

STARS AND STRIPES®



An Advertising Supplement to Stars and Stripes



Eric McElvenny Doesn't Let Anything Hold Him Back

By Fisher House Foundation

Eric McElvenny jokes he has five legs.

Four are prosthetics – each serving a unique purpose – replacing the right leg the retired U.S. Marine captain lost to a landmine in the Middle East.

The fifth, he teases, is the left leg he's had all his life.

Eric deployed to Afghanistan's violent Helmand province in August 2011, his mission ended the following December 9 when he triggered an Improvised Explosive Device. The bomb claimed his right leg below the knee, damaged tissue on his left leg, shot shrapnel into his arm and caused a jarring concussion.

At home in San Diego, Rachel McElvenny struggled to keep calm while awaiting her husband's return to the U.S. and news on his condition.

The military sent Eric to Naval Medical Center San Diego for treatment. His parents arrived quickly from Pittsburgh, and were always near him thanks to accommodations at the Fisher House next door.

"When you're in that situation, you don't think, 'Oh, where are we going to stay? How are we going to get there? Should we rent a car?' That's not your mindset," said Eric's mother, Susan McElvenny. "You're just, 'Get me to the hospital – period.'"

Eric says his parents put him at ease. "Every morning I looked forward to my dad coming up with coffee," he said. "I think what the Fisher House helped provide was a constant presence."

The McElvennys celebrated Christmas 2011 at Fisher House

with a visit from Santa, while his young daughter rode a new scooter.

"It's an experience I will never forget. My daughter was excited that we were together for Christmas. It was extremely memorable," said Eric. "We put presents around the tree and Christmas morning was the first time I left my hospital floor. I made a field trip to have Christmas together at the Fisher House. Mom prepared a wonderful home-cooked dinner."

Today, Eric and Rachel are raising three kids. Eric keeps busy with studies in Christian theology. The McElvennys remain grateful for Fisher House's role in his amazing recovery.

"Fisher House did a service for us that we really, really needed but didn't even know we needed at the time," said Susan. "When people ask me what charities to donate to, I always recommend the Fisher House."



Because we ♥ our heroes.

For 25 years, the Fisher House program has provided “a home away from home” for families of patients receiving medical care at major military and VA medical centers. These homes provide free temporary lodging to military and veterans’ families so they can be close to their loved one during a medical crisis, allowing them to focus on what’s important — the healing process.

With your help, we will continue to meet the needs of our military community today, and long into the future. Show your love by making a donation to Fisher House.



Fisher House Foundation | CFC Code: 11453 | www.fisherhouse.org



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Ducks Unlimited

U.S. Army Veteran and Alaska Resident is Active Ducks Unlimited Volunteer



Ducks Unlimited, Inc.

U.S. ARMY VETERAN of the Special Forces, Green Beret and Delta Forces, Kevin Kehoe with his dog, Jaeger Meister, is one of many dedicated former and active service members who volunteer to help Ducks Unlimited throughout the U.S. and overseas.

Ducks Unlimited (DU) is honored to have many dedicated volunteers who are either active members or veterans of the

U.S. military. A good example is Kevin Kehoe of Anchorage, Alaska. Kevin spent 26 years in the U.S. Army, serving stints in

the Special Forces as a Green Beret and as a member of Delta Force. He joined DU in the mid-1980's while stationed in North

Carolina. Later, when he was posted in Germany, he stayed active in the organization. After moving to Alaska, he joined the local DU chapter at Fort Richardson and quickly moved up the volunteer ranks, eventually becoming the state chair in 2000. In that Leadership role, he helped develop DU's first strategic plan for Alaska, which eventually became a model emulated by other states. Kevin currently serves on Alaska's state campaign committee, which helps secure Major Sponsor commitments for the 'Rescue Our Wetlands' campaign.

When Kevin Kehoe talks about Alaska, he does so with a great deal of pride and respect not only for its natural beauty, but also for the work that he and the many other dedicated DU volunteers have done over the past two decades in building the state's fundraising and conservation programs.

Kevin, a DU Diamond Sponsor in perpetuity who lives in Anchorage with his wife Eileen, says the sheer size of Alaska can make bringing people together a daunting task. "When I first moved here in 1995, we had a widely dispersed group of volunteers who didn't really know

each regional director," Kevin says. "We started with monthly conference calls and a state convention that hosted about 100 volunteers. We provided classes so people could learn more about DU's conservation work and get to know some of the field biologists and volunteers. At the time it seemed impossible, but we were eventually able to raise the bar, and the next generation has taken over and far exceeded our expectations."

Although he's also an accomplished big-game hunter, Kevin still maintains his passion for waterfowling. "The thing I love about hunting ducks is when everything comes together for that one perfect moment in time," he says. "Your setup is right, the birds come in to the decoys like it's their home, you make a perfect shot, and the hard-headed dog that you spent hours training makes a perfect retrieve like it was no big deal. For one instant, everything is perfect. And of course living in Alaska is the icing on the cake."

Ducks Unlimited participates in the Combined Federal Campaign (CFC) as an Unaffiliated Agency.

Nearly 16,000 Americans develop lupus each year.

Help us on our quest to find better treatments and ultimately a CURE for LUPUS.

#37283

The Lupus Research Alliance was born from the merger of three organizations with a common belief in the potential for science to overcome lupus (Lupus Research Institute, Alliance for Lupus Research, and SLE Lupus Foundation).



Whether building specially adapted smart homes for wounded heroes, lifting spirits at home and abroad with a live concert, or bringing WWII veterans to the museum built in their honor, the **GARY SINISE FOUNDATION** serves America's heroes and their loved ones every day.



