Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Preparer Use Only Prim's name Preparer's signature Prim's name Preparer's signature Prim's name Preparer's signature Prim's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer Prim's name Preparer's signature Preparer's signature Prim's sin > Preparer Prepare	A For the 2016 calendar year	ar, or tax year beginning	01-01 ,	2016, and end	ing 1	2-31	, 20 16	
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J Website: ▶ www.endingcancerinourgeneration.org K form of organization				1(1) or 527				
Part Summary				9(1) 61 11 021				-,
Briefly describe the organization's mission or most significant activities: Our mission is to create an online community when anyone touched by cancer can share their experience through their varying art forms. The larger mission is to promote survivorship and life after cancer diagnosis and treatment and to end the control that cancer has on our lives. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)				L Year of form				
Briefly describe the organization's mission or most significant activities: Our mission is to create an online community when anytone touched by cancer can share their experience through their varying art forms. The larger mission is to promote anytone touched by cancer can share their experience through their varying art forms. The larger mission is to promote survivorship and life after cancer diagnosis and treatment and to end the control that cancer has on our lives. Check this box	and the state of t			- rear or torm	2011	W Otale (or legar dorniche.	IL
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May the IRS discuss this return with the preparer shown above? (see instructions)	IVIAY LITE IND DISCUSS THIS PET	urn with the preparer show	wn above? (see instruc	tions)			Voc	No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to create an online community where anyone touched by cancer can share their experience through their varying
	The larger mission is to promote survivorship and life after cancer diagnosis and treatment and to end the control that cancer has on
	our lives. We offer an annual art scholarship to a young adult cancer survivor.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$114 including grants of \$) (Revenue \$\$
	The 2015 Facebook Auction relist ended on December 31st, 2015 so it rolled into 2016. This event was held Items are bid in the
	comments of Facebook and it was completed through PayPal with items shipped directly to winners.
Al-	(Code: \\T
4b	(Code:) (Expenses \$
	We awarded our first annual Kairi Love Grant for Caregivers in the amount of \$250. It was awarded to complete an art project put on
	by a cancer diagnosis.

4c	(Code:) (Expenses \$ 167 including grants of \$) (Revenue \$ 201)
	Q1 Online Raffle. It consisted of 22 items. it had four different raffle options: 1=\$1, 6=\$5, 15=\$10, 30=\$20- each level came with rewards
	such as T-shirts, books, and bookmarks. It was completed online thought the Ending Cancer in our Generation's website and
	finalized through PayPal with items shipped directly to winners.
A 45	Other program continue (Describe in Octobrillo Oc
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 270 including grants of \$) (Revenue \$ 668)
4e	Total program service expenses ▶ 801

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			1
4	Section 501(c)(3) organizations. 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	3		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		1
77	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		•
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
-2000	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		· /
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-+	1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<u>√</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		<u> </u>
13	to the communication of the first of the property of the prope	12b		<u>√</u>
14 a	Did the executation and the second se	13		1
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	-+	▼
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>✓</u>
19		18		<u> </u>
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		Form	gan.	(2016)

Part	IV Checklist of Required Schedules (continued)			uge I
		***************************************	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		-
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a		25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			Ť
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
W 25	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			4.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	AF LACES CONTRACT	1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		1
33	complete Schedule N, Part II	32		1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		V
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	√
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSa		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		•
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		0/189010	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
112.00	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		✓

Pari				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Contraction of
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	Se de de ma
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	The second second second	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			- +
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	A ALTONIC IVIN	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	G-800/2-1916	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\ <u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	130,000 g 42 / 2	1
9	Sponsoring organizations maintaining donor advised funds.			SZYANIE I
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	30000000	1
a	Initiation fees and capital contributions included on Part VIII, line 12	ine.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			- 1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	di namang kanada sadi	ali sha.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
350	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			100
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		14	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	, o , industrial in the modern to mice a unought to bolow,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Secti	on A. Governing Body and Management	The second second		
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 3			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
■ 70	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			
А		3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
7a	Did the organization have members or stockholders?	6		✓
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		1
-	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		/
_	the year by the following:			
а	The governing body?	0-	and the second	
b	Each committee with authority to act on behalf of the governing body?	8a 8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	HA C	nde)	<u> </u>
	, and the state of	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.			_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	2000-2-0-0
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a		1
D	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		_
1 5.	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	es all the	200016
Section	on C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed ▶ Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.			11
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	oolicy	, and
	financial statements available to the public during the tax year.		5	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	\triangleright	
	Jetty Kircher, 707 Pennsylvania Ave, Mendota, IL 61342 815-503-0665			

