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## Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

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

C Name of organization

SurvivorVision

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

Room/suite

282 E. Wilson Street

City or town, state or province, country, and ZIP or foreign postal code

Elmhurst, Illinois 60126-4558

D Employer identification number

54-2067862

E Telephone number

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  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Form of organization:  Corporation  Trust  Association  Other

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

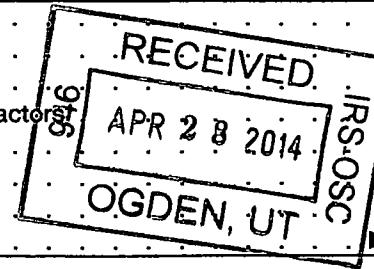
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 36,731

## 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 21,613
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4 216
	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 3,940
Expenses	b Gross income from fundraising events (not including \$ 3,550 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 9,320
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 14,795
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d <1,535>
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 1,642
	b Less: cost of goods sold . . . . .	7b 1,642
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 20,294
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 36,235
Net Assets	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 . . . . .	13 345
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 365
	16 Other expenses (describe in Schedule O) . . . . .	16 1,257
	17 Total expenses. Add lines 10 through 16 ►	17 38,202
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 <17,908>
	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) . . . . .	19 108,055
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 <575>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 89,572

SCANNED MAY 19 2014



**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 . . . . .	103,365	22
23	Land and buildings . . . . .	23	85,724
24	Other assets (describe in Schedule O) . . . . .	4,420	24
25	<b>Total assets</b> . . . . .	<b>108,055</b>	<b>25</b>
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>26</b>	<b>89,572</b>
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>108,055</b>	<b>27</b>
		89,572	

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

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

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	<b>Text Book Scholarship Fund</b> See Schedule O.		
	(Grants \$ 23,260) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29	<b>Anne and Robert H. Lurie Children's Hospital STAR Program</b> See Schedule O.		
	(Grants \$ 10,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30	<b>Anne &amp; Robert H. Lurie Children's Hospital Hot &amp; Healthy Living Program</b> See Schedule O.		
	(Grants \$ 2,975) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
<b>Douglas C. Stepenske</b> President	5	0	0	0
<b>Julia O'Malley Stepenske</b> Executive Director	6	0	0	0
<b>Jacki Petrillo</b> Secretary	5	0	0	0
<b>Chris Thiesen</b> Treasurer	5	0	0	0
<b>Kim Thorman-Powers</b> Director	< 1	0	0	0
<b>Joyce Tully</b> Director	5	0	0	0
<b>Mike Krzak</b> Director	< 1	0	0	0
<b>James Nolan</b> Director	5	0	0	0

**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	33	
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	
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	
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	
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	
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	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <span style="border: 1px solid black; padding: 2px;">37a</span> 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
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	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	40b	
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	
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	40b	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40b	
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	
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 Located at ► 282 E. Wilson Street, Elmhurst, IL	Telephone no. ► 630-359-5172	
	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.	Yes	No
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: ►	42b	
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 ► <span style="border: 1px solid black; padding: 2px;">43</span>	43	<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	44a	
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	
c Did the organization receive any payments for indoor tanning services during the year?	44c	
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	
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)	45b	

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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		46	

**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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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	(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 business address of each independent contractor	(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? <b>Note.</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Julia O'Malley Stepenske Type or print name and title	Date 4/1/2014	Executive Director
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Paid Preparer Use Only	Preparer's name Firm's name ► Firm's address ►	Preparer's signature Firm's EIN ► Phone no.	Date Check <input type="checkbox"/> if self-employed PTIN

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**Department of the Treasury  
Internal Revenue Service

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.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