“I FOUND OUT I COULD STILL DO THE THINGS I LIKE THE BEST.”

- WOUNDED WARRIOR LUKE MURPHY

Luke Murphy was a passenger in a Humvee when an improvised explosive device ripped through the vehicle. The force of the explosion severely injured Luke’s left leg and ultimately resulted in the loss of his right leg. Previously a competitive athlete and avid outdoorsman, he worried that his injuries would limit or eliminate the activities he once enjoyed. It wasn’t until he participated in a number of Wounded Warrior Project® (WWP) events that he realized he could still do many of the things he liked best. Today, Luke takes pleasure in helping others benefit from the WWP resources that helped him.

By selecting WWP for your CFC contribution, you provide life-changing programs and services that help connect, serve, and empower warriors, their families, and caregivers.



woundedwarriorproject.org/cfc

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THE GREATEST CASUALTY IS BEING FORGOTTEN.®

WYCLIFFE BIBLE TRANSLATORS: MEET VIANI

In the small village of Cabracancha nestled in the Andes Mountains of Peru, Viani Estrada listens to her son read a children's book. Friends and family gather around, relaxing in the shade of their church building after an afternoon meal. He sounds out words in his language, Wanca Quechua, diligently working his way through the story of Noah and the ark. Some of the people, especially those in the older generation, have never been able to read Quechua and it's a treat to hear a young person read it to them.

Viani nods along word-by-word. "I'm the pastor of our church," she said. "It used to be that parents would not allow their children to speak Quechua. They'd force them to speak Spanish even though none of them really spoke Spanish very well. Since the arrival of the Wanca New Testament, they've valued Wanca much more and have begun reading it as a family."

Viani remembers the beginning. "At first when people saw the New Testament, they said, 'There's no way we can use that; it's too difficult! We don't know how to read!' But little by little, I read and

taught them from the Wanca New Testament," she said. "They became more and more comfortable with the idea of reading in their own language, and then they realized, 'Oh, it really is easy! It's written just the way we talk! There's no problem with it.'"

Those who can't read listen carefully to those who can. Then they recite those passages over and over until they memorize them. "Once they have it memorized, they have it in their hearts, and they know it," she said. "They're able to apply it to their own lives."

Before Viani had the New Testament in Wanca Quechua, she tried to preach from the Spanish Bible. It was hard for everyone to understand — even Viani. But with new resources in Wanca, like the New Testament and children's Bible storybooks, she and her congregation are excited about God's Word like never before.

Wycliffe
BibleTranslators



Viani stands with her son in front of her church in Peru where she helps people read and understand translated Scripture.

Idol worship has been another major roadblock for the Wanca Quechua congregation. "But since the arrival of the Wanca New Testament, they've discovered that a real God exists — a God who created everything, who cre-

ated them!" Viani said. Now when they're sick, they pray to God to heal them, instead of statues of plaster or carved wood.

Viani knows that transformation rarely happens in isolation. For God's Word to reach the Quechua,

it has taken a large team and we thank you! Wycliffe Bible Translators is grateful for all who take part in supporting translation and literacy projects like this one including those who give through the Combined Federal Campaign.

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In Your Corner

Semper Fi Fund has developed a new video series, including the documentary, "In Your Corner," to address issues that our service members face. These videos share unique insights and powerful advice and support our mission by providing important resources to our service members and their families, and, most importantly – hope.

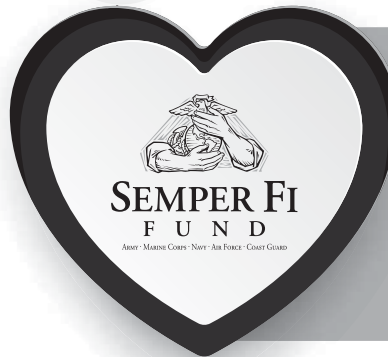
The Fund has been helping with Post Traumatic Stress since our inception in 2004. We recognized the need to reach out to our service members about combat stress 13 years ago, long before many were acknowledging this as an issue of the Iraq and Afghanistan Wars.

In 2009 Semper Fi Fund produced "Cover Me," a video that was a frank look at combat

stress. Tens of thousands of "Cover Me" videos were given out to service members, military units and medical personnel. It continues to be viewed from our website. Many have asked the Fund to update the video and we listened. "In Your Corner" has been produced to create a better understanding of PTS, its causes and effects, and, ultimately, powerful reasons for hope.

Suicides continue to climb. There is much work to do. Please help us continue the dialogue of Hope by donating today.

"In Your Corner" and the resource videos can be found at www.semperfi-fund.org.



The Semper Fi Fund provides immediate financial assistance and lifetime support to post 9/11 combat wounded, critically ill and catastrophically injured members of all branches of the U.S. Armed Forces, and their families, ensuring that they have the resources they need during their recovery and transition back to their communities. We work to ensure that no one is left behind.



semperfi-fund.org



#11459



What's love got to do with effective philanthropy?

By Bruce DeBoskey/Tribune News Service

Every year, hundreds of articles are published on the subject of philanthropy. Writers, including me, devote their words to help philanthropists become more strategic and effective, designing processes and measuring outcomes with business-like rigor and seeking results with pinpoint accuracy. Terms like "return on social investment," "venture philanthropy" and "measurable impact" are commonly used to guide modern philanthropic initiatives.

All of this effort to make philanthropy more strategic and impactful has led to many great innovations in the field and has resulted in some remarkable outcomes.

