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

OMB No 1545-1150

2011**Open to Public Inspection**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.

A For the 2011 calendar year, or tax year beginning , 2011, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 or a section 527 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. **\$ 126,213.****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	1 Contributions, gifts, grants, and similar amounts received	1	102,754.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	678.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 204. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	22,781.
c Less: direct expenses from gaming and fundraising events	6c	9,353.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,428.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	116,860.	
10 Grants and similar amounts paid (list in Schedule O)	10	99,674.	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13	2,955.	
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	356.	
16 Other expenses (describe in Schedule O)	16	29,516.	
17 Total expenses. Add lines 10 through 16	17	132,501.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,641.	
19 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)	19	152,457.	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	136,816.	

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Part II Balance Sheets. (see the instructions for Part II.)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	152,457.	22 136,816.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	152,457.	25 136,816.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	152,457.	27 136,816.

Part III Statement of Program Service Accomplishments (see the instrs for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 <u>SEE SCHEDULE O</u>		
(Grants \$ 7,835.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 <u>SEE SCHEDULE O</u>		
(Grants \$ 33,500.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 <u>SEE SCHEDULE O</u>		
(Grants \$ 10,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>		
(Grants \$ 38,305.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DOUGLAS C. STEPENSKE 282 WILSON ELMHURST, IL 60126	PRESIDENT 10	0.	0.	0.
JACKI PETRILLO 667 S SUNNYSIDE ELMHURST, IL 60126	SECRETARY 10	0.	0.	0.
CHRIS THEISEN 899 CHATHAM AVE ELMHURST, IL 60126	TREASURER 10	0.	0.	0.
JULIA O'MALLEY STEPENSKE 282 E. WILSON ELMHURST, IL 60126	EXECUTIVE DIR. 0	0.	0.	0.
KIM THORMANN-POWERS 1537 W. WELLINGTON AVE. CHICAGO, IL 60657	DIRECTOR 0	0.	0.	0.
COLLEEN KELTY 211 MAY STREET ELMHURST, IL 60126	DIRECTOR 0	0.	0.	0.
JOYCE TULLY 7704 DALEWOOD PARKWAY WOODRIDGE, IL 60517	DIRECTOR 0	0.	0.	0.
MIKE KRZAK 622 BABCOCK ELMHURST, IL 60126	DIRECTOR 0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒**33** 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

	Yes	No
33		X

34 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)

34		X
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a		X
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b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O

35b		
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c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III

35c		X
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36 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

36		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.**b** Did the organization file Form 1120-POL for this year?

37b		X
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a		X
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved**38b** N/A**39** Section 501(c)(7) organizations. Enter:**a** Initiation fees and capital contributions included on line 9**39a** N/A**b** Gross receipts, included on line 9, for public use of club facilities**39b** N/A**40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:section 4911 **0.**; section 4912 **0.**; section 4955 **0.****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

40b		X
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c 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**0.****d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization**0.****e** 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

40e		X
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41 List the states with which a copy of this return is filed **IL****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)?

	Yes	No
42b		X

If 'Yes,' enter the name of the foreign country: _____

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

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c		X
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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 and enter the amount of tax-exempt interest received or accrued during the tax year

43	<input type="checkbox"/> N/A
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44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X

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

44b		X
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c Did the organization receive any payments for indoor tanning services during the year?

44c		X
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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

44d		
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45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45a		X
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b 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 instructions)

45b		X
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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

	Yes	No
46		X

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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X

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

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

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

e 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.'

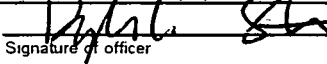
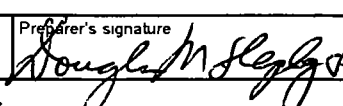
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

e 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.