Name of the organization

Employer identification number

SurvivorVision

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 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?  
 (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
11g(i)		
11g(ii)		
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		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,287	101,574	102,754	104,158	21,613	331,386
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 . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>1,287</b>	<b>101,574</b>	<b>102,754</b>	<b>104,158</b>	<b>21,613</b>	<b>331,386</b>
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) . . . . .						<b>293,444</b>
<b>6 Public support.</b> Subtract line 5 from line 4.						<b>37,942</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	1,287	101,574	102,754	104,158	21,613	331,386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	93	678	446	216	1,433
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						<b>332,819</b>
12 Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	<b>11.4 %</b>
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	<b>6.5 %</b>
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support test—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a <b>33 1/3% support tests—2013.</b> 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 ► <input type="checkbox"/>		
b <b>33 1/3% support tests—2012.</b> 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 ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supplemental Information.** 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 17a Explanation - 10%-facts-and-circumstances-test -- 2013:**

**SurvivorVision (SV) is organized and operated to attract public support on a continuing basis. The organization maintains bona fide programs for obtaining funds from the public, including the solicitation of donations through its web site, networking, the mail, various public fundraising events, Paypal, and Amazon. In addition, the organization distributes periodic newsletters, maintains a presence on Facebook and participates in a number of public events, including 5k events for charitable causes.**

**SurvivorVision is a seven year old organization with a small staff that continues to identify ways to obtain public funds during difficult economic times. The organization continues to publicly solicit new donors, and to get members to make the public more aware of the organization and its mission. SV's fundraising efforts are reasonable in light of its charitable activities. Every year SV assists thousands of pediatric oncology patients and their families, directly, and indirectly through grants issued to a wide range of recipients and organizations who run or support programs and services aimed at improving the quality of life of pediatric cancer fighters and survivors. All funds raised by the organization are allocated to fulfilling SV's mission - the organization pays no salaries. In addition, SV generated only \$216 in investment income - less than 1% of total income.**

**SV's public support percentage for 2013 was 100%. While SV's five year public percentage is 11.4%, it should be noted that for several years, the organization was the beneficiary of one very generous donor. Without that single outlying donor, SV's public percentage would approach or be equal to 100%. Again, SV pays no compensation and has a very low cost structure with non-fundraising expenses equal to less than 5% of funds raised.**

**SV's governing body is made up of eight people with diverse personal and professional experiences, including financial professionals, attorneys, salesperson, nurse, administrative associate and business professional. These individuals also have various industry backgrounds, including business, professional services and financial services. In addition, multiple board members have medical knowledge - a key to understanding the organization's mission. And, the founder of SV is a pediatric cancer survivor - the target population of SV's core mission. SV assists thousands of children and families each year through a number of programs and grants distributed throughout the nation. This includes the Beads of Courage program where SV supports relationships with ?? hospitals in ?? states across the country. All of these participating or sponsoring organizations have specialized knowledge or expertise in the health care industry, and specifically, expertise in pediatric oncology or the effect cancer has on fighters and survivors. SV also administered a national textbook program that supported 47 students in five states.**

**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.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**SurvivorVision**

Employer identification number

54-2067862

Each year, over 12,000 American children are diagnosed with cancer. Recent advances in treatment and supportive care mean nearly 80% of these children will go on to become adult survivors. Today there are more than 270,000 survivors in the U.S. and that number is expected to rise. Survivors of childhood cancers often go on to live full and productive lives, but the treatments they've received and the disease itself put them at risk for future medical problems. Thirty years after diagnosis, as many as 68% will have at least one health problem, such as a secondary cancer, thyroid disorder or cardiac dysfunction; and 31% will have multiple complications. SurvivorVision was proud to support this program with a grant of \$10,000.

**Line 30 - Anne and Robert H. Lurie Children's Hospital HOT and Healthy Living Program**

To promote wellness and support healthy weight management in children with blood disorders and cancer. This initiative allows for the coordination of services and activities that assist patients and their families in achieving their goals for health and wellness.

Treatment for cancer and blood disorders can create special challenges for patients and families. Intensive chemotherapy, including steroids, can have significant side effects that impact a patient's sense of well-being and healthy weight management. Some may have weight gain due to relative inactivity and poor diet while others, like children with sickle cell disease or certain cancers, may be underweight or easily become fatigued. Also, some children live in areas that are less safe or that have local parks with fewer options for outdoor play.