Philanthropic love consists of several key elements that, when brought to the philanthropic planning table, help ensure more effective and lasting outcomes:

Compassion: Compassion is the empathy for, and the desire to alleviate the suffering of, others. Donella Meadows, an environmental scientist and author, wrote, "The world can never pass through the adventure of bringing itself to sustainability if people do not view themselves and others with compassion."

Respect: Donors must have respect for the people or causes they hope to help. In this context, respect also means not imposing the donor's will upon a gift recipient but, rather, engaging in deep listening about what is

most needed and what will best serve to accomplish mutually agreed-upon goals.

Trust: Philanthropy requires a high degree of trust in the integrity and goodwill of others. It is imperative to identify good partners in the social sector, and then, as in any partnership, have the confidence in them to follow through on their commitments and achieve their potential.

Passion: Identifying causes about which you are passionate is a key element of philanthropic love. The antonym of passion is apathy. Anyone who is apathetic about the community's problems cannot be an effective philanthropist.

Integrity: Karoff wrote: "Integrity is completeness and consistency of purpose, process and practice. Its soundness is based upon the moral principles of virtue, honesty and sincerity."

Although methodology, measurement and metrics are essential for philanthropy to improve the lives of others in today's complex world, they cannot stand alone. Ensuring that philanthropy also includes the magic, power and impact of the qualities of philanthropic love helps to ensure that the outcomes, for both the philanthropist and the beneficiaries, will be maximized and meaningful.

In the words of Beatle Paul McCartney, "And in the end, the love you take is equal to the love you make."



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CFC #11903



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CFC #10986



JDRF. Improving Lives. Curing Type 1 Diabetes.

'Rufus' Helps Daughter of Air Force Family Deal With Type 1 Diabetes

Bill Singletary. I retired from the United States Air Force (USAF) in 2013 after more than 24 years on active duty as an F-15E Weapon Systems Officer and Commander. I now serve as a USAF civil servant. Serving in the USAF was an honor for me and a great career choice for our family.

My wife, Kim, bleeds Air Force Blue as the daughter of a 27-year USAF Chief Master Sergeant. The military routine of frequent moves, numerous overseas deployments and on-call operations is a sacrifice Kim and our kids, Emma 11 and Will, 9 have always endured with pride.

Less than two weeks after my USAF retirement our daughter, Emma, was diagnosed with type 1 diabetes (T1D), forever changing our lives. The pain of seeing your child suffer from a chronic illness is something only those who have lived with this disease can truly appreciate.

When Emma was diagnosed, JDRF delivered their "Bag of Hope" which included Rufus, the Bear with Diabetes®. From that day forward there was not a shot (4-6 per day), blood test (7-10 per day) or major event where Rufus wasn't tight in Emma's clutches helping

her to get through those first scary dates as a T1D.

Rufus is just one of many ways JDRF puts words into action, translates useful ideas into real achievements, and improves the lives of those living with T1D. Today Emma and I serve as Outreach Volunteers for JDRF to pass on some of what we've received.

Every year during my 30 years of federal service, I have used the Combined Federal Campaign (CFC) to make contributions to charities of my choice. I ask you to consider partnering with JDRF to achieve a world where "Type One becomes Type None" by donating through the CFC. JDRF has absolutely made a difference for this military family.

JDRF participates in the Combined Federal Campaign (CFC) as a member of Community Health Charities federation.

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JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

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JDRF
LT. COL. BILL SINGLETARY with his family, wife Kim, daughter Emma and son Will, experience the day-to-day challenges of living with Type 1 diabetes.

JDRF is committed to accelerating
life-changing breakthroughs to
CURE | PREVENT | TREAT
type 1 diabetes and its complications



JDRF is a proud CFC participant. CFC #10569

'Amazing hard work' energizes Brandon during Navy SEAL wish

A row of green helmets on the deck of the Naval Special Warfare Training Center stretches more than 50 feet. White numbers and names are stenciled on them with care. They belonged to prospective Navy SEAL operators from the latest class who opted out of the training.

They may be fed up with being cold, wet and hungry. Some may return later, better prepared for the physical and psychological challenges. It's their choice.

Brandon doesn't have that choice. Every day of his life, he contends with the effects of cystic fibrosis. He faces a constant regimen of therapy, treatment and medication. There is no way to opt out.

That, explains a SEAL medic, is why he wrote "You're my hero" on a U.S. flag the team presented to Brandon.

The medic is one of many SEAL operators who granted Brandon's wish. Since he was 6 years old, Brandon has looked up to elite military personnel.

A chance to do something memorable

Brandon's father, Tony, referred



Brandon

Brandon for a wish as soon as he learned he was medically eligible.

"It was an opportunity to do something that he couldn't do on his own," Tony said.

The family only learned that Brandon's wish would come true a few weeks earlier. It barely seemed real to them; it was still hard for Brandon to process even as they flew from Ohio to San Diego.

A SEAL team becomes a wish-granting team

A SEAL team is a close-knit family. They pull together when there's any need for the skills they offer. Brandon's visit gave them a different-from-usual reason to rally. From snipers to troop chiefs,



every operator was motivated to welcome Brandon.

The team dressed him in digital camouflage in preparation for a visit to the Obstacle Course. He faced a 50-foot net obstacle, among others.

"I've never gotten to challenge myself like that and I loved it," Brandon said. "That's the most-amazing hard work I've ever put into anything."

At no time during the O Course, though, did Brandon hear any-

one say, "Maybe you shouldn't do this." The SEAL team gave him every chance to do the obstacles, and they came together as a family to help him conquer any he couldn't yet complete on his own.

Understanding and encouragement

The team medic had a great understanding of Brandon's challenges. There's a condition brought about by extreme stress while swimming that is similar to

Brandon's symptoms.

