g: By checking this bo vance ruling and agree to of the Code. The ta ance ruling period. Th and 15 days beyond t agreed-upon period of s a more detailed expl Publication 1035 free	ox and signing the conset to extend the statute x will apply only if you be assessment period whee end of the first year, if time or issue(s). Public anation of your rights a for charge from the IRS not deprive you of any the statute of ilmitation	of limitations on the filmitations on the filmitations on the film be extended for You have the right attorn 1035, Extended the consequent web site at www.limitation.	e assessmen ublic support the 5 advance to refuse of ding the Tax ces of the ch rs.gov or by c which you wo	t of status se ruling r limit oices salling uld		11-28
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	Director, Exempt Organiz							
you are	at for Definitive Ru requesting a define 5 above. Answer both lines 6b(i) and	line 6b(li) if you check	f you have completed on your public support steed box half line 5 above	one tax year of at l atus, answer line 6 a. If you checked l	east 8 full mo ab(i) if you cho box i in line 5	onths and ecked box above,		
(i) (a) l (b)	Enter 2% of line 8, Attach a list showi	column (e) on Part IX	-A. Statement of Revenunt contributed by each	check this box.				
(ii) (a)	For each year amo Expenses, attach a answer is "None,"	ounts are included on a last showing the name check this box.	lines 1, 2, and 9 of Partie of and amount receiv	ed from each disc	s and Excens	es, attach		
(b)	a list showing the	name of and amount	line 9 of Part IX-A. Stat received from each pay (1) 1% of line 10, Part I "None," check this bo	X-A. Statement of	squalified per Revenues an	a . 		
7 Did yo Revent	u receive any unus	sual grants during any	of the years shown on including the name of grant, and explain why	Part IX-A. Statements the contributor, the	ent of e date and	☐ Yes	L	No