Form 990 (2016)	Page 7
	Page I

The second leading to		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
NAMES OF TAXABLE PARTY.	Independent Contractors	1 Property and the Arrange
	Check if Schedule O contains a response or note to any line in this Part VII	П

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any related	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, u office or dire	unles	s pe	ition more	than of the than the the than the the than the	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Jetty Kircher President	40					a		50	o		-
(2) Kris Cummings-Kircher	10										-
Vice President								0	0		0
(3) Young woo Song	20										
Secretary (4)								0	0		0
(5)											
(6)											
(7)											
(8)									111111111111111111111111111111111111111		
(9)											***
(10)											
(11)		1								100,000,000,000,000	
(12)											
(13)										21, - 2, 1, - 2	
(14)											
					10 83	n i				1	

Pa	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, a	nd l	Highe	st C	ompensated F	mniovees (cont	inued)	, age
					(C)			T Touristica E	inployees (com	nuea)	
	(A)	(B)			Pos	sition			(70)	_		
	Name and title	Average	(do n	ot ch	neck	mon	e than o	one	(D)	(E)	1	(F)
		hours per	office	unles	is pe	erson	is both or/trust	an	Reportable compensation	Reportable compensation from		imated
		week (list any		I			7	_	from	related		ount of other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	The second second second	ensation
		related organizations	rec /ldu	₹	ě	em	loy	ner	organization	(W-2/1099-MISC)		m the
		below dotted	of all	ona		용	88		(W-2/1099-MISC)			nization
		line)	rus	#		yee	npe					related nizations
			99	ste			sene				- Organ	1120110115
-				Ф			ted				1	
(15)											 	
		·										
(16)					-	-					<u> </u>	
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(21)				-	_	_						
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			- 1			-						COLUMN TO STATE OF THE STATE OF
(25)			_	_	4							
7-0/								l				
1b	Sub 4-4-1											
	Sub-total						. 1	-	50			
C	Total from continuation sheets to Part \	/II, Section	Α				. >	- [0		3	
<u>d</u>	Total (add lines 1b and 1c)						. •	-	F0.			
2	Total number of individuals (including but	not limited	to the	se l	ieto	d a	hovol	sech.	201			
	reportable compensation from the organiz	ation >	10 1110	/3C I	ISLE	ua	bovej	VVII		re than \$100,00	0 of	
		udoni				-			0			
3	Did the organization list any former offi	aar diraat										Yes No
	Did the organization list any former offi employee on line 1a? If "Yes," complete S	cer, airecto	or, or	tru	stee	e, K	ey en	nplo	byee, or highe	st compensate	d	
4	ample you are mile tall it res, complete s	criedule J 10	or suc	en ir	idiv	Idua	a/ .				N 444 (319/34/4007) 580	1
4	For any individual listed on line 1a, is the	sum of repo	ortabl	e co	omp	ens	sation	and	d other compe	ensation from th	of Column Column Column	
	organization and related organizations of	reater than	1 \$15	0,0	00?	If	"Yes,	" C	omplete Sche	dule J for suc	h	
		100 100 200 100	60 0	2 (2)	- 52						CONTRACTOR STATE	
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue con	npens	atic	n fi	rom	anvi	inro	lated organize	tion or in dividu	. 4	_ ✓
	for services rendered to the organization?	If "Yes." co	molei	te S	che	dul	a I for	11 II G	ch porcen	mon or individua	ALTERNATION AND DESCRIPTION AN	
Section	n B. Independent Contractors				01.10	dan	0 0 101	Su	criperson .	<u> </u>	5	✓
1	Complete this table for your five highest										0.000	
	Complete this table for your five highest compensation from the organization. Personnel of the compensation from the organization.	mpensated	inde	pen	der	nt co	ontrac	ctors	s that received	more than \$10	0,000 of	
	compensation from the organization. Repo	nt compens	sation	for	the	cal	endai	r yea	ar ending with	or within the org	ganization	ı's tax
	year.										To the later to the court of \$400 Vends	
	(A)				500000	AC 100010			(B)	7	(C)	
	Name and business addre	SS							Description of sen	vices	Compensat	ion
							-		-		1	
				0000 n			+					
310,0742				-								
												A1100 - 10
												2000000 000000000000000000000000000000
2	Total number of independent	, ,										
	Total number of independent contractors	(including	but	not	lim	nited	to t	thos	se listed abov	e) who		
	received more than \$100,000 of compensat	ion from the	e orga	ıniza	atio	n ▶						

