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

OMB No. 1545-1150

**2012****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 2012 calendar year, or tax year beginning

, 2012, and ending

, 20

**B** Check if applicable:

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

**C** Name of organization

SURVIVOR VISION

Number and street (or P.O. box, if mail is not delivered to street address)

282 E. WILSON ST.

Room/suite

City or town, state or country, and ZIP + 4

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>**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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

\$ 114,419

**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	104,158
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	446
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$1,746 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	9,294	
6c	Less: direct expenses from gaming and fundraising events	6c	6,284	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,010	
7a	Gross sales of inventory, less returns and allowances	7a	75	
7b	Less: cost of goods sold	7b	30	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	45	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	107,659	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	146,106
	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	2,205
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	42
	16	Other expenses (describe in Schedule O)	16	5,061
	17	Total expenses. Add lines 10 through 16	17	153,414
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	45,755
	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	136,816
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	16,994
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	108,955

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2012)

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39 11



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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
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) . . . . .		<input checked="" type="checkbox"/>
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)? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		<input checked="" type="checkbox"/>
39 Section 501(c)(7) organizations. Enter: . . . . .		
a Initiation fees and capital contributions included on line 9 . . . . .		
b Gross receipts, included on line 9, for public use of club facilities . . . . .		
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
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 . . . . .		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ► ILLINOIS		
42a The organization's books are in care of ► Douglas C. Stepenske Telephone no. ► 630-359-5172 Located at ► 282 E. Wilson E. M. Hurst ZIP + 4 ► 60126-4558		
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: ► See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . .		<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . If "Yes," enter the name of the foreign country: ► . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
45b 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) . . . . .		<input checked="" type="checkbox"/>

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

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . ☐ Yes ☒ No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . ☐ Yes ☒ No

b If "Yes," was the related organization a section 527 organization? . . . . . ☐ Yes ☒ No

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 title of each employee paid more than \$100,000	(b) 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				

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) based on all information of which preparer has any knowledge.

Sign Here ☒ Signature of officer Julia O'Malley Date 5/14/2013  
☒ Type or print name and title Julia O'Malley Stepenske Executive Director

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
 Firm's name ▶ Firm's EIN ▶  
 Firm's address ▶ Phone no. ▶

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

**2012**

**Open to Public  
Inspection**

Name of the organization

*SURVIVOR VISION*

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)(vii). (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 to 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—Non-functionally integrated
  - 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 it 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?
 

	Yes	No
(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? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,425	1,287	101,574	102,754	104,158	314,198
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1 through 3 . . . . .	4,425	1,287	101,574	102,754	104,158	314,198
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) . . . . .						281,257
6 Public support. Subtract line 5 from line 4 . . . . .						31,268

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	4,425	1,287	101,574	102,754	104,158	314,198
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	304		93	678	446	1,521
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						315,719
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
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 . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	6.25%
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	15.04%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b 33 1/3% support test—2011. 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 . . . . .	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2012. 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 . . . . .	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2011. 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 . . . . .	<input checked="" type="checkbox"/>	
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 . . . . .	<input type="checkbox"/>	

**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 year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <b>Total.</b> 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 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
14 <b>First five years.</b> 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 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	18	%

- 19a **33 1/3% support tests—2012.** 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—2011.** 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).

**Part II Line 17b Explanation - 10% -facts-and-circumstances test-2011.**

SurvivorVision (SV) is organized and operated to attract public support on a continuing basis. SV maintains continuous and bona fide programs for soliciting funds from the public, including a web site that facilitates online donations, donations by mail, collection of funds through PayPal, and the solicitation of donations at multiple fundraising events held throughout the year. SV is a small organization that was formed six years ago, and as such still has a limited number of fund sources. The organization continues to publicly solicit new sponsors and donors, and fundraising activities are reasonable in light of SV's charitable activities. Every year SV helps thousands of pediatric patients and their families, directly, and through grants issued to a wide spectrum of individuals and organizations who run programs or services that aim to improve the quality of life of pediatric cancer fighters and survivors. The organization pays no salaries, and generates very little investment income. Investment income was less than 1/2 of 1%.

SV's public support percentage for 2011, as calculated in Part II of Schedule A, was 15.4%. Had SV's public support percentage been calculated under Part III of Form 990-EZ Schedule A, which includes related revenues generated through fundraising activities, SV's public support percentage would have been 30.2%.

SV's governing body is composed of seven individuals with varying backgrounds and walks of life, including a salesperson, nurse, administrative assistant, and attorney representing the medical, financial and professional services industries. Two individuals also have health industry experience, and the founder of the organization is a pediatric cancer survivor, providing the expertise to manage SV's core mission.

SV assists thousands of children and their families each year through a number of programs, and grants applied for by organizations throughout the country. The Beads of Courage program is supported by SV through its relationship with 21 hospitals in 17 states across the country from New York, to Florida, to Minnesota, to California, to Hawaii, and 2 provinces in Canada. All of these participating or sponsoring organizations here have specialized knowledge or expertise in the medical industry, and specifically expertise in pediatric oncology and/or the effect cancer has on patients and survivors.

