

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PANCREATIC CANCER ACTION NETWORK		D Employer identification number 33-0841281
	Doing Business As		E Telephone number 310-725-0025
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,574,100.
	1500 ROSECRANS AVENUE	200	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City, town, or post office, state, and ZIP code MANHATTAN BEACH, CA 90266		H(c) Group exemption number ▶	
F Name and address of principal officer: JULIE FLESHMAN SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PANCAN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1999 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE RESEARCH, SUPPORT PATIENTS, AND CREATE HOPE FOR PEOPLE WHO HAVE PANCREATIC CANCER.		
	2 Check this box <input type="checkbox"/> 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)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	110
	6 Total number of volunteers (estimate if necessary)	6	2167
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,395,483.	Current Year 21,450,795.
	9 Program service revenue (Part VIII, line 2g)	13,995.	7,960.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	449,033.	383,278.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,319,047.	-1,792,533.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,539,464.	20,049,500.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,445,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,986,067.	7,094,053.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,733,860.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,722,633.	6,898,967.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,153,700.	19,038,020.	
19 Revenue less expenses. Subtract line 18 from line 12	1,385,764.	1,011,480.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,790,796.	End of Year 16,360,398.
	21 Total liabilities (Part X, line 26)	5,054,069.	7,656,244.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,736,727.	8,704,154.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	JULIE FLESHMAN KENNISON, PRESIDENT/CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DONITA M. JOSEPH				P00286656
	Firm's name ▶ WINDES & MCCLAUGHRY ACCT. CORP.	Firm's EIN ▶ 95-3001179			
Firm's address ▶ P.O. BOX 87 LONG BEACH, CA 90801-0087		Phone no. (562) 435-1191			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE PANCREATIC CANCER ACTION NETWORK, INC. IS A NATIONWIDE NETWORK OF PEOPLE DEDICATED TO WORKING TOGETHER TO ADVANCE RESEARCH, SUPPORT PATIENTS, AND CREATE HOPE FOR THOSE AFFLICTED BY PANCREATIC CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 6,816,069. including grants of \$ 5,045,000.) (Revenue \$) RESEARCH AND SCIENTIFIC AFFAIRS - THE RESEARCH AND SCIENTIFIC AFFAIRS PROGRAM EMPLOYS A COMPREHENSIVE STRATEGY TO ADVANCE PANCREATIC CANCER RESEARCH BY DIRECTLY FUNDING RESEARCH GRANTS, WORKING WITH OUR GOVERNMENT AFFAIRS TEAM TO ADVOCATE FOR MORE RESOURCES FROM THE FEDERAL GOVERNMENT FOR INVESTIGATIONS INTO THE DISEASE, AND FACILITATING INTERACTIONS AND COLLABORATIONS WITHIN THE RESEARCH COMMUNITY. WE HAVE A DIVERSE RESEARCH GRANTS PORTFOLIO THAT IS DESIGNED TO EXPEDITE SCIENTIFIC PROGRESS FOR PATIENT BENEFIT. THE GRANTS PROGRAM USES A RIGOROUS, PEER-REVIEW SYSTEM TO ENSURE THAT THE VERY BEST SCIENCE FROM INSTITUTIONS AROUND THE COUNTRY IS FUNDED. THE PROGRAM IS EVALUATED BIANNUALLY TO ENSURE IMPACT AND RESULTS.

4b (Code:) (Expenses \$ 2,109,045. including grants of \$) (Revenue \$ 3,930.) GOVERNMENT AFFAIRS AND ADVOCACY - THE GOVERNMENT AFFAIRS AND ADVOCACY PROGRAM IN WASHINGTON, D.C., FOCUSES ON EDUCATING ELECTED OFFICIALS ABOUT PANCREATIC CANCER AND THE NEED TO INCREASE FEDERAL RESEARCH FUNDING DEDICATED TO THE DISEASE. THE FEDERAL GOVERNMENT HAS MORE DOLLARS FOR CANCER RESEARCH THAN ANY PRIVATE ENTITY. THEREFORE, WE AUGMENT PRIVATE RESEARCH FUNDING WITH AGGRESSIVE ADVOCACY FOR INCREASED FEDERAL DOLLARS FOR PANCREATIC CANCER. OUR EFFORTS INCLUDE BRINGING HUNDREDS OF SUPPORTERS EACH TO YEAR TO WASHINGTON, D.C. TO EDUCATE THEIR ELECTED OFFICIALS ABOUT THE DISEASE AND THE URGENT NEED TO TAKE ACTION.