Sign Here	Signature of officer 	Date <u>7/30/2012</u>
	DOUGLAS C. STEPENSKE Type or print name and title	PRESIDENT
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS M. SHEPLEY	Preparer's signature 
	Firm's name ▶ DMS CPA'S, LTD.	Date <u>7/26/12</u>
	Firm's address ▶ 970 N OAKLAWN AVE STE 202 ELMHURST, IL 60126	Check <input type="checkbox"/> if self-employed PTIN P00027973
		Firm's EIN ▶ 27-1741481 Phone no (630) 941-3600

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

☒ Yes ☐ No

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

2011**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)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') ▶	21,070.	4,425.	1,287.	101,574.	102,754.	231,110.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	21,070.	4,425.	1,287.	101,574.	102,754.	231,110.
5 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)						195,356.
6 Public support. Subtract line 5 from line 4						35,754.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	21,070.	4,425.	1,287.	101,574.	102,754.	231,110.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24.	304.		93.	678.	1,099.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						232,209.
12 Gross receipts from related activities, etc (see instructions)						111,980.

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	15.40 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	41.60 %

16a 33-1/3% support test – 2011. 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 – 2010. 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 – 2011. 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 – 2010. 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) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 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.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. 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 – 2010. 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).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

2011

**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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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 6b. List events with gross receipts greater than \$5,000.

		(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))
REVENUE	1 Gross receipts	22,985.			22,985.
	2 Less: Charitable contributions	204.			204.
	3 Gross income (line 1 minus line 2)	22,781.			22,781.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,616.			8,616.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	737.			737.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,353.
	11 Net income summary. Combine line 3, column (d), and line 10				13,428.

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.

		(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 _____

11	Does the organization operate gaming activities with nonmembers?	Yes	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	%
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
19	100
20	100
21	100
22	100
23	100
24	100
25	100
26	100
27	100
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82	100
83	100
84	100
85	100
86	100
87	100
88	100
89	100
90	100
91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

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

2011

Open to Public
Inspection

SURVIVORVISION

Employer identification number

54-2067862

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

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

Name of the organization

Employer identification number

SURVIVORVISION

54-2067862

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

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

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

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

CLASS OF ACTIVITY:	POST CLINIC FUND	
DONEE'S NAME:	ADVOCATE HOPE CHILDREN'S HOSPITAL	
DONEE'S ADDRESS:	4440 WEST 95TH STREET	
	OAK LAWN, IL 60453	
RELATIONSHIP OF DONEE:	UNRELATED	
CASH AMOUNT GIVEN:		\$ 7,835.
CLASS OF ACTIVITY:	STAR PROGRAM	
DONEE'S NAME:	CHILDREN'S MEMORIAL HOSPITAL	
DONEE'S ADDRESS:	225 E. CHICAGO AVE.	
	CHICAGO, IL 60611	
RELATIONSHIP OF DONEE:	UNRELATED	
CASH AMOUNT GIVEN:		\$ 56,730.
CLASS OF ACTIVITY:	MENTORSHIP - SURVIVORS	
DONEE'S NAME:	LIVING THROUGH LEARNING FOUNDATION	
DONEE'S ADDRESS:	28 W FRANCIS ST	
	ISELIN, NJ 08830	
RELATIONSHIP OF DONEE:	UNRELATED	
CASH AMOUNT GIVEN:		\$ 15,075.
CLASS OF ACTIVITY:	STAR PROGRAM	
DONEE'S NAME:	NORTHWESTERN UNIVERSITY	
DONEE'S ADDRESS:	675 NORTH ST. CLAIR STREET	
	CHICAGO, IL 60611	
RELATIONSHIP OF DONEE:	UNRELATED	
CASH AMOUNT GIVEN:		\$ 10,000.
CLASS OF ACTIVITY:	TEXTBOOK SCHOLARSHIPS	
RELATIONSHIP OF DONEE:	UNRELATED	
CASH AMOUNT GIVEN:		\$ 10,034.

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

ADVERTISING AND PROMOTION	\$ 1,374.
BANK CHARGES	34.
DAY +100 PACKS	24,940.
INFORMATION TECHNOLOGY	2,320.
INSURANCE	422.
OFFICE EXPENSES	426.
TOTAL	\$ 29,516.