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

Department of the Treasury  
Internal Revenue Service

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

Survivor Vision

Employer identification number

54-2067862

Form 990-EZ Part I:

Line 10 - Grants Paid:

Class of Activity: Young Adult Advisory Board

Donee's Name: Northwestern University School of Medicine

Donee's Address: 675 N. St. Clair Street, Chicago, Illinois 60611

Relationship of Donee: Unrelated

Cash Amount Given: \$10,000

Class of Activity: Passport for Care Portal

Donee's Name: Baylor College of Madison

Donee's Address: 6701 Fannin Street, Suite 1410, Houston, Tx. 77030-2399

Relationship of Donee: Unrelated

Cash Amount Given: \$49,426

Class of Activity: Post Clinic Fund

Donee's Name: Advocate Hope Children's Hospital

Donee's Address: 4440 West 95th Street, Oak Lawn, IL 60611

Relationship of Donee: Unrelated

Cash Amount Given: \$11,185

Class of Activity: Neuropsychological testing

Donee's Name: The Dirksen Center for Neuropsychology

Donee's Address: 855 E. Golf Road, Suite 2139, Arlington Heights, Illinois 60005

Relationship of Donee: Unrelated

Cash Amount Given: \$30,000

Name of the organization

Employer identification number

Survivor Vision

54-2067862

Class of Activity: Research-Education-Advocacy; Mentorship of Survivors

Donee's Name: The Living Through Learning Foundation

Donee's Address: 28 W. Francis Street, Iselin, N.J. 08830

Relationship of Donee: Unrelated

Cash Amount Given: \$11,800

Class of Activity: Educational support for pediatric oncology patients

Donee's Name: Akron Children's Hospital/The Association of Pediatric Hematology Oncology Education Specialists (APHOES)

Donee's Address: 1 Perkins Square, Akron, Oh. 44308

Relationship of Donee: Unrelated

Cash Amount Given: \$5,000

Class of Activity: Textbook Scholarships

Donee's Name: Various (41)

Donee's Address: Various

Relationship of Donee: Unrelated

Cash Amount Given: \$28,695

## Form 990-EZ Part I.

## Line 16 - Other Expenses:

Day +100 packs \$3,250

Bank/late fees 100

Insurance 387

Information Technology 901

Education 98

Other 325

Total \$5,061

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

Department of the Treasury  
Internal Revenue Service

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

Survivor Vision

Employer identification number

54-2067862

**Form 990-EZ Part I**

**Line 20 - Other Changes in Net Assets:**

Two recipients of 2011 grants did not use their entire allotted funds and returned the unused portion of the grants. The amounts returned were \$15,593 and \$1,401 for a total addition to assets of \$16, 994.

**Line 24 - Other Assets**

At 12/31/12 SV had \$4,420 of t-shirts for resale in inventory.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Survivor Vision

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**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; and

- educational programs, educational support and access to resources that enhance the quality of life of cancer survivors, while minimizing cancer's long term effects.

**Form 990-EZ, Part III - Statement of Program Service Accomplishments**

**Line 28 - Baylor College of Medicine - Passport for Care Portal**

Baylor College of Medicine's (BCM's) Texas Children's Cancer Center (TCCC) is the largest pediatric hospital in the United States, and one of the largest pediatric care centers in the country, conducting over 35,000 outpatient visits and treating more than 2,000 new patients yearly.

Survivors of childhood cancer face threats to their long-term health and quality of life due to the treatment they received. These challenges are magnified by the fact that most childhood cancer survivors receive follow-up care from community-based primary care providers who often have little knowledge of cancer related late effects or strategies for managing them. To address this challenge, the Children's Oncology Group (COG) developed a comprehensive set of evidence and consensus-based childhood cancer survivor screening guidelines. In order to make the evidence and consensus-based recommendations readily available to clinicians, BCM developed the Passport for Care portal - the internet source of the COG follow-up guidelines. The PFC clinician portal has been rolled out to 90 childhood cancer centers, with 60 additional centers in stages of implementation, but does not provide access to survivors. It is critical to engage survivors in their care to realize the best results of health risk management, and allow those survivors the ability to access critical information for themselves and their clinicians anywhere in the world. Survivor Vision is proud to provide BCM the support necessary to complete the development of the PFC Survivor Web portal that will provide essential information to survivors on the risks they face, as well as resources and strategies for managing these risks. The portal will be available via numerous browsers, and across a full range of platforms that are used by a growing number of individuals, particularly people from groups historically underserved in health settings, including racial and ethnic minorities and low income individuals.

Name of the organization

Employer identification number

Survivor Vision

54-2067862

## Form 990-EZ, Part III - Statement of Program Service Accomplishments

## Line 29 - The Dirksen Center for Neuropsychology (DCN)

The DCN provides clinical neuropsychological assessments and educational mapping for patients with histories of pediatric cancer who are either in treatment or who have achieved remission. Survivor Vision is proud to support DCN's use of \$30,000 in grant funds for:

- providing phone screenings regarding children's/patients' cognitive, academic, social and emotional function.
- providing pro bono testing to the large number of cancer patients and families participating in the state-funded Kid's Care program and/or Medicaid, who do not have access to neuropsychological follow-up, as such services are not reimbursed by the Illinois Department of Health and Human Services.

## Form 990-EZ, Part III - Statement of Program Service Accomplishments

## Line 30 - Survivor Vision Text Book Scholarship Fund

Text book scholarships are available to any pediatric cancer patient or survivor pursuing post-secondary education, who was treated or resides in Illinois, Indiana, Iowa, Michigan or Wisconsin. Students may receive up to \$2,000 per year for books or other course-related materials in order to make college or trade school more affordable. In 2012, 41 different cancer patients or survivors applied for and received text book scholarships totaling \$28,695.