4c (Code:) (Expenses \$ 2,507,144. including grants of \$) (Revenue \$ 4,030.) PATIENT AND LIAISON SERVICES (PALS) - PALS IS A COMPREHENSIVE, FREE INFORMATION AND EDUCATION SERVICE FOR PANCREATIC CANCER PATIENTS, THEIR FAMILY MEMBERS AND CAREGIVERS, AND HEALTH PROFESSIONALS. WHEN AN INDIVIDUAL CALLS OR EMAILS THE PALS PROGRAM, THEY ARE MATCHED WITH HIGHLY TRAINED, DEDICATED STAFF MEMBERS, CALLED PALS ASSOCIATES, WHO ARE AVAILABLE TO ANSWER QUESTIONS AND PROVIDE INFORMATION AND SUPPORT. THE PROGRAM IS THE ONLY ONE OF ITS KIND PROVIDING QUALITY, DETAILED INFORMATION ON TOPICS INCLUDING DIAGNOSIS, TREATMENT OPTIONS, CLINICAL TRIALS, DIET AND NUTRITION, SPECIALISTS AND SUPPORT RESOURCES. PALS ALSO HOSTS LIVE, INTERACTIVE EDUCATIONAL EVENTS FOR PANCREATIC CANCER PATIENTS, THEIR FAMILY MEMBERS AND THEIR CAREGIVERS. THE GOAL OF THE PALS PROGRAM IS TO HELP PATIENTS AND THEIR FAMILIES LEARN ABOUT AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,537,609. including grants of \$) (Revenue \$)

4e Total program service expenses 15,969,867.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 committee, explain in Schedule O.	6	
b	Enter the number of voting members included in line 1a, above, who are independent	5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
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	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ABIGAIL WINSTON, CFO - 310-725-0025**
1500 ROSECRANS AVENUE, STE 200, MANHATTAN BEACH, CA 90266