Part	t VIII	Statement of Revenue		· · · · · · · · · · · · · · · · · · ·		. ago o
		Check if Schedule O contains a response or note to				🛚
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
	C	Fundraising events 1c				
	d	Related organizations 1d 0			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	е	Government grants (contributions) 1e 0				
	f	All other contributions, gifts, grants,				
호		and similar amounts not included above 1f 630				
ם מב	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f ▶	630			
nue		Business Code				
eve	2a	2015 Facebook Auction	243	0	0	
ě	b	Q1: Online Raffle	201	0	0	0
Σ̈́	C	Q2: Online Quarter Auction	90	0	0	0
နို	d	2016 Facebook Auction	578	0	0	0
Iran	e	All other are area and a	<u> </u>			
Program Service Revenue	f g	All other program service revenue . Total. Add lines 2a–2f	-	<u>_</u>		y and the same of the same of the same
	3	Investment income (including dividends, interest,	l d			
	Ĭ	and other similar amounts)		_	_	12
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0
	5	Royalties	0	0	0	0
		(i) Real (ii) Personal	0	0	0	0
	6a	Gross rents 0 0				
	b	Less: rental expenses 0 0	+			
	C	Rental income or (loss)				
	d	Net rental income or (loss)		O	0	o in the second
	7a	Gross amount from sales of (i) Securities (ii) Other	V	· ·		
		assets other than inventory 0 0				
	b	Less: cost or other basis				
		and sales expenses . 0				
	С	Gain or (loss) 0				
	d	Net gain or (loss)		ol	0	0
•						
ž	8a	Gross income from fundraising				
Ş		events (not including \$				
Other Revenue		of contributions reported on line 1c).				
ě		See Part IV, line 18 a				
₹	b	Less: direct expenses b				
	C	Net income or (loss) from fundraising events . ▶	0		0	0
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	1			
	b	Less: direct expenses b	perconal of a market of a second of a second of	A SANGET TO SET TO SERVE TO THE PROPERTY OF THE	A CONTRACTOR OF THE SECOND SECOND	es analysis on a state of the second polynomials and second
	100	Net income or (loss) from gaming activities ▶	0	0	0	0
	Iua	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b o	Land College Control of the State of	Company of the second second	Langue a messed a disconsidera	and a superior of the Contraction
	C	Miscellaneous Revenue Business Code	0	0	0	0
	11a	Dushiess Code				Section of the Sectio
	b		 			-
	c					
	d	All other revenue	0	0	0	•
	e	Total. Add lines 11a-11d	0		· ·	0
	12	Total revenue. See instructions.	1742	ol	0	0
				- 01	01	