"They go through an exercise that puts the operator in a state much like what Brandon endures, but his condition is much more progressed and extreme," he said.

The medic was astounded that someone who faces that condition every day would be so willing to endure the O Course. "It means a lot to me that someone would make this wish," he said. "I wouldn't have passed this up for anything."



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Brandon, 15
cystic fibrosis
I wish to be a Navy SEAL

St. Jude Children's Research Hospital®

St. Jude Treats Daughter of Army Family for Ewing sarcoma

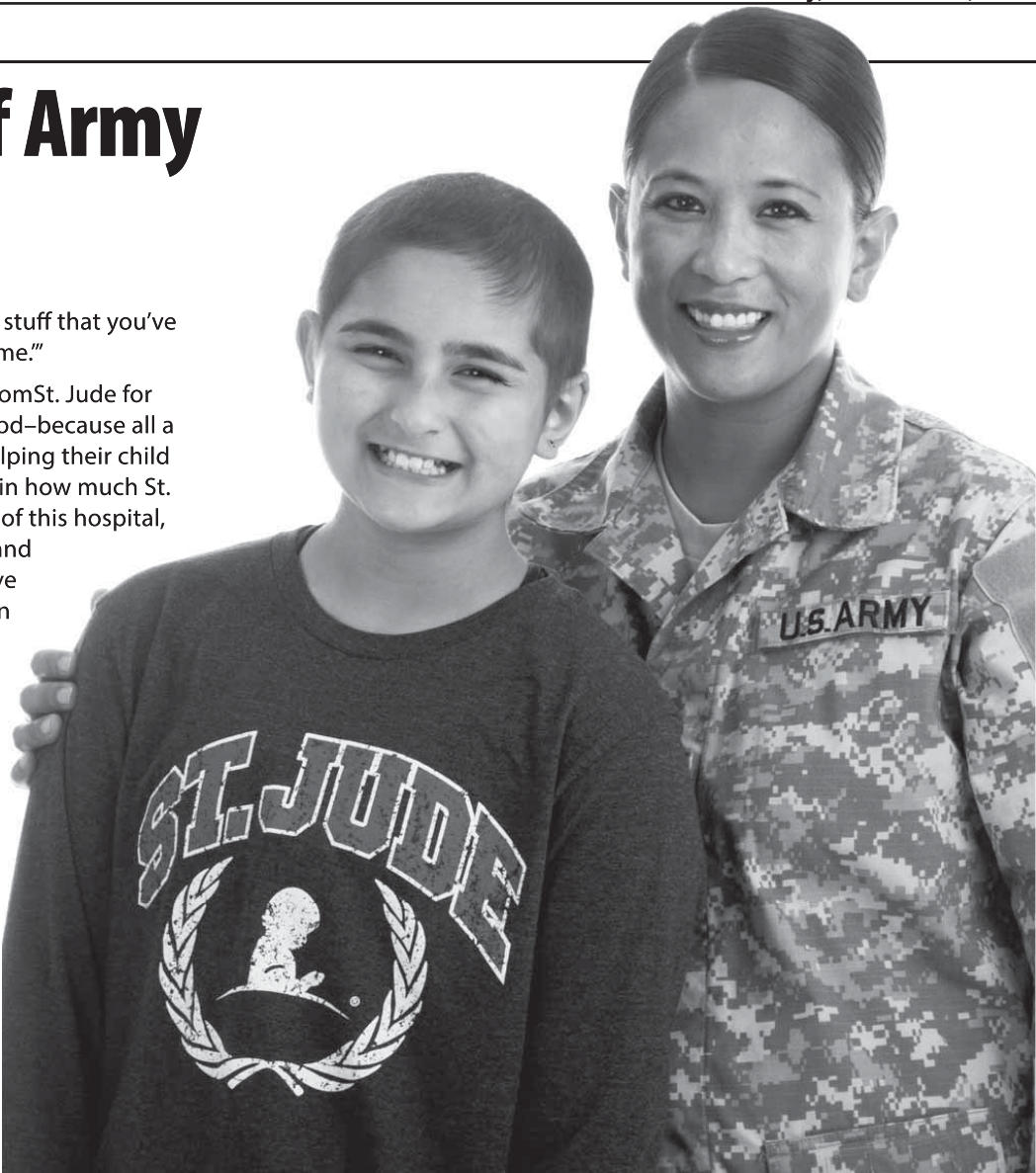
Early in 2016, bright, athletic Isabelle developed leg pain that persisted for months. Finally, an MRI showed the source of the pain to be a tumor in her left lower leg, a type of bone cancer called Ewing sarcoma. Isabelle's family left for St. Jude Children's Research Hospital® the same day. St. Jude is leading the way the world understands, treats and defeats childhood cancer.

Isabelle's treatment at St. Jude has included months of chemotherapy and 30 rounds of radiation therapy. Her mom, Abi said, "I used to tell Isabelle, 'Your mama's strong. I've been in the Army 19 years and I've done and seen just about everything. I met your daddy when we deployed to Afghanistan. I had to leave you when you were a year old, still a baby. So I'm pretty tough.' But after going through these past months with her with this, I mean — I'm not as tough as I think. She woke up one time saying, 'Mama, am I tough like you now?' And I just said, 'Oh no honey,

Your're way beyond me. All this stuff that you've gone through, you're way past me."

Families never receive a bill from St. Jude for treatment, travel, housing or food—because all a family should worry about is helping their child live. "I can't even begin to explain how much St. Jude means," Abi said. Because of this hospital, and because of everyone here and what they've provided for us, I've been able to just concentrate on taking care of her. I don't have to worry about any bills, any food, any housing. They provide us with everything.