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE FLESHMAN PRESIDENT & CEO/ DIRECTOR/EX-OFFICIO	60.00	X		X				311,069.	0.	14,696.
(2) PETER KOVLER CHAIRMAN OF BOARD	2.00	X		X				0.	0.	0.
(3) LAURIE MACCASKILL VICE-CHAIRMAN OF BOARD	2.00	X		X				0.	0.	0.
(4) STUART RICKERSON TREASURER	2.00	X		X				0.	0.	0.
(5) TERRENCE MECK BOARD MEMBER	2.00	X						0.	0.	0.
(6) JEANNE WEAVER RUESCH BOARD MEMBER	2.00	X						0.	0.	0.
(7) STEPHANIE R. DAVIS, ESQ. SECRETARY	2.00			X				0.	0.	0.
(8) ABIGAIL WINSTON CONTROLLER	50.00			X				49,959.	0.	2,606.
(9) RENA HAYAMI CFO - THROUGH 5/1/13	50.00			X				198,540.	0.	6,334.
(10) LYNN MATRISIAN VP RESEARCH AND SCIENTIFIC AFFAIRS	50.00				X			249,957.	0.	12,793.
(11) JENNY ISAACSON VICE PRES, CMTY ENGAGEMENT	50.00				X			183,866.	0.	12,157.
(12) PAMELA MARQUARDT DIRECTOR, DONOR AND CORPORATE	50.00				X			182,947.	0.	14,693.
(13) LISA GILMOUR DIRECTOR, MKTG & COMMUNICATIONS	50.00					X		135,889.	0.	1,015.
(14) CATHLEEN TOGUT DIRECTOR, HUMAN RESOURCES	50.00					X		109,541.	0.	14,249.
(15) ANITRA TALLEY DIRECTOR, PALS	50.00					X		104,043.	0.	8,226.
(16) GEORGE HSING DIRECTOR, IT	50.00					X		101,798.	0.	9,297.
(17) MEGAN DON GORDON DIRECTOR, GA	50.00					X		116,513.	0.	5,264.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							1,744,122.	0.	101,330.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,744,122.	0.	101,330.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN ASSOC. FOR CANCER RESEARCH, 615 CHESTNUT ST., 17TH FL., PHILADELPHIA, PA	GRANT PEER REVIEW & ADMINISTRATION	2,892,351.
CONTINENTAL 1500 ROSECRANS LLC P.O. BOX 845055, LOS ANGELES, CA 90084	LANDLORD, CORPORATE OFFICE SPACE	687,221.
BLUE SHIELD OF CALIFORNIA FILE 55331, LOS ANGELES, CA 90074-5331	MEDICAL INSURANCE PROVIDER	364,287.
MARRIOTT BUSINESS SERVICES 10400 FERNWOOD ROAD, BETHSEDA, MA 20817	ACCOMODATIONS	348,348.
NEIMAND COLLABORATIVE, 1025 VERMONT AVE, NW SUITE 830, WASHINGTON, DC 20005	COMMUNICATIONS	281,061.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 379,835.					
	b Membership dues	1b					
	c Fundraising events	1c 12,486,215.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,584,745.					
	g Noncash contributions included in lines 1a-1f: \$	297,167.					
	h Total. Add lines 1a-1f		21,450,795.				
	Program Service Revenue	2 a PALS REGISTRATION	Business Code 900099	7,960.	7,960.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			7,960.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		367,531.			367,531.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,332,455.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	4,316,708.				
		c Gain or (loss)	15,747.				
	d Net gain or (loss)		15,747.	15,747.			
	8 a Gross income from fundraising events (not including \$ 12,486,215. of contributions reported on line 1c). See Part IV, line 18	a	352,613.				
		b Less: direct expenses	2,146,435.				
c Net income or (loss) from fundraising events			-1,793,822.			-1,793,822.	
9 a Gross income from gaming activities. See Part IV, line 19	a	39,530.					
	b Less: direct expenses	26,717.					
	c Net income or (loss) from gaming activities		12,813.			12,813.	
10 a Gross sales of inventory, less returns and allowances	a	22,728.					
	b Less: cost of goods sold	34,740.					
	c Net income or (loss) from sales of inventory		-12,012.	-12,012.			
11 a MISCELLANEOUS REVENUE	Business Code 900099		488.			488.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		488.				
12 Total revenue. See instructions.		20,049,500.	11,695.	0.	-1,412,990.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 governments and organizations in the United States. See Part IV, line 21	5,045,000.	5,045,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,337,679.	1,076,425.	72,008.	189,246.
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 Other salaries and wages	4,853,900.	3,905,916.	261,286.	686,698.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,353.	111,332.	7,448.	19,573.
9 Other employee benefits	328,477.	264,324.	17,682.	46,471.
10 Payroll taxes	435,644.	350,561.	23,451.	61,632.
11 Fees for services (non-employees):				
a Management				
b Legal	590.		590.	
c Accounting	23,500.		23,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	773,760.		676,385.	97,375.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	848,292.	776,846.	17,913.	53,533.
12 Advertising and promotion	1,264,243.	1,196,961.	11,963.	55,319.
13 Office expenses	183,484.	153,037.	8,750.	21,697.
14 Information technology	193,575.	162,832.	7,299.	23,444.
15 Royalties				
16 Occupancy	944,003.	783,212.	43,482.	117,309.
17 Travel	341,562.	227,809.	1,793.	111,960.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,220,674.	1,164,564.	45,983.	10,127.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	153,955.	130,390.	6,282.	17,283.
23 Insurance	94,729.		86,184.	8,545.
24 Other expenses. Itemize expenses not covered 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.)				
a PRINTING AND POSTAGE	468,740.	347,590.	3,688.	117,462.
b STAFF & GRANTEE DEVELOP	310,957.	254,737.	4,844.	51,376.
c SPECIAL EVENT EXPENSES	42,662.			42,662.
d MISCELLANEOUS	34,241.	18,331.	13,762.	2,148.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	19,038,020.	15,969,867.	1,334,293.	1,733,860.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	9,972.	8,187.	479.	1,306.

