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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2010**Department of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection****A For the 2010 calendar year, or tax year beginning****, 2010, and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☒ Amended return
- ☐ Application pending

**C**

**SURVIVORVISION**  
**282 E WILSON STREET**  
**ELMHURST, IL 60126-4558**

**D Employer identification number**

54-2067862

**E Telephone number**

630-359-5172

**F Group Exemption Number****G Accounting Method:** ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_**I Website:** ► [HTTP://WWW.SURVIVORVISION.ORG/](http://WWW.SURVIVORVISION.ORG/)**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J Tax-exempt status** (ck only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 122,241.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	101,574.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	93.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ 485. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	20,574.
	<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	9,599.
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	10,975.
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	112,642.
EXPENSES	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	37,825.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	71.
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	16,356.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	54,252.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	58,390.
NET ASSETS	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	94,067.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	152,457.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**Form **990-EZ** (2010)

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<b>Part II</b>	<b>Balance Sheets.</b> (see the instructions for Part II.)
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Check if the organization used Schedule O to respond to any question in this Part II			
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	94,067.	22 152,457.
23	Land and buildings		23
24	Other assets (describe in Schedule O) _____		24
25	<b>Total assets</b>	94,067.	25 152,457.
26	<b>Total liabilities</b> (describe in Schedule O) _____	0.	26 0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	94,067.	27 152,457.

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instrs for Part III.)
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What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others )

28	SEE SCHEDULE O		
	(Grants \$ 7,900.) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29	SEE SCHEDULE O		
	(Grants \$ 1,000.) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30	SEE SCHEDULE O		
	(Grants \$ 2,000.) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) SEE SCHEDULE O		
	(Grants \$ 26,925.) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (see the instructions for Part IV.)
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[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE OCheck if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . .	<b>39b</b> N/A	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> 0., section 4912 <b>▶</b> 0.; section 4955 <b>▶</b> 0.		
<b>b</b> Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> <u>IL</u>		

**42a** The organization's books are in care of **▶** DOUGLAS C. STEPENSKE Telephone no **▶** 630-359-5172  
 Located at **▶** 282 E. WILSON ELMHURST IL ZIP + 4 **▶** 60126

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country: **▶** \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? .  
 If 'Yes,' enter the name of the foreign country: **▶** \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **▶** ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** 43 N/A

**44a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

**b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

**c** Did the organization receive any payments for indoor tanning services during the year?

**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

	Yes	No
<b>44a</b>		X
<b>44b</b>		X
<b>44c</b>		X
<b>44d</b>		

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
<b>45</b>		X
<b>45a</b>		X
<b>46</b>		X

**a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

	Yes	No
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		X
<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

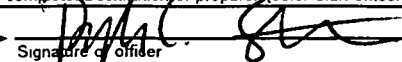
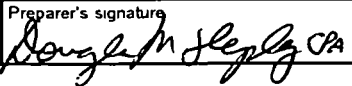
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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.

<b>Sign Here</b>	Signature of officer 	Date 7/30/2012			
	DOUGLAS C. STEPENSKE Type or print name and title	PRESIDENT			
<b>Paid Preparer Use Only</b>	Pnn/Type preparer's name DOUGLAS M. SHEPLEY	Preparer's signature 	Date 7/26/12	Check <input type="checkbox"/> if self-employed	PTIN N/A
	Firm's name ▶ DMS CPA'S, LTD.				
	Firm's address ▶ 970 N OAKLAWN AVE STE 202 ELMHURST, IL 60126	Firm's EIN ▶ N/A Phone no (630) 941-3600			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

SURVIVORVISION

Employer identification number

54-2067862

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I
  - b ☐ Type II
  - c ☐ Type III — Functionally integrated
  - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	37,750.	21,070.	4,425.	1,287.	101,574.	166,106.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>4 Total.</b> Add lines 1 through 3	37,750.	21,070.	4,425.	1,287.	101,574.	166,106.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						96,663.
<b>6 Public support.</b> Subtract line 5 from line 4						69,443.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	37,750.	21,070.	4,425.	1,287.	101,574.	166,106.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	330.	24.	304.		93.	751.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						166,857.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	111,100.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	41.6 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	99.0 %