St. Jude Children's Research Hospital participates in the Combined Federal Campaign (CFC) as a member of the Community Health Charities federation.



St. Jude Children's Research Hospital

ST. JUDE PATIENT ISABELLE with her mother, Abi, SFC, U.S. Army National Guard, during treatment for Ewing sarcoma.


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Since 1991 The Fisher Houses have been serving military families during times of medical crisis. The Fisher Houses enables families to stay together and relax in a "home away from home" atmosphere. In 2016, we served 3,428 families, providing 44,934 nights of lodging at no cost to the families. Thanks to those who made donations and volunteered their services. Fisher Houses — a gift of love!

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What Catholics Believe About Birth Control

IN FAVOR

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CATHOLICS FOR CHOICE

CFC# 11207

How Much to Give to Charities

The Numbers Game: Although traditionally, churches recommend giving a 10 percent tithe to charity, the average American gives at the level of 3.2 percent of his or her income (pre-tax). The average household donates \$1,620 a year, which translates into less than five dollars a day.* However, some organizations, such as the Twin Cities-based One Percent Club (<http://www.onepercentclub.org>), ask Americans to consider donating 1 percent of their net worth each year to charity. Calculate what this could mean for you:

Income \$ _____

X

Average donated (.032)

= \$ _____


or:

Net Worth \$ _____

X

1% donated (.05)

= \$ _____



Tax Benefits: Visit the tax benefits page at http://www.smartgivers.org/Taxes_and_Giving.html to see how your tax-deductible donations will benefit you when April 15 rolls around.

Volunteering: Another way to help charities of your choice is by volunteering. If you feel that charitable donations don't fit into your household budget as well as you'd like, volunteer your time with a nonprofit organization: Visit the Hands on Network at <http://www.handsonnetwork.org/> for listings of volunteer opportunities in your area.

— Source: The Charities Review Council

Mercy Ships

Fifalina's Pint-Sized Courage



Mercy Ships®

GROWING UP IN MADAGASCAR, Fifalina suffered from severely bowed legs. Onboard the hospital ship, *Africa Mercy*, she received a free surgery and many hours of physical therapy, learning to walk once again.

When tiny nine-year-old Fifalina arrived at the Mercy Ships admissions tent in Madagascar, her legs were slowly folding up beneath her. They could barely hold her small frame erect any longer. Fifalina's legs were normal at birth. However, when she started to walk as a baby, her legs began to curve and twist. Her mother had to carry her to school, and she couldn't play with the other children. Her parents scraped together enough money to visit a local doctor, but there was nothing he could do. Desperate, they consulted a traditional healer who only massaged Fifalina's legs. Nothing helped.

Then Fifalina's parents heard about Mercy Ships and brought her to a patient screening in hopes of finding healing for her. To their joy, Fifalina received an appointment for surgery. With great determination and courage, Fifalina bravely declared, "I'm going to learn to walk again!" Mercy Ships consultant Dr. Frank Hayden performed a series of complex orthopedic surgeries, correcting Fifalina's twisted legs by rotating her bones through more than 200 degrees. Now, several pins hold her knees and hips in proper alignment.

After months of physical therapy with Mercy Ships volunteer professionals, Fifalina bravely re-learned to walk. Her determination paid off. Now she can walk. And she can even balance on one leg, stand on tiptoes-and play with her friends at school.

Mercy Ships participates in the Combined Federal Campaign (CFC) as a member of Christian Service Charities federation.



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CFC #11730



When Adolescents and Young Adults Get Cancer

When an adolescent or young adult gets cancer, treatment can be challenging. At an age characterized by the beginnings of independence, the increased reliance on parents that accompanies a cancer diagnosis often complicates care. Treatment is also likely to interrupt important life events, including school, social activities, friendships, romantic relationships, and jobs.

In addition, the types of cancer that affect people in this age group often differ from those that affect either younger children, or older adults. When it is detected, cancer tends to be at a more advanced stage than other age groups.

Adolescents and young adults (AYAs) can be treated at a pediatric cancer center or an adult cancer center, depending on their age and the type of cancer they have.



How many AYAs get cancer?

For statistical purposes, the American Cancer Society describes cancers in adolescents as those that start between the ages of 15 and 19. About 5,000 adolescents are diagnosed with cancer each year in the US. Cancers in young adults are defined as those that start between ages 20 and 39. More than 60,000 young adults are diagnosed with cancer each year in the US.

Types of cancer

Because cancer more often occurs in older adults, no cancer that occurs in AYAs is really common. However, they can and do get many different types of cancer.

Cancers that occur in adolescents include:

- Lymphoma
- Leukemia
- Thyroid cancer
- Brain and spinal cord tumors
- Testicular cancer
- Bone cancer (including osteo-

- sarcoma and Ewing sarcoma)
- Soft tissue tumors (sarcomas) including rhabdomyosarcoma
- Melanoma skin cancer
- Ovarian cancer

Cancers that occur in young adults include:

- Breast cancer
- Lymphoma
- Melanoma skin cancer
- Soft tissue tumors (sarcomas)
- Cervical cancer
- Ovarian cancer
- Thyroid cancer

- Testicular cancer
- Colorectal cancer
- Leukemia
- Brain and spinal cord tumors

Signs and symptoms

Many signs and symptoms are more likely to be caused by something other than cancer. Still, these symptoms in AYAs – especially if they don't go away or they get worse – are a reason to see a doctor.