	Statement of Functional Expenses			TANK TO THE PROPERTY OF THE PARTY OF THE PAR	
Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a respon				🗆
20 no 20, 91	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0	o		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	250	250		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	o	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	10 ACC 10	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include	50	0	50	0
0	section 401(k) and 403(b) employer contributions)				
_	2000 80 00 14 200 200 1000 1000 1000 1000 1000	0	0		0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal [0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	- 3-100			
	(A) amount, list line 11g expenses on Schedule O.)	0	0	o	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	320	0	320	0
14	Information technology	62	0	62	0
15	Royalties	0	0	0	0
16	Occupancy	400	0	400	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses	<u></u>	<u> </u>		U
	for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	0	0		0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	87	0	87	0
24	Other expenses. Itemize expenses not covered		V	87	0
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	2015 Facebook Auction				
b	Q1: Online Raffle	114	114	0	0
c	Q2: Online Quarter Auction	167	167	0	0
d	2016 Facebook Auction	50	50	0	0
e	All other expenses	220	220	0	0
25	Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the	1720	801	919	0
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1 Cash—non-interest-bearing Savings and temporary cash investments 0 2 Savings and temporary cash investments 0 3 Savings and temporary cash investments 0 4 Savings S	_		Check if Schedule O contains a response or note to any line in this Pa	rt X		vi wa sa s
1 Cash—non-interest-bearing 838 1 868	-			(A)		(B)
2 Savings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), persons described in section 4958(n)(3)(8), and contributing employers and sponsoring organizations see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10b Loss: accumulated depreciation 11 Investments—publicily traded securities 11 Investments—publicily traded securities 12 Investments—publicily traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Defered revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 21 Comparizations that do not follow SFAS 117 (ASC 958), check here II and complete lines 27 through 29, and lines 33 and 34. 22 Turneticed net assets 23 Copylate school control of the parties of the liabilities of counter funds 24 Unsecured notes and loans payable to unrelated third parties 25 Origanizations that do not follow SFAS 117 (ASC 958), check here II and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 P		1		838	1	
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10a		9	Prepaid expenses and deferred charges		-	
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16 Total assets. Add lines 1 through 15 (must equal line 34) . 838 16 866 17 Accounts payable and accrued expenses . 226 17 1476 18 Grants payable . 500 18 256 19 Deferred revenue . 0 19 0 20 Tax-exempt bond liabilities . 0 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . 0 25 0 26 Total liabilities. Add lines 17 through 25 776 26 1720 27 Unrestricted net assets . 838 27 860 28 Temporarily restricted net assets . 0 28 0 29 Permanently restricted net assets . 0 29 0 30 Capital stock or trust principal, or current funds . 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 Paid-in or capital surplus, or land, building, or equipment fund . 32 Retained earnings, endowment, accumulated income, or other funds . 33 Total net assets or fund balances . 838 33 880		19/1/51	Other assets. See Part IV, line 11	- 0	15	0
18 Grants payable			Total assets. Add lines 1 through 15 (must equal line 34)	838	16	860
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20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25 Crganizations that follow SFAS 117 (ASC 958), check here I and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net seasts fund balances 35 Total net assets or fund balances 36 Total liabilities and net seasts fund balances 37 Total net assets or fund balances 38 38 38 38 38 38			Grants payable	500	18	250
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets	1000		Toy everythe and the billion	0	19	0
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24 Unsecured notes and loans payable to unrelated third parties	igi					walland Later
Unsecured notes and loans payable to unrelated third parties	Lie	23	THE RESERVE OF THE PARTY OF THE			0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			Unsecured notes and loans payable to unrelated third parties			0
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	Other liabilities (including federal income tax, payables to related third	0	24	0
of Schedule D			parties, and other liabilities not included on lines 17-24). Complete Part X			
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34 Total lightlities and not accept // und helenous	seo		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and			
34 Total lightlities and not accept // und helenous	au	27	Unrestricted net assets	838	27	960
34 Total lightlities and not accept // und helenous	Ba	28	Temporarily restricted net assets		-	
34 Total lightlities and not accept // und helenous	2	29	Permanently restricted net assets			
34 Total lightlities and not accept // und helenous	or Fui		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ☐			
34 Total lightlities and not accept // und helenous	ts	30	Capital stock or trust principal, or current funds	and the second and the second applications of	30	Mary transport of the second
34 Total lightlities and not accept // und helenous	SS		Paid-in or capital surplus, or land, building, or equipment fund			
34 Total lightlities and not accept // und helenous	I A		Retained earnings, endowment, accumulated income, or other funds.		-	
34 Total liabilities and not accord/fund halances			Total net assets or fund balances	838		860
		34	lotal liabilities and net assets/fund balances		34	860

orm 9	990 (2016)	Page 12
Pai	rt XI Reconciliation of Net Assets	
	Check if Schedule O contains a response or note to any line in this Part XI	П
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1742
2	Total expenses (must equal Part IX, column (A), line 25)	2 1720
3	Revenue less expenses. Subtract line 2 from line 1	3 22
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 838
5	Net unrealized gains (losses) on investments	5 0
6	Donated services and use of facilities	6 0