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	113.	1	22,080.	
	2 Savings and temporary cash investments	1,450,349.	2	1,640,577.	
	3 Pledges and grants receivable, net	1,206,693.	3	2,163,507.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	68,241.	8	40,942.	
	9 Prepaid expenses and deferred charges	528,549.	9	324,838.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,392,049.			
	b Less: accumulated depreciation	10b 669,679.	10c	722,370.	
	11 Investments - publicly traded securities	8,514,725.	11	11,060,486.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	327,587.	15	385,598.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,790,796.	16	16,360,398.		
Liabilities	17 Accounts payable and accrued expenses	1,144,620.	17	1,260,058.	
	18 Grants payable	3,271,280.	18	5,759,930.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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	638,169.	25	636,256.	
	26 Total liabilities. Add lines 17 through 25	5,054,069.	26	7,656,244.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	6,984,947.	27	7,688,805.	
	28 Temporarily restricted net assets	751,780.	28	1,015,349.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	7,736,727.	33	8,704,154.		
34 Total liabilities and net assets/fund balances	12,790,796.	34	16,360,398.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,049,500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,038,020.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,011,480.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,736,727.
5	Net unrealized gains (losses) on investments	5	-44,054.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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 33, column (B))	10	8,704,153.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization PANCREATIC CANCER ACTION NETWORK	Employer identification number 33-0841281
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,828,149.	11,901,555.	13,267,432.	17,395,483.	21,450,795.	72,843,414.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,828,149.	11,901,555.	13,267,432.	17,395,483.	21,450,795.	72,843,414.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						72,843,414.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,828,149.	11,901,555.	13,267,432.	17,395,483.	21,450,795.	72,843,414.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	152,213.	170,849.	244,548.	286,439.	369,179.	1,223,228.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5,559.	19,021.	288.	22,868.		47,736.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					488.	488.
11 Total support. Add lines 7 through 10						74,114,866.
12 Gross receipts from related activities, etc. (see instructions)					12	1,410,074.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.28	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.63	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

PANCREATIC CANCER ACTION NETWORK

33-0841281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

PANCREATIC CANCER ACTION NETWORK

33-0841281

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 725,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 990,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PANCREATIC CANCER ACTION NETWORK	Employer identification number 33-0841281
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization PANCREATIC CANCER ACTION NETWORK	Employer identification number 33-0841281
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PANCREATIC CANCER ACTION NETWORK	Employer identification number 33-0841281
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		73,545.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		370,566.	
c Total lobbying expenditures (add lines 1a and 1b)		444,111.	
d Other exempt purpose expenditures		17,265,898.	
e Total exempt purpose expenditures (add lines 1c and 1d)		17,710,009.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	630,077.	737,673.	850,875.	1,000,000.	3,218,625.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,827,938.
c Total lobbying expenditures	222,952.	252,416.	356,873.	444,111.	1,276,352.
d Grassroots nontaxable amount	157,519.	184,418.	212,719.	250,000.	804,656.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,206,984.
f Grassroots lobbying expenditures	51,103.	21,851.	74,556.	73,545.	221,055.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

OFFICE IN WASHINGTON DC ENGAGES IN DEVELOPING REPORT LANGUAGE FOR APPROPRIATIONS BILLS AND SECURING CO-SPONSORS FOR THE RECALCITRANT CANCER RESEARCH ACT (FORMERLY KNOWN AS THE PANCREATIC CANCER RESEARCH AND EDUCATION ACT), HR733/S362; DEVELOPING ALERTS TO OUR MEMBERS REGARDING SPECIFIC LEGISLATION; PREPARING FOR AND ATTENDING VISITS ON CAPITAL HILL BY OUR MEMBERS AND THE PUBLIC DURING ADVOCACY DAYS; GIVING UNINVITED AND

Part IV Supplemental Information (continued)

INVITED TESTIMONY OR WRITTEN RESPONSES DURING LEGISLATIVE HEARINGS;
DEVELOPING GENERAL EDUCATION MESSAGES THROUGH MEDIA CAMPAIGNS THAT DO OR
DO NOT INCLUDE A CALL FOR ACTION.

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

PANCREATIC CANCER ACTION NETWORK

Employer identification number

33-0841281

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		173,723.	45,096.	128,627.
d Equipment		430,004.	146,453.	283,551.
e Other		788,322.	478,130.	310,192.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				722,370.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	15,739.
(3) DEFERRED LEASE LIABILITY	620,517.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	636,256.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	19,888,380.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-44,054.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-44,054.
3	Subtract line 2e from line 1	3	19,932,434.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,067.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	117,067.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,049,501.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	18,920,953.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	18,920,953.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,067.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	117,067.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,038,020.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT

BENEFIT OF TAX POSITIONS, SUCH AS FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE ORGANIZATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		EVENING WITH THE STARS	WALKS AND RUNS	31	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,089,509.	11,338,894.	410,424.	12,838,827.
	2 Less: Contributions	883,296.	11,338,894.	264,025.	12,486,215.
	3 Gross income (line 1 minus line 2)	206,213.		146,399.	352,612.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	36,291.	339,467.	111,686.	487,444.
	7 Food and beverages	115,716.	93,579.	2,305.	211,600.
	8 Entertainment	2,474.	41,065.	1,000.	44,539.
	9 Other direct expenses	51,733.	1,319,711.	31,409.	1,402,853.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(2,146,436)
	11 Net income summary. Combine line 3, column (d), and line 10				-1,793,824.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			39,530.
Direct Expenses	2 Cash prizes			1,394.	1,394.
	3 Noncash prizes			25,323.	25,323.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(26,717)	
8 Net gaming income summary. Combine line 1, column d, and line 7				12,813.	