- An unusual lump or swelling in the neck, belly, testicle, or

- elsewhere
- Unexplained tiredness and loss of energy
- Easy bruising
- Abnormal bleeding
- Ongoing pain in one part of the body
- Unexplained fever or illness that doesn't go away
- Frequent headaches, often with vomiting
- Sudden eye or vision changes
- Loss of appetite or unplanned weight loss
- A new mole or other spot on the



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Beyond.**
Where Military Teens Belong



skin, or one that changes in size, shape, or color

Cancer in AYAs can be hard to treat

When cancer is found in adolescents and young adults, it's often at a later stage than in either younger or older people with cancer. There are several reasons for this.

Most young people tend to be fairly healthy, and may not go to the doctor unless they feel they really need to. It's also a time when spending time with friends, dating, working, and school take priority over health concerns. People in this age group may not even have a regular doctor. And even when young people do go to the doctor, cancer is not usually high on the list of probable causes for symptoms like pain or tiredness – because it's more likely that something else is causing it.

According to Abby R. Rosenberg, MD, MS, Medical Director, Adolescent and Young Adult Oncology, Seattle Children's Hospital, this is also the age group least likely to have medical insurance. Rosenberg says they tend to seek medical attention later, when the cancer is more likely to have spread. And she says once treatment is finished, they are less likely to return for follow-up visits. She says part of that is due to a lack of insurance, and part is just the way young people are.

AYAs are also less likely to enroll in clinical trials, which Rosenberg says is necessary to making improvements in AYA cancer treatment. However, she says this is changing as more pediatric cancer trials are expanding to include older age ranges.

Consider a pediatric cancer center

Depending on their cancer type, AYAs can often choose whether to go to a pediatric cancer center or an adult cancer center for treatment. According to Rosenberg, a pediatric cancer center is likely to have doctors with more experience treating children's cancer types and support staff geared toward young people's needs. These may include child psychologists, art and music therapists, and school teachers. Pediatric cancer centers also take a family approach to decision making, which is appropriate for many young patients who still rely on their parents for financial support, emotional support, or both.

Pediatric cancer centers treat patients with pediatric cancer types, including some types of leukemia, lymphoma, brain tumors, and bone cancers, up to age 21, 25, or 29, depending on the center. However, older AYAs with jobs or families of their own may have a more difficult time traveling to go to a pediatric cancer center for treatment, and may choose to be

treated at a cancer center in their community.

Rosenberg recommends AYAs who are diagnosed with cancer have a consultation with an expert in their cancer type for help choosing where to go for treatment.

Family communication is important

According to Rosenberg, the role of the family and shared decision making is unique in the AYA age group. Teenagers are typically still relying on their parents to make decisions. Those in their 20s and 30s, even if they no longer live at home, often go back to asking parents for support when facing something as complicated and serious as a cancer diagnosis. Either way, says Rosenberg, it's tricky and ethically challenging to navigate a way for patients to have a voice while still involving the parents. "Each and every family deserves special consideration about how those roles are manifesting," says Rosenberg.

In her practice, Rosenberg says she sets ground rules that include getting young patients' permission to speak alone with the parents sometimes. She also tells them, "You're allowed to defer to your parents when making decisions, but I need to hear that from you." She says AYAs need reassurance that they have a role in their care, they have support, and they

have people who can speak on their behalf.

Late effects

There is no question that cancer in AYAs interrupts their lives at a crucial time. Rosenberg says, "This is the part of life that is normally characterized by developing milestones like asserting identity, separating from parents, figuring out who you want to be, grappling with body image, who you are, existential questioning, all of those things are really hard."

Because of this, she says people diagnosed in this age range are more likely than their peers without cancer to develop mental health problems, are less likely to go to college and get married, and if they get a job are likely to get paid less. She says the medical community is beginning to study and understand the ways cancer can disrupt AYAs' life processes and the long-term effects of those changes.

Depending on the type of cancer, the specific cancer treatments and doses used, and age at the time of treatment, long-term physical side effects can happen. Some may not show up until months or years after treatment ends. It's important to discuss with the medical team what side effects are possible and whether there are ways to prevent or lessen them. Possible side effects include:

- Impaired fertility (ability to have

children) in both women and men

- Increased risk of developing another cancer later in life
- Heart or lung problems (from certain chemo drugs or radiation to the chest)
- Hearing or vision problems (from certain chemo drugs or radiation to the head)
- Problems with other organs, such as the kidneys or bones
- Pain or swelling in parts of the body
- Hormone deficiencies

Because of the risk of side effects, it's important for young people to stick to their follow-up plan after treatment ends, including all exams and tests.

To help raise awareness of late effects and improve follow-up care of young cancer survivors throughout their lives, the Children's Oncology Group (COG) has developed long-term follow-up guidelines for survivors of childhood, adolescent, and young adult cancers. These guidelines can help you know what signs and symptoms to watch for, what types of screening tests should be done to look for problems, and how late effects can be treated. They are written for health care professionals, but it's important for patients and parents to know about them, and ask their health care provider what they need to know.