7 0 8 8 0 9 Other changes in net assets or fund balances (explain in Schedule O) . . . 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 860 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: <a>✓ Cash <a>✓ Accrual <a>✓ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Employer identification number

The E	Ending Cancer in Our Generation For	undation				45-26	76123
THE RESERVE		rity Status (All	organizations must	comple	ete this p	part.) See instruction	ons.
1	organization is not a private founda	ation because it	is: (For lines 1 through	1 12, che	ck only o	ne box.)	
2	A church, convention of churc A school described in section	170/61/11/A1/61	(Attach Schodule E /	ibed in s	ection 1/	(U(D)(T)(A)(I).	
3	☐ A hospital or a cooperative ho	spital service or	(Allacii Scriedule E (r	omi 990	OF 99U-E	Z).) 4)(A)(:::)	
4	A medical research organization	on operated in c	oniunction with a hos	nital desc	ribed in	1)(A)(III). Section 170(b)(1)(A)	(iii) Enter the
	hospital's name, city, and state	e:	organisation with a 1105	pital acst	Albeu III .	Section 170(b)(1)(A)	(m). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a government	tal unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	in secti	on 170(b)(1)(A)(v).	
7	An organization that normally	receives a subs	stantial part of its sup	port fron	a gover	nmental unit or fron	n the general public
	described in section 170(b)(1)	((A)(vi). (Comple	te Part II.)				
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ	ization describe	d in section 170(b)(1)	(A)(ix) or	erated in	conjunction with a l	and-grant college
275.27	or university or a non-land-gra university:	int college of agi	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	f the college or
10	An organization that normally receipts from activities related	receives: (1) mor	re than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	receipts from activities related support from gross investmen	t income and un	related business taya	hle incon	na flace e	action 511 tay) from	n 331/3% of its
	acquired by the organization a	itter June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	Dusinesses
11	An organization organized and	l operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	An organization organized and	operated exclusi	sively for the benefit o	f, to perfe	orm the f	unctions of, or to car	rry out the purposes
	of one or more publicly support	orted organization	ons described in sect	ion 509(a	1)(1) or s	ection 509(a)(2). Se	e section 509(a)(3).
100000	Check the box in lines 12a thro						
а		ization operated	l, supervised, or contr	olled by	its suppo	rted organization(s),	typically by giving
	the supported organization supporting organization. Ye	i(s) the power to	regularly appoint or e	lect a ma	ajority of t	the directors or trust	ees of the
h							
b		nization supervis	sed or controlled in co	nnection	with its	supported organizati	on(s), by having
	control or management of organization(s). You must	complete Part	organization vested in	tne same	e persons	that control or man	age the supported
С		_					
·	Type III functionally integ its supported organization(s) (see instruction	ung organization opei ons). You must com o	ated in d lete Part	IV. Section	n with, and functions	ally integrated with,
d	the same of the sa						etad araanization(a)
	that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribi	ition requirement an	on teu organization(s)
	requirement (see instruction	ns). You must o	omplete Part IV, Sec	tions A	and D. ar	nd Part V.	an attentiveness
е	_						all Type III
	functionally integrated, or T	Type III non-fund	tionally integrated sur	porting	organizat	ion.	s ii, Type iii
f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	·		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see
	ļ		above (occ mondonomy)			instructions)	instructions)
				Yes	No		
(A)							
(D)							
(B)							
(C)							
(D)							
(E)							
Total					1203/01-1-11-1		