9 Enter the state(s) in which the organization operates gaming activities: ID, MN, OH, MO, IL, PA, VA, CA, TX, WA
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|-------------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b 100.00 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ PANCREATIC CANCER ACTION NETWORKAddress ▶ 1500 ROSECRANS AVENUE, SUITE 200 - MANHATTAN BEACH, CA 90266

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:Name ▶ ABIGAIL WINSTON

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ OVERSIGHT AND REVIEW OF REPORTING THAT OCCURS IN GAMING ACTIVITIES.
 Director/officer
 Employee
 Independent contractor
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 39,531.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 3

THE ORGANIZATION IS REGISTERED TO FUNDRAISE IN EVERY STATE. SOME OF THE STATES IN WHICH WE HELD RAFFLES ALSO REQUIRE SEPARATE REGISTRATIONS. IN FY13, THE PROPER STATE REGISTRATION FORMS WERE FILED.

SCHEDULE G, PART III, LINE 11

THE PUBLIC IS INVITED TO PARTICIPATE IN ALL OUTREACH EVENTS, SOME OF WHICH MAY INCLUDE A GAMING ACTIVITY. FOR EXAMPLE, WALK-A-THONS MAY BE

Part IV Supplemental Information (continued)

PRECEDED BY A RAFFLE DRAWING. GAMING REVENUE IS NOT RECEIVED ON-LINE; IT IS COLLECTED VIA TICKET SALES AT EVENTS AND IN ADVANCE OF EVENTS THROUGH INDIVIDUAL VOLUNTEER SALES. INFREQUENTLY, RAFFLE TICKETS MAY BE IN CONJUNCTION WITH A REGISTRATION BY MAIL OR PHONE.

SCHEDULE G, PART III, LINE 16

GAMING REVENUE IS COLLECTED BY VOLUNTEERS NATIONWIDE AND IS REMITTED TO THE CORPORATE OFFICE IN MANHATTAN BEACH FOR RECORDING IN THE ORGANIZATION'S REVENUE DATABASE. AFFILIATES ARE ACTIVELY INVOLVED WITH THE TASK OF COMPLETING AND FILING ANY REPORTS REQUIRED BEFORE AND AFTER THE RAFFLE EVENT. THE CORPORATE ACCOUNTING OFFICE, UNDER THE SUPERVISION OF ABIGAIL WINSTON, CFO, IS ULTIMATELY RESPONSIBLE FOR MAINTAINING GAMING DOCUMENTION.

THE VOLUNTEER AFFILIATE IS RESPONSIBLE FOR THE COORDINATION AND IMPLEMENTATION OF THE GAMING ACTIVITY IN CONJUNCTION WITH ALL OTHER ASPECTS OF AN OUTREACH EVENT. COMMUNITY OUTREACH MANAGERS AT THE CORPORATE OFFICE PROVIDE GUIDANCE TO AFFILIATES AND APPROVE BUDGETS AND CERTAIN MARKETING MATERIALS FOR THE EVENT.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