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

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
THE LIVING THROUGH LEARNING FOUNDATION (LTLF) - SURVIVOR ADVOCACY-2144		
THE LIVING THROUGH LEARNING FOUNDATION (LTLF) IS A 501(C)(3) EDUCATIONAL NONPROFIT WITH A MISSION: TO HELP		

SURVIVORVISION

54-2067862

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

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
<p>CHILDREN WITH CHRONIC HEALTH CONDITIONS ACHIEVE THEIR EDUCATIONAL AND OVERALL LIFE GOALS THROUGH INNOVATIVE PROGRAMMING AND ACTIVITIES. LTLF HAS PROVIDED VIRTUAL VISITS AND EDUCATIONAL PROGRAMS FOR HUNDREDS OF CHILDREN AND YOUNG ADULTS RANGING IN AGES FROM FOUR TO TWENTY SEVEN. THESE LEARNERS HAVE HAD CHRONIC CONDITIONS SUCH AS CANCER, SICKLE CELL ANEMIA, TUBULAR SCLEROSIS, CYSTIC FIBROSIS, AND MANY OTHERS THAT HAS KEPT THEM OUT OF SCHOOL FOR EXTENDED PERIODS OF TIME.</p>		
<p>PURPOSE: TO HELP YOUNG ADULTS CANCER SURVIVORS CREATE AN EFFECTIVE GOAL SETTING SYSTEM FOR THEIR COLLEGE OR POST SECONDARY SEARCH PROCESS. DATA WILL BE COLLECTED ON THE EFFECTIVENESS OF THE PROGRAM AND WILL BE USED TO CREATE A UNIVERSAL, COMPREHENSIVE, ON-LINE SYSTEM THE UTILIZES VIDEO CONFERENCING AND OTHER WEB BASED INSTRUCTIONAL TOOLS, THAT INDIVIDUALIZES THE COLLEGE SEARCH PROCESS FOR CANCER SURVIVORS AND ASSISTS THEM WITH THEIR EDUCATIONAL GOALS AND TRANSITION TO A POST SECONDARY PROGRAM.</p>		
<p>EXPECTED OUTCOMES: A NUMBER OF MEASURES WILL BE USED THROUGHOUT THIS PROGRAM TO COLLECT INFORMATION AND OUTCOMES. PRE AND POST INTERVENTION SURVEYS ON EDUCATIONAL ENGAGEMENT AND GOAL SETTING WILL BE USED TO BETTER UNDERSTAND THE WANTS AND NEEDS OF THE SURVIVORS OF CHILDHOOD CANCER. THE DATA FROM THESE SURVEYS SHOULD DEMONSTRATE AN INCREASED ABILITY TO SET AND ACHIEVE GOALS RELATED TO GETTING INTO THE COLLEGE OR POST SECONDARY SCHOOL OF THEIR CHOICE. IT IS EXPECTED THAT THE "COACHING" SESSIONS WITH A MEMBER OF THE LTLF STAFF WILL INCREASE THE PARTICIPANTS CONFIDENCE AND ABILITY TO SET GOALS, CREATE A COLLEGE SEARCH PLAN AND TIME LINE, IMPLEMENT THE SEARCH PLAN AND SEND ALL DOCUMENTATION IN ON TIME. A FOLLOW-UP CALL TO THE PARTICIPANTS TO FIND OUT IF THEY GOT INTO THE COLLEGE OR POST SECONDARY PROGRAM OF THEIR CHOICE WILL BE PARTICULARLY VALUABLE IN ASSESSING IF THE DESIRED OUTCOMES ARE MET AND WILL PROVIDE VALUABLE FEEDBACK THAT WILL HELP IN THE CREATION OF A COLLEGE SEARCH SYSTEM FOR SURVIVORS ON A LARGER SCALE.</p>	15,075.	
<p>INCLUDES FOREIGN GRANTS: NO</p>		
<p>CHILDREN'S MEMORIAL HOSPITAL - CANCER STEM CELL RESEARCH PROGRAM-RESEARCH 2147</p>		
<p>OUR CANCER RESEARCH IS CONSIDERED A TRANSLATIONAL RESEARCH. IT DIFFERS FROM BASIC RESEARCH IN ITS PRIMARY GOAL WHICH IS TO COMBINE ADVANCEMENTS IN MOLECULAR BIOLOGY WITH CLINICAL TRIALS, TAKING RESULTS FROM THE "BENCH TO BEDSIDE". IT IS IN A WAY OF THINKING ABOUT CONDUCTING SCIENTIFIC RESULTS OF RESEARCH RELEVANT TO PATIENTS UNDER STUDY. THIS TYPE OF RESEARCH IS GREATLY NEEDED TO TRANSLATE THE FINDINGS IN BASIC RESEARCH TO MOVE IT QUICKLY AND EFFICIENTLY INTO PRACTICE. FOR THIS PROPOSE STUDY, WE ARE SEEKING FUNDING OF APPROXIMATELY \$20,000.00 WITH THE PURPOSE TO DO A</p>		