**16a 33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒**b 33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐**17a 10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐**b 10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐

BAA

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public Inspection**

Name of the organization

SURVIVORVISION

Employer identification number

54-2067862

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes    ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLD RIBBON GA (event type)	(event type)	(total number)	(add column (a) through column (c))
	1 Gross receipts	19,568.			19,568.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	19,568.			19,568.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,300.			1,300.
	7 Food and beverages	6,300.			6,300.
	8 Entertainment				
	9 Other direct expenses	999.			999.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				8,599.
	11 Net income summary. Combine line 3, column (d), and line 10				10,969.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_

- |           |                                                                                                                                                       |                              |                             |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>11</b> | Does the organization operate gaming activities with nonmembers?                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

- 13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility

**b** An outside facility

13a	%
13b	%

13b	%
-----	---

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ►

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If 'Yes,' enter name and address of the third party:

Name ▶

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee

☐ Independent contractor

- ## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**SURVIVORVISION**

Employer identification number

**54-2067862**

**FORM 990-EZ - EXPLANATION OF AMENDED RETURN**

**THIS AMENDED RETURN IS BEING FILED TO CORRECT VARIOUS ITEMS INCLUDING:**

**PART 1, LINE 1 AND LINE 6 - CERTAIN AMOUNTS OF GROSS INCOME FROM FUNDRAISING EVENTS**

**HAVE BEEN RECLASSIFIED AS CONTRIBUTIONS.**

**SCHEDULE A PART II, SECTION A, SECTION B AND SECTION C**

**THE CHANGES ARE DUE TO:**

**- A MISCLASSIFICATION OF CHARITABLE CONTRIBUTION FROM A MAJOR CONTRIBUTOR WHICH WAS  
NOT PROPERLY FACTORED INTO THE PUBLIC SUPPORT TEST**

**- ELIMINATION OF UNUSUAL GRANTS IN 2007 AND 2009 THAT WERE ORIGINALLY INCLUDED AS  
GRANTS ON LINE 1**

**- RECLASSIFICATION OF CONTRIBUTIONS IN PRIOR YEARS THAT WERE MISCLASSIFIED AS PART  
OF GROSS INCOME FROM RELATED ACTIVITIES ON LINE 12**

**- CORRECTION OF THE 2009 PUBLIC SUPPORT PERCENTAGE AS REPORTED ON LINE 15**

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

**TO PROVIDE A NETWORK OF SUPPORT TO SURVIVORS OF PEDIATRIC CANCER THROUGH:**

**ADVOCACY AND SUPPORT GROUPS IN THE COMMUNITY**

**FUNDING TO SUPPORT RESEARCH INITIATIVES**

**EDUCATIONAL PROGRAMS AND ACCESS TO RESOURCES THAT ENHANCE SURVIVORS' QUALITY OF**

**LIFE WHILE MINIMIZING CANCER'S LONG-TERM EFFECTS**

Name of the organization

SURVIVORVISION

Employer identification number

54-2067862

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE PEDIATRIC ONCOLOGY SURVIVORSHIP IN TRANSITION (POST) CLINIC OF HOPE CHILDREN'S  
HOSPITAL AT ADVOCATE CHRIST MEDICAL CENTER

THE POST CLINIC AT HOPE CHILDREN'S HOSPITAL IS ONE OF THE MOST EXTENSIVE PEDIATRIC  
CANCER SURVIVORS SUPPORT PROGRAMS IN THE MIDWEST. IT HAS ADDRESSED THE NEEDS OF  
PATIENTS TREATED FOR PEDIATRIC CANCER WHO HAVE NOT RELAPSED IN THREE YEARS. A  
CORNERSTONE OF THE PROGRAM IS TO PROVIDE A GENERAL HEALTH SCREENING OF CHILDHOOD  
CANCER SURVIVORS PER STANDARD RECOMMENDATIONS FOR AGE. SURVIVORVISION IS PROUD TO  
SUPPORT THE POST CLINIC CHALLENGE, WHICH ENGAGES 20 CHILDHOOD CANCER SURVIVORS  
INTO PHYSICAL ACTIVITY, TEAMWORK, AND LEADERSHIP. CHILDREN WHO HAVE COMPLETED  
CANCER THERAPY, VOLUNTARILY PARTICIPATE IN HOURLY TRAINING SESSIONS ONCE A WEEK  
FOR 10 WEEKS TO PREPARE FOR A 5K RUNNING EVENT.

**FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

SURVIVORS TAKING ACTION & RESPONSIBILITY (STAR) PROGRAM AT CHILDREN'S MEMORIAL  
HOSPITAL

THIS PROGRAM PROVIDES STATE-OF-THE-ART, COMPREHENSIVE LONG-TERM FOLLOW-UP CARE TO  
CANCER SURVIVORS FROM CHILDHOOD TO THE AGE OF EIGHTEEN, SERVING ROUGHLY 360  
PATIENTS ANNUALLY. THIS PROGRAM PROVIDES SERVICES WITHIN A CLINICAL SETTING WITH  
AN EMPHASIS ON PATIENT CARE, EDUCATION, AND RESEARCH THAT ADDRESSES THE PHYSICAL  
AND EMOTIONAL EFFECTS OF PATIENTS' CANCER TREATMENT. PATIENTS ENTER THE STAR  
PROGRAM FIVE YEARS AFTER DIAGNOSIS, PENDING A CANCER-FREE DIAGNOSIS.

SURVIVORVISION IS PLEASED TO ONCE AGAIN FUND A SPECIAL RESEARCH PROGRAM TO  
DETERMINE THE CAUSES OF SURVIVORS' DECREASING BONE STRENGTH THAT ELEVATES THEIR  
RISK FOR FRACTURES.

**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

SURVIVORS TAKING ACTION & RESPONSIBILITY (STAR) PROGRAM AT NORTHWESTERN MEMORIAL  
HOSPITAL

Name of the organization

SURVIVORVISION

Employer identification number

54-2067862

**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE STAR PROGRAM BEGAN IN 2001 TO PROVIDE STATE-OF-THE-ART, COMPREHENSIVE CARE TO

YOUNG ADULT SURVIVORS OF CHILDHOOD CANCER, BEGINNING AT THE AGE OF EIGHTEEN.

SURVIVORVISION HAS SUPPORTED STAR'S RESEARCH STUDIES DIRECTLY AFFECTING PATIENT

CARE SUCH AS THEIR MRI BREAST IMAGING STUDY, SPECIAL EVENTS FOR CANCER SURVIVORS,

AND EDUCATIONAL SYMPOSIUMS FOR SURVIVORS, CAREGIVERS AND HEALTHCARE PROVIDERS. IN

THE LAST FEW YEARS, THE PREVALENCE OF SECONDARY CANCERS DIAGNOSED IN THE CLINIC

HAS INCREASED SIGNIFICANTLY. THIS INCREASE REFLECTS THE CRITICAL NEED FOR THE

LONG-TERM FOLLOW-UP CARE FOR SURVIVORS OF CHILDHOOD CANCER THAT THE CLINIC

PROVIDES THROUGH EDUCATION AND OUTREACH INITIATIVES. THE PROGRAM CURRENTLY MANAGES

CARE TO OVER 250 YOUNG ADULT SURVIVORS OF CHILDHOOD CANCER - MANY OF WHOM HAVE

ONGOING, COMPLEX MEDICAL AND PSYCHOLOGICAL NEEDS.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

## SURVIVORVISION

54-2067862

**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CASH AMOUNT GIVEN: \$ 37,825.

**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	4,849.
BANK CHARGES		109.
DAY +100 PACKS		4,262.
INFORMATION TECHNOLOGY		4,899.
INSURANCE		422.
INTEREST		17.
PENALTY		1,798.
<b>TOTAL</b>	<b>\$</b>	<b>16,356.</b>