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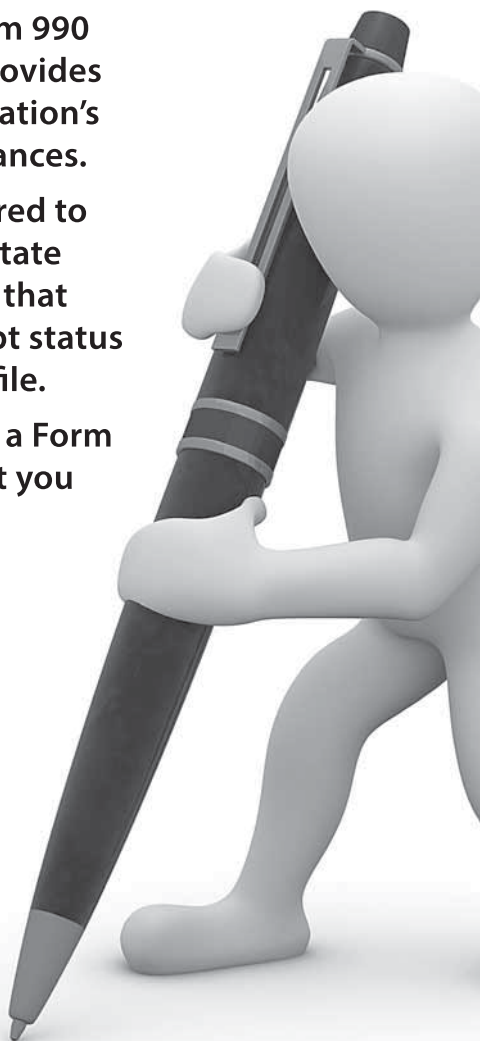
AT A GLANCE: FORM 990

Most federally tax-exempt organizations must file Form 990 with the IRS each year. It provides information on the organization's mission, programs, and finances.

Not every charity is required to file a Form 990. Churches, state institutions and nonprofits that haven't received tax-exempt status from the IRS don't have to file.

An organization that files a Form 990 is required by law to let you view the document.

You can also find Form 990s at charitynavigator.org and guidestar.org. GuideStar is a nonprofit organization that collects and organizes information on charities.



THE DAV CHARITABLE SERVICE TRUST SUPPORTS PROGRAMS AND INITIATIVES THAT IMPROVE THE QUALITY OF LIFE FOR VETERANS.

All too often, injured veterans feel like their injuries define them. Once beloved activities such as kayaking, cycling, climbing and paddling seem a thing of the past. Generally, what they want more than anything is some semblance of normalcy.

To ensure that injured veterans know that they are far more than their disability, the DAV Charitable Service Trust funds opportunities like those offered through Adaptive Adventures Military Operations (AAMO) which embraces a healthy lifestyle and improves overall physical condition and psychological well-being for wounded veterans through sports and fitness.

With programs structured to enhance overall fitness and build skills in its core sports, AAMO offers veterans opportunities that encourage participation in programs that serve a broad scope of injuries, including amputation, spinal cord injury, visual impairment, traumatic brain injury and posttraumatic stress disorder.

The DAV Charitable Service Trust seeks to partner with outstanding pro-

grams like AAMO because establishing such opportunities for veterans takes time and money. Annually, AAMO serves more than 850 injured veterans through programs and community partnerships, working with veterans from more than 40 states.

Veterans like Dennis Gordon, who lost both legs above the knee and an arm below the elbow, after a landmine explosion, understands the importance of staying active after an injury.

Active in high school track and football, Gordon remained athletic after his limb loss and has discovered new sports. Among the many sports he participates in, the 57-year-old Gordon is heavily involved in hand cycling and joins other cyclists to ride through the Rocky Mountains each year, covering roughly 60 miles of paved mountain roads each year for a week-long event.

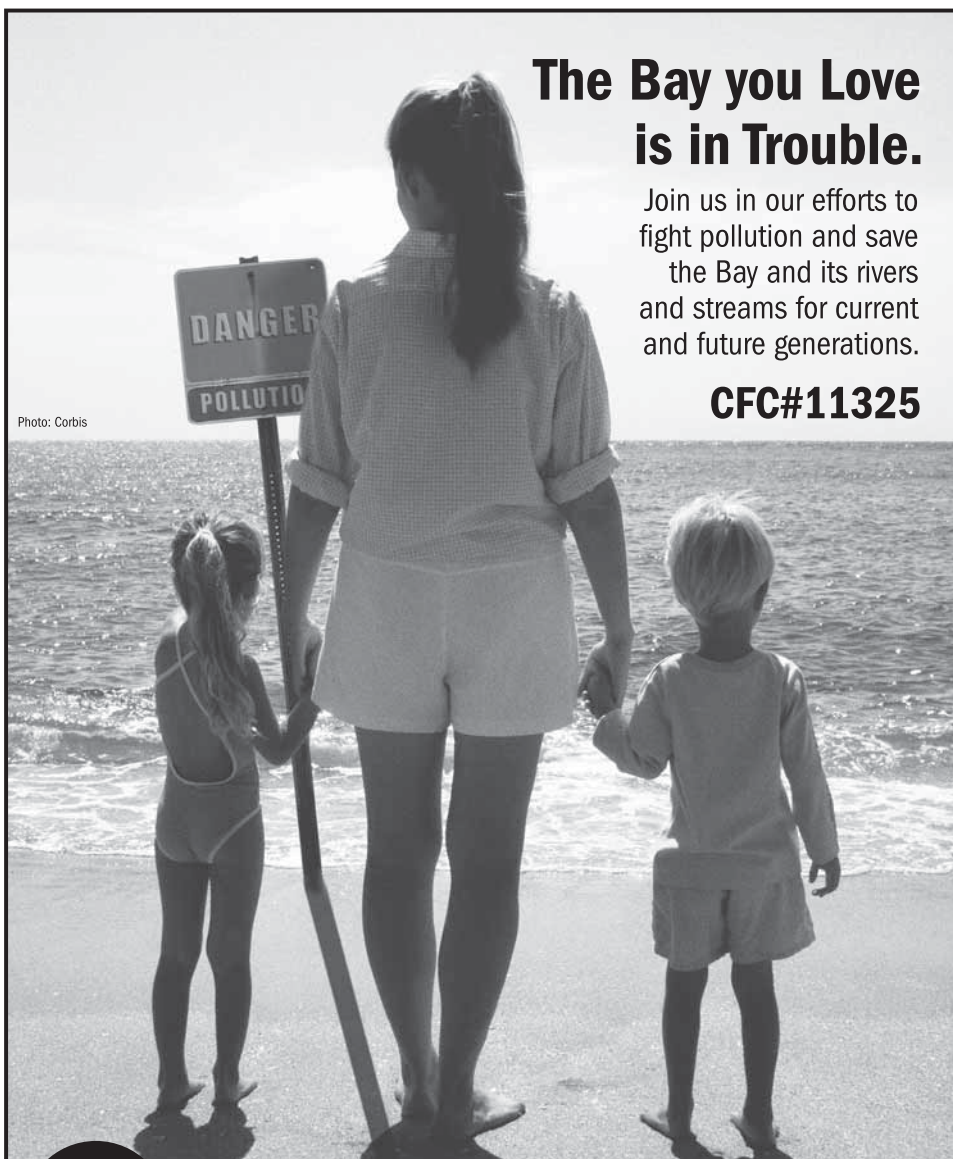
Funds from the DAV Charitable Service Trust help veterans like Gordon realize their potential beyond injury.