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

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
<p>RETROSPECTIVE ANALYSIS ON 13 SELECTED PATIENTS WITH ACUTE LEUKEMIA WHO UNDERWENT HEMATOPOEITIC STEM CELL TRANSPLANTATION, RELAPSED AFTER THE FIRST TRANSPLANT, SALVAGED TREATMENT WITH CHEMOTHERAPY AND RECEIVED A SECOND ALLOGENEIC TRANSPLANT. IT IS OUR CONVICTION THAT NO STUDY HAVE YET ANALYZED THE RELATIONSHIP BETWEEN MULT-DONOR CHIMERISM STATES IN COEXISTENCE WITH THE PATIENT GRAFT CHIMERA AFTER A SECOND ALLOGENEIC HEMATOPOEITIC STEM CELL TRANSPLANT.</p> <p>THE STUDY UTILIZES CHIMERIC ENGRAFTMENT AS THE TOOL TO BETTER UNDERSTAND THE COMPLEX KINETICS OF HEMATOPOEITIC STEM CELL TRANSPLANTATION, CORRELATING THE COEXISTENCE OF MULTI-DONOR GRAFTS ENCOUNTERED DURING THE ENGRAFTMENT PERIOD AND LOOK FURTHER INTO THE LONG TERM OUTCOME OF THE PATIENTS' TRANSPLANT.</p> <p>THE PLAN IS TO RETRIEVE LEFT OVER DNA(S) OTHERWISE SUCH SAMPLES ARE CONSIDERED FOR DISCARD AND RE-ANALYZE THESE SAMPLES WITH A NEW AND NOVEL TECHNOLOGY KNOWN AS QUANTITATIVE REAL TIME PCR (Q-RT PCR) WHICH WAS RECENTLY VALIDATED AND AVAILABLE IN OUR LAB. THIS METHOD PERFORMS CHIMERISM WITH A SENSITIVITY OF >0.1%. AND ALSO BY TAKING ADVANTAGE OF OTHER SPECIAL FEATURES PROVIDED BY THE INSTRUMENT AND SOFTWARE ANALYSIS, WE ARE ALSO ABLE TO EXPLORE DEEPER INSIGHTS INTO AREAS SUCH AS MINIMAL RESIDUAL DISEASE, GRAFT VERSUS HOST DISEASE, GRAFT REJECTION/FAILURE TO MENTION A FEW.</p> <p>BRIEFLY THE PROCESS METHOD CONSISTS OF: SCREENING ASSAYS ON THE FOLLOWING:</p> <p>1) PATIENT/1ST DONOR PAIR, 2) 1ST DONOR/2ND DONOR PAIR AND 3) PATIENT/2ND DONOR PAIR TO DETERMINE INFORMATIVE ALLELE WHICH ARE THEN SELECTED FOR POST TRANSPLANT CHIMERISM. ALSO INCLUDED IS A SIDE STEP TEST. DURING SALVAGED THERAPY AND OR BEFORE THE SECOND TRANSPLANT, GRAFT CHIMERISM OF THE PATIENT PAIRED WITH THE 1ST DONOR WILL BE TESTED TO EVALUATE THE CURRENT DISEASE STATUS OF THE PATIENT WITH THE EXPECTATION OF THE RETURN OF THE 1ST DONOR'S GRAFT OR CLOSE TO 100% CHIMERA OF DONOR'S CELL OF ORIGIN (CR)</p> <p>CLOSE MONITORING OF GRAFT INCLUDES CELL LINEAGE SUBSETS (LYMPHOID AND MYELOID) THUS PROVIDES A CLOSER LOOK AT THE MOLECULAR LEVEL OF THE RELATIONSHIPS BETWEEN PATIENT'S GRAFT CHIMERA ON ONE HAND AND THE TWO DONOR'S GRAFT CHIMERA ON THE OTHER HAND. KNOWLEDGE AND INFORMATION GAINED THROUGH THIS STUDY WILL PROVIDE BETTER UNDERSTANDING ON THE MECHANISM OF STEM CELL ALLOGENEIC GRAFT RECONSTITUTION, INSIGHTS INTO THE DISEASE STATUS OF THE PATIENT AT THE TIME OF THE SECOND TRANSPLANT, DURATION OF REMISSION AFTER SECOND TRANSPLANT AND ANALYSIS OF LONG TERM OUTCOME ASSESSMENTS.</p> <p>MOST IMPORTANTLY, IF OR WHEN MIXED CHIMERISM OCCURS, DETERMINATION OF WHOSE GRAFT THE CELLS ARE ORIGINATING FROM CAN ALERT PHYSICIANS WHETHER RECURRENCE OF THE DISEASE IS PENDING OR PERHAPS, THE 1ST DONOR GRAFT RETURNED AND THE FINAL WINNER (SURVIVOR) WITH ITS RETURN.</p> <p>REVIEW OF RESULTS IS PERFORMED BY DR KLETZEL AND WEEKLY DISCUSSION OF THE PROGRESS IS CONDUCTED AS WELL. ANALYSIS</p>		