**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
<p>THE PEDIATRIC ONCOLOGY INTEGRATIVE MEDICINE RESEARCH CONSORTIUM (PIRCH) AT CHILDREN'S MEMORIAL HOSPITAL SURVIVORVISION IS EXCITED TO HELP FUND THE ESTABLISHMENT OF THIS PROGRAM THAT WILL EXPLORE CONVENTIONAL AND ALTERNATIVE MEDICAL TREATMENTS FOR SURVIVORS OF CHILDHOOD CANCER, IN AN EFFORT TO INCREASE THEIR QUALITY OF LIFE AND DECREASE THE COMPLICATIONS THAT ARISE YEARS AFTER TREATMENT. LED BY AN EXPERIENCED TEAM OF DOCTORS AND RESEARCHERS, THE CONSORTIUM WILL TEST THE OUTCOMES OF SPECIFIC CANCER TREATMENTS, WHICH INTEGRATE BIOLOGICALLY BASED PROTOCOLS WITH EXISTING CHEMOTHERAPIES. THE RESULTS OF THE PIRCH TEAM'S RESEARCH WILL BE STORED, RECORDED AND ANALYZED AT THE BIostatISTICS CENTER AT CHILDREN'S MEMORIAL HOSPITAL, WHERE THE CONSORTIUM WILL BE BASED.</p> <p>INCLUDES FOREIGN GRANTS: NO</p>	17,325.	
<p>CROSS-SECTIONAL STUDY IN PEDIATRIC CANCER RESEARCH AT CHILDREN'S MEMORIAL HOSPITAL RESEARCHERS IN CHICAGO WILL BE EXPLORING THE RELATIONSHIP BETWEEN SPECIFIC PROTEIN DEFICIENCIES AND THE PREVALENCE OF FATIGUE IN PEDIATRIC CANCER PATIENTS. SURVIVORVISION IS PROUD TO HELP FUND THIS CROSS-SECTIONAL STUDY, THAT WILL EXAMINE THE ONSET OF FATIGUE IN THE PEDIATRIC CANCER POPULATION IN PATIENTS AGES 8-18 OVER THE COURSE OF A YEAR. DOCTORS WILL COLLECT DATA FROM INDIVIDUALS WHO HAVE RECEIVED TREATMENT FOR CANCER IN THE LAST FIVE YEARS, INCLUDING BLOOD SAMPLES TO DETERMINE CARNITINE LEVELS, AND THE RESULTS OF NUMERIC RATINGS FROM TWO MAJOR FATIGUE ASSESSMENTS, WHICH ARE ADMINISTERED ON PATIENTS WITH CHRONIC ILLNESSES. THE STUDY FINDINGS AND DATA INTERPRETATION WILL FINALLY BE PREPARED FOR PUBLICATION IN VARIOUS MEDICAL JOURNALS NATIONWIDE.</p>	9,600.	



FORM 990-EZ, PART III, LINE 31 (CONTINUED)  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 26,925.	\$ 0.

**UNUSUAL GRANTS**  
**SCHEDULE A, PART II OR PART III, LINE 1**

NAME OF CONTRIBUTOR:	CHARLES O'MALLEY CHAR. LEAD TRUST		
DESCRIPTION OF GRANT:			
DATE OF GRANT:	6/30/2009		
AMOUNT OF GRANT:		\$	100,000.
NAME OF CONTRIBUTOR:	CHARLES O'MALLEY		
DESCRIPTION OF GRANT:			
DATE OF GRANT:	6/30/2007		
AMOUNT OF GRANT:		\$	30,000.

**EXCESS CONTRIBUTIONS**  
**SCHEDULE A, PART II, LINE 5**

<u>NAME</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>TOTAL</u>	<u>2% AMT</u>	<u>EXCESS</u>
CHARLES O'MALLEY CHAR. LEAD TRUST	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 100000.	\$ 100000.	\$ 3,337.	\$ 96,663.
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 100000.</u>	<u>\$ 100000.</u>	<u>\$ 3,337.</u>	<u>\$ 96,663.</u>