"HOT" stand for Hematology - Oncology - Transplantation, which are specialties within the Lurie Children's Center for Cancer and Blood Disorders. Our expert staff in the Division of Hematology, Oncology and Stem Cell Transplantation treats a wide-array of serious medical conditions, such as leukemia, lymphoma, brain tumors, sickle cell disease and hemophilia. SurvivorVision supported this important program with a grant of \$2,975.

**Form 990-EZ**

**Part V Line 35b - Explanation for filing no Form 990-T:**

While SV did host a casino night during the year, all gaming activities were performed by volunteer labor - no individuals were paid compensation. In addition, while gaming is not a furtherance of SV's mission, the event is not a significant part of the organization's exempt activity. Therefore, the associated income is not unrelated business income and is not subject to tax.

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**Name of the organization**

**Employer identification number**

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Department of the Treasury  
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Name of the organization

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**54-2067862**

**Form 990-EZ Part 1:**

**Line 10 - Grants Paid:**

**Class of Activity:** Textbook Scholarships

**Donee's Name:** Various

**Donee's Address:** Various

**Relationship of Donee:** Unrelated

**Cash Amount Given:** \$ 23,259.59

**Class of Activity:** Comprehensive long-term follow-up program for adult survivors of pediatric cancer.

**Donee's Name:** Anne & Robert H. Lurie Children's Hospital STAR (Survivors Taking Action and Responsibility) Program

**Donee's Address:** 675 N. Saint Clair St., Galter Pavilion - 21st. Floor, Chicago, Illinois, 60611

**Relationship of Donee:** Unrelated

**Cash Amount Given:** \$ 10,000.00

**Class of Activity:** To promote wellness and support healthy weight management in children with blood disorders and cancer.

**Donee's Name:** Anne & Robert H. Lurie Children's Hospital HOT (Hematology-Oncology-Transplantation) and Healthy Living Program

**Donee's Address:** 225 E. Chicago Ave, Box 30, Chicago, IL 60611-2605

**Relationship of Donee:** Unrelated

**Cash Amount Given:** \$ 2,975.00

**Form 990-EZ Part 1:**

**Line 16 - Other Expenses:**

**Insurance** \$ 422

**Information Technology** 599

**Miscellaneous** 236

**Total** \$ 1,257

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Form 990-EZ Part 1:

Employer identification number

54-2067862

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

**Product sales included \$575 worth of merchandise that was in inventory at the beginning of the year.**

**Line 24 - Other Assets**

**At 12/31/13 SV had \$3,848 of merchandise for resale in inventory.**

**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 pediatric cancer survivors, while minimizing cancer's long-term effects.**

**Form 990-EZ, Part III - Statement of Program Service Accomplishments:****Line 28 - Text Book Scholarship Program**

**Text book scholarships are available to any pediatric cancer patient or survivor pursuing post-secondary education, who was treated or resided in Illinois, Indiana, Iowa, Michigan or Wisconsin. Students are eligible to 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 2013, 47 different cancer patients or survivors applied for and received text book scholarships totaling \$23,259.**

**Line 29 - Anne and Robert H. Lurie Children's Hospital STAR Program**

**The STAR Program (Survivors Taking Action & Responsibility) is a comprehensive long-term follow-up program for adult survivors of pediatric cancer. The STAR Program follows survivors through adulthood focusing on their special medical and psychological needs. Services are provided in a clinical setting with an emphasis on patient care, education, and research. The program is directed by Aarati Didwania MD., and coordinated by Karen Kinahan, MS, RN, BC, who has expertise in pediatric oncology and the effects of treatment from childhood cancer. STAR patients are seen on an annual basis with special attention to health maintenance, screening and patient education issue, but may be seen more frequently if their condition dictates closer management. Patients in need of further expertise regarding the late effects of past treatment are directed to sub-specialists familiar with issues specific to survivors of childhood cancer.**