SURVIVORVISION

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

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
AND REPORTING WILL BE SIMILAR TO THE SPREAD SHEET USED IN REPORTING CHIMERISM TEST RESULTS AND A FINAL DATA ANALYSIS PROJECTED TO BE COMPLETED WITHIN A YEAR. WRITING OF PAPER DRAFT IS SIMULTANEOUSLY DONE AS THE STUDY PROGRESSES ON.	20,000.	
INCLUDES FOREIGN GRANTS: NO		

CHILDREN'S MEMORIAL-HOT HEALTHY LIVING-2145

THE HEMATOLOGY-ONCOLOGY-TRANSPLANT (HOT) DIVISION AT CHILDREN'S MEMORIAL HOSPITAL HAS DEVELOPED THE HEALTHY LIVING INITIATIVE (HLI) TO ENCOURAGE THE ADOPTION OF HEALTHY LIFESTYLES BY OUR PATIENTS AND FAMILIES UNDERGOING TREATMENT FOR LIFE-THREATENING DISEASES. HLI ENCOMPASSES A NUMBER OF DIFFERENT APPROACHES AND HAS ALREADY INSTITUTED A NUMBER OF IN-CLINIC INTERVENTIONS. THESE INCLUDE SPONSORING LIVE DEMONSTRATIONS IN THE CLINIC WAITING ROOM OF HEALTHY FOOD PREPARATION AS WELL AS CREATING RESOURCE PACKETS FOR CLINICIANS TO USE IN EDUCATING PATIENTS AND FAMILIES ON HEALTHY BEHAVIORS. THIS PROPOSAL IS FOR FUNDING TO FURTHER THE EVIDENCE-BASED APPROACH TO DESIGNING AND TESTING ADDITIONAL INTERVENTIONS. WE HAVE ALREADY ADMINISTERED A SURVEY TO ASSESS KNOWLEDGE AND ATTITUDES ABOUT HEALTHY EATING AND EXERCISE HABITS AMONG FAMILIES BEING SEEN IN THE HEMATOLOGY AND ONCOLOGY CLINICS, SO WE ARE NOW PROPOSING TO CONDUCT FOCUS GROUPS TO FOLLOW-UP ON THE SURVEY FINDINGS AND FURTHER ELICIT FROM THOSE FAMILIES WHAT COMPONENTS OF AN INTERVENTION TO OVERCOME BARRIERS AND INCREASE HEALTHY BEHAVIORS WOULD BE MOST USEFUL TO THEM. THE DATA FROM THE FOCUS GROUPS COMBINED WITH THE SURVEYS WILL BE USED TO DESIGN AND TEST IN A FORMAL RESEARCH STUDY THE IMPACT OF AN INTERVENTION TO IMPROVE HEALTH BEHAVIORS. NO OTHER FUNDING HAS BEEN RECEIVED FOR THESE RESEARCH PROJECTS.

