For Office Use Only PMT #		ILLINOIS CHARITABLE ORGANIZATION AN Attorney General LISA MADIGAN Stat Charitable Trust Bureau, 100 West Ra	Form AG990-IL Revised 3/05				
AMT		11th Floor, Chicago, Illinois 606		# ⁰¹⁰⁶¹⁴⁸⁹			
		Report for the Fiscal Period:	X	Check all items attached: Copy of IRS Return			
		Beginning 01 / 01 / 2013	Make Checks	Audited Financial Statements			
INIT		2 · g	the Illinois Charity	Copy of Form IFC \$15.00 Annual Report Filing Fee			
Fad	45-2676123	& Ending <u>12</u> / 31 / 2013	Bureau Fund	\$100.00 Late Report Filing Fee MO DAY YR			
Federal ID # 45-2676123 MO DAY YR MO DAY Are contributions to the organization tax deductible? Image: Contribution of the organization was created: 06 / 02							
	LEGAL NAME The Ending Cancer in Our Generation Foundation		Year-end amounts				
MAIL			A) ASSETS	A) \$ 2222			
	,		B) LIABILITIES	B) \$ 2489			
	CITY, STATE ZIP CODE Mendota, IL 61342 C) NET		C) NET ASSETS	C)\$ 167			
			DEDAENTAAE				
1.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT D) \$ 2222			
		DNTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)					
		TS & MEMBERSHIP DUES		E) \$ 0			
	F) OTHER REVENUES		0 %	F) \$ 0			
		COME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 2222			
11.			60 %	н) \$ 1511			
	H) OPERATING CHARITA		0 %	I) \$ 0			
	I) EDUCATION PROGRA		60 %	J) \$ 1511			
	,	PROGRAM SERVICE EXPENSE (ADD H & I)	00 %	J) \$ 1311			
		ATED TO PROGRAM SERVICES (INCLUDED IN J): \$0					
			0 %	к) \$ 0			
		E PROGRAM SERVICE EXPENDITURE (ADD J & K)	60 %	L) \$ 1511			
	M) MANAGEMENT AND		40 %	M) \$ 978			
	N) FUNDRAISING EXPE		0 %	N) \$			
		RES THIS PERIOD (ADD L, M, & N)	100 %	0)\$ 2489			
111.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:						
	P) TOTAL AMOUNT RAIS	ED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0			
	Q) TOTAL FUNDRAISERS	FEES AND EXPENSES	0 %	Q) \$ 0			
	R) NET RECEIVED BY TH PROFESSIONAL FUNDRAI	HE CHARITY (P MINUS Q=R) SING CONSULTANTS:	0 %	R)\$0			
	S) TOTAL AMOUNT PAID		S)\$ ()				
IV.	COMPENSATION TO	AR:					
	T) NAME, TITLE: Jetty k	т) \$ 50					
	U) NAME, TITLE:	U) \$					
	V) NAME, TITLE:	V) \$					
V.	CHARITABLE PROG	List on back side of instructions CODE					
	W) DESCRIPTION: Annu	W) # 200					
	X) DESCRIPTION: Sprin	X) # 200					
	Y) DESCRIPTION:			Y) #			

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:					
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?1.		1		
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		✓		
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID				
	ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3.		1		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?4.		1		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5.		✓		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		~		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.		✓		
	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$				
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		1		
	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? 9.		1		
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK. BRIBE. OR ANY THEFT. DEFALCATION. MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10.		1		
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:				
	First State Bank, 706 Washington St, Mendota, IL 61342				
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Jetty Ann Kircher, 815-503-0665				

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE: 1.)REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	Jetty Ann Kircher PRESIDENT or TRUSTEE (PRINT NAME) Kris Cummings- Kircher		SIGNATURE	<u></u> Date 7/с/Н
 2.)FOR FEES DUE SEE INSTRUCTIONS. 3.)REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	TREASURER or TRUSTEE (PRINT NAME)	/	SIGNATURE	DATE