Par	Support Schedule for Organiz	ations Descr	ihed in Secti	one 170/b)/1	VAViv) and 1	70/6\/4\/6\/-	Page 2
	(Complete only if you checked to	ne box on line	e 5. 7. or 8 of	Part I or if the	e organization	n failed to aus) alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	any drider
	ion A. Public Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						(i) i otar
	membership fees received. (Do not						
240	include any "unusual grants.")	1728	2222	1708	838	860	7336
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	0	0	0	0	0	0
15	-	1728	2222	1708	838	860	7336
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly			A Comment of			
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount	, pr					
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
	ion B. Total Support			<u></u>			7336
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1728	2222	1708	838	860	7336
8	Gross income from interest, dividends,					- 555	7330
	payments received on securities loans,				ľ		
	rents, royalties and income from similar				1		
-	sources	0	0	0	0	o	0
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40		0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11		0	0	0	0	0	0
12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(soo instruction					7336
13	First five years. If the Form 990 is for the	A organization	ris) S first sees		[12	0
	First five years. If the Form 990 is for the organization, check this box and stop her	e organization e	S IIISI, SECONO	i, third, fourth,	or τιπη ταχ ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor		<u> </u>	• • • • •			📙
14	Public support percentage for 2016 (line 6	column (f) div	vided by line 1°	column (fl)		14	0/
15	Public support percentage from 2015 Sch	edule A. Part II	Line 14	, 001011111 (1))		15	100 %
16a	33'/3% support test -2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more about the					h l - 11- ! -	
	box and stop nere. The organization qual	ifies as a public	cly supported	organization			> 17
b	33'/3% support test—2015. If the organiz	zation did not c	check a box or	line 13 or 16a	and line 15 is	331/2% or mo	re check
	this box and stop here. The organization	qualifies as a p	ublicly suppor	ted organizatio	n		▶ □
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and it the organization me	ets the "facts-:	and-circumsta	nces" test che	ack this how ar	od stan hara l	Evalaia in
	Part vi now the organization meets the "f	acts-and-circu	ımstances" tes	t. The organiza	ation qualifies	as a publicly s	upported
	organization						▶ □
b	10%-facts-and-circumstances test—20	15. If the orga	nization did no	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
	13 is 10% of more, and if the organizar	tion meets the	"facts-and-ci	rcumstances"	test check th	nie hov and et	on hore
	explain in Part VI now the organization m	eets the "facts	s-and-circums	tances" test. T	he organizatio	n qualifies as a	a publicly
18							▶ 🗆
	Private foundation. If the organization did	I HOT CHECK a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Open to Public Inspection

Employer identification number

The Ending Cancer in Our Generation Foundation	45-2676123			
Form 990: Part III Lines 2: We added two fundraisers: an online raffle and an online quarter auction. The quarter auction was				
cancelled half way through. The Annual benefit was held through Facebook.				
Form 990: Part III Line 4: Expenses: \$50 Revenue: 90				
Q2: Online Quarter Auction: We started an online quarter auction. It consisted of thirty items- all these	items were placed in the 2016			
benefit. The baskets of this auction have a value calculated as one quarter per \$20 in actual value. The	ere were three paddle options:			
All inclusive: \$20, half entry: \$10 and 20 quarter entry: \$5. This event was not successful in sales so the	ne board voted to cancel it.			
Q4: 2016 Facebook Auction Expenses: \$220 Revenue: 578				
We split our 2016 Facebook auction into two parts, re-listing the unsold items for the second half. The	first auction consisted of 32 items.			
The second auction consisted of 28 items including ones that did not sell in the first auction. Items ar	e bid in the comments of Facebook and			
it was completed through PayPal with items shipped directly to winners.				
Form 990: Part VI: Section a Line 2. The President and Vice President are married.	#			
Form 990: Part VI: Section b Line 11b. The board of directors was shared a copy in PDF form via email	and as a link in our board group.			
Form 990: Part VI: Section b line 12c. Board members are required to acknowledge any person or business.	iness connection prior to any possible			
conflicting events. The board reviews the conflict of interest clause annually and maintains open com-	munication on any possible conflicts.			
Form 990 Part VI Section c Line 19. All documentation is available at all times through our online Goog	gle docs area. Links are provided on			
our public Facebook group. We also list them through our documentation area on our website.				
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