STATEMENT OF PROBLEM

MUCH IS KNOWN ABOUT HEALTH-RELATED QUALITY OF LIFE IN PEDIATRIC CANCER PATIENTS, BUT DESPITE GROWING CONCERN DUE TO OVERWEIGHT SURVIVORS LITTLE HAS BEEN PUBLISHED TO DATE ABOUT HOW FAMILIES DEALING WITH CHILDHOOD CANCER APPROACH HEALTHY LIVING. THE TREATMENT OF OBESITY AND ASSOCIATED HEALTH COMPLICATIONS IS DIFFICULT, MAKING PREVENTIVE INTERVENTIONS VITAL FOR BOTH THE GENERAL PEDIATRIC POPULATION AND CHILDREN WITH CHRONIC ILLNESSES. EVIDENCE ALSO SUGGESTS THAT SURVIVORS OF CHILDHOOD CANCER ARE AT INCREASED RISK OF METABOLIC DISEASES SUCH AS DIABETES OR HYPERLIPIDEMIA, WHICH ARE POTENTIALLY MODIFIED BY RISK BEHAVIORS, EVEN WHEN THEY ARE NOT OVERWEIGHT [1-3]. THEREFORE, WE BELIEVE THAT A QUALITATIVE APPROACH TO EXPLORING PERCEPTIONS OF HEALTH AND HEALTHY LIFESTYLE CHOICES AMONG CANCER PATIENTS AND THEIR FAMILIES IS A NECESSARY STEP IN DESIGNING RELEVANT AND PRACTICAL INTERVENTIONS TO PREVENT OBESITY AND CHRONIC METABOLIC DISEASES IN PEDIATRIC CANCER PATIENTS.

PROJECT GOALS AND OBJECTIVES

1. TO DETERMINE IF CHILDREN AND ADOLESCENTS WITH A CANCER OR HEMATOLOGY DIAGNOSIS AND THEIR FAMILIES PERCEIVE

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

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
THE CONCEPT OF HEALTH DIFFERENTLY AND PARTICIPATE IN HEALTH-RELATED BEHAVIORS, SUCH AS EXERCISE AND DIET, DIFFERENTLY THAN THOSE WITHOUT A CHRONIC HEALTH CONDITION. WE HAVE ALREADY STARTED TO ADDRESS THIS AIM IN OUR PREVIOUS SURVEY STUDY WHICH WAS DESIGNED TO COMPARE HABITS FOR OUR PATIENTS TO REPORTED HABITS FROM THE YOUTH RISK BEHAVIOR SURVEILLANCE (YRBS) NATIONAL SURVEY OF HEALTHY CHILDREN. 2. TO LEARN, IN THEIR OWN WORDS, WHAT FACTORS AFFECT THE HEALTH PERCEPTIONS OF CHILDREN AND ADOLESCENTS WITH A CANCER OR HEMATOLOGY DIAGNOSIS AND THEIR FAMILIES. WE WILL USE THE SURVEY RESULTS TO HONE IN ON QUESTIONS WHERE FAMILIES PERCEIVE HEALTH DIFFERENTLY DUE TO THEIR CHILD'S DIAGNOSIS SO THAT THESE AREAS CAN BE EXPLORED IN DEPTH IN THE FOCUS GROUP SETTING. 3. TO DETERMINE IF THERE ARE BARRIERS THAT CAN BE IDENTIFIED THAT INTERFERE WITH PEDIATRIC CANCER AND HEMATOLOGY PATIENTS ACHIEVING A HEALTHY LIFESTYLE. THIS WILL BE AN IMPORTANT FACTOR TO INFORM INTERVENTION DEVELOPMENT AS HEALTH BEHAVIOR CHANGE THAT FOCUSES ON OVERCOMING BARRIERS TO CHANGE TENDS TO BE A SUCCESSFUL APPROACH. 4. TO DESIGN AND SOLICIT FEEDBACK ON POTENTIAL INTERVENTION MATERIALS TO PROMOTE HEALTHY LIFESTYLE CHOICES FOR PEDIATRIC CANCER AND HEMATOLOGY PATIENTS AT ALL PHASES OF TREATMENT. WE WILL BEGIN TO BRAINSTORM ON APPROACHES TO INTERVENTION BASED ON SURVEY RESULTS AND WILL SOLICIT FEEDBACK ON THESE IDEAS FROM THE FOCUS GROUP PARTICIPANTS.	3,230.	
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 38,305.	\$ 0.