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CFC#11325

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Support Our Heroes



Dennis Gordon, Adaptive Adventures

The DAV Charitable Service Trust supports programs and initiatives that improve the quality of life for veterans like Dennis Gordon. Last year, more than 97% of donated funds went directly to programs that assist disabled veterans and their families.

LEARN MORE:
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DAV Charitable Service Trust

CFC #11322

7 LESSONS from 7 YEARS

By Bruce DeBoskey
Tribune News Service

Seven years ago, I began working closely with families, businesses and foundations to help them achieve greater impact for themselves and their communities through philanthropy. Over that time, much has changed and I've gained practical experience and learned valuable lessons within this very special niche.

The field of strategic philanthropy is more sophisticated and complex than ever. The opportunities for philanthropists to make a difference are better defined. The understanding of philanthropic "best practices" has evolved.

Although mission-based philanthropy is highly individualized, there are some broadly applicable lessons. Here are seven that have risen to the top over the past seven years.

1 IN DECISION-MAKING, USE TWO LENSES:

When setting philanthropic goals, donors should look through two lenses. The external

lens helps us answer the question, "What are we hoping to accomplish for our community, country or world?" The internal lens helps us answer, "What am I hoping to achieve for my family, business or self by donating hard-earned money and precious time to charity?" Both questions are important. Your thoughtful answers inform an effective strategy to achieve both internal and external goals through philanthropy. Donors who neglect one or both of these questions miss the opportunity not only to "make a difference," but also to fully engage family members or business stakeholders in truly meaningful communication about values, goals, priorities and lessons learned.

2 CREATE A "SAFE ZONE" FOR FAMILY PHILANTHROPY:

In most cases, philanthropy represents a small fraction of a family's assets. Create a separate table for consideration of these assets, and invite all members of the family to sit there as equals. This is a key step towards creating a "safe zone" for improved communication about

philanthropy, which can lead to more engagement, enhanced family dynamics and greater impact.

Often, each generation of a family has its own view of the role philanthropy plays internally and externally. Because of their unique life experiences, the rising generations have perspectives that can differ from that of the wealth-creating generation. On this shared journey, each has much to offer to and learn from the others.

3 IN BUSINESS, ENGAGE OTHER STAKEHOLDERS:

Business stakeholders can include employees, directors, shareholders, customers, vendors, regulators, lenders and community leaders. Each stakeholder offers a different and valuable perspective on the role of the company in the community. Looking beyond the "C-suite" in an effort to engage a wide range of stakeholders in philanthropic planning and implementation greatly enhances internal and external effectiveness.

4 GO DEEP, NOT WIDE:

Many donors adopt the "peanut butter" approach to giving — spreading their charity thinly across a wide variety of nonprofits. Donors and beneficiaries alike benefit when donors focus deeply on a smaller number of carefully selected key issues or causes. By going deep, not wide, donors can advance their philanthropy from transactional to transformational.

5 GIVE WHILE YOU LIVE:

Giving in the present is much more satisfying than giving in the future — from the grave. Guaranteed. When you give while you live, you can learn about and experience

the internal and external impacts of your philanthropy. Plus, as government budgets shrink, the causes that you care about need your help today, not down the road.

6 ALIGN INVESTMENTS WITH MISSION:

Nearly \$1 trillion currently sits in foundations and donor-advised funds. This money is committed to charitable missions, has received a tax deduction and cannot be returned. Each year, just 5 percent to 20 percent of that amount is distributed to nonprofits. The rest is usually invested for the single bottom line of financial growth.

By using the engine of these assets, rather than just the fumes, all of this "philanthropically committed capital" can be deployed to help you attain your mission. Impact investing that uses MRI, PRI and SRI tools can help you achieve much more bang for your philanthropic buck.

7 GIVE BOLDLY AND TAKE RISKS:

People rarely donate so much to charity that they can no longer provide for themselves or their loved ones. Yet, many of us can give far more than we do. Your financial adviser can help determine what you can really afford to give — and then give boldly. Because it seeks to solve seemingly intractable problems, philanthropy can be seen as the ultimate "risk capital." Taking calculated risks with grant making may be the only way to find new solutions to old problems. Philanthropy, done well, is a powerful tool that adds meaning, joy and purpose to life and enhances business success. I hope that these lessons are helpful to you.

We the People

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