PANCREATIC CANCER ACTION NETWORK

Employer identification number

33-0841281

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAMSON FAMILY CANCER RESEARCH INSTITUTION - 421 CURIE BOULEVARD, 409 BRB II/III - OMAHA, NE 19104-6160	23-1352685	501(C)(3)	1,200,000.	0.			FUND RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - PITTSBURGH, PA 68198-7835	47-0049123	501(C)(3)	200,000.	0.			FUND RESEARCH
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET, BOX 49 NEW YORK, NY 10032-3702	13-5598093	501(C)(3)	200,000.	0.			FUND RESEARCH
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215-5450	04-2263040	501(C)(3)	45,000.	0.			FUND RESEARCH
JOAN AND SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE, BOX 89 - NEW YORK, NY 10065	13-1623978	501(C)(3)	600,000.	0.			FUND RESEARCH
JOHN HOPKINS UNIVERSITY 733 N. BROADWAY, SUITE 117 BALTIMORE, MA 21205	52-0595110	501(C)(3)	1,200,000.	0.			FUND RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 12.
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE BOSTON, MA 02199	04-2697983	501(C)(3)	200,000.	0.			FUND RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - ONE PARK AVENUE, 6TH FLOOR - NEW YORK, NY 10016	13-5562308	501(C)(3)	600,000.	0.			FUND RESEARCH
STANFORD UNIVERSITY 3160 PORTER DRIVE, SUITE 100 STANFORD, CA 94304	94-1156365	501(C)(3)	200,000.	0.			FUND RESEARCH
THE REGENTS OF THE THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET, SUITE 315 - SAN FRANCISCO, CA 94143-0962	94-6036493	501(C)(3)	200,000.	0.			FUND RESEARCH
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL - 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	200,000.	0.			FUND RESEARCH
UNIVERSITY OF PITTSBURG 123 UNIVERSITY PLACE; UNIVERSITY CLUB, LOWER LEVEL - PHILADELPHIA, PA 15213-	12-5096559	501(C)(3)	200,000.	0.			FUND RESEARCH

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE PANCREATIC CANCER ACTION NETWORK
 ADMINISTERS ITS GRANTS PROGRAM IN PARTNERSHIP WITH THE AMERICAN ASSOCIATION
 FOR CANCER RESEARCH (AACR). THE AMOUNT OF THE GRANTS AND ELIGIBILITY
 CRITERIA ARE DETERMINED IN CONSULTATION WITH THE AACR AND THE
 ORGANIZATION'S SCIENTIFIC ADVISORY BOARD, IN ADVANCE OF PUBLIC NOTIFICATION
 OF GRANT AVAILABILITY. GRANTS ARE SELECTED BY SCIENTIFIC REVIEW PERFORMED
 BY A PANEL OF PEER EXPERTS, CONVENED BY THE AACR. ALL GRANT AMOUNTS,
 ELIGIBILITY CRITERIA, AND REVIEW PROCESSES ARE DOCUMENTED ANNUALLY IN THE
 INDIVIDUAL GRANT APPLICATION PROCEDURE DOCUMENTS. GRANT AMOUNTS AND REVIEW

Part IV Supplemental Information

PROCESSES ARE ALSO SPECIFIED IN THE CO-SPONSORSHIP AGREEMENT BETWEEN THE ORGANIZATION AND AACR.

TWICE YEARLY PROGRESS REPORTS ARE REQUIRED FOR ALL GRANTS AWARDED. THESE PROGRESS REPORTS ARE COLLECTED BY THE AACR AND COPIES ARE PROVIDED TO THE PANCREATIC CANCER ACTION NETWORK. PROGRESS REPORTS INCLUDE A DESCRIPTION OF THE RESEARCH WORK ACCOMPLISHED, FUNDS USED, LESSONS LEARNED AND OTHER OUTCOMES. FINAL REPORTS ARE DUE WITHIN TWO MONTHS OF THE COMPLETION OF THE GRANT PERIOD AND MUST ACCOUNT FOR THE ENTIRE GRANT AMOUNT. AACR AND THE PANCREATIC CANCER ACTION NETWORK REVIEW ALL PROGRESS AND FINAL REPORTS. ANNUAL REPORTS ARE ALSO EVALUATED BY MEMBERS OF THE SCIENTIFIC ADVISORY COMMITTEE THAT DETERMINED FUNDING DECISIONS. AACR COMMUNICATES DIRECTLY WITH GRANT RECIPIENTS TO RESOLVE QUESTIONS OR DISCREPANCIES. THIS PROCESS IS DOCUMENTED IN THE ANNUAL CO-SPONSORSHIP AGREEMENT BETWEEN THE ORGANIZATION AND AACR AND IN THE AGREEMENTS WITH INDIVIDUAL GRANT RECIPIENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PANCREATIC CANCER ACTION NETWORK

Employer identification number

33-0841281

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE FLESHMAN PRESIDENT & CEO/ DIRECTOR/EX-OFFICIO	(i)	248,566.	62,503.	0.	10,001.	4,695.	325,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RENA HAYAMI CFO - THROUGH 5/1/13	(i)	107,887.	22,248.	68,405.	5,393.	941.	204,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNN MATRISIAN VP RESEARCH AND SCIENTIFIC AFFAIRS	(i)	230,707.	19,250.	0.	6,600.	6,193.	262,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNY ISAACSON VICE PRES, CMTY ENGAGEMENT	(i)	154,991.	28,875.	0.	6,732.	5,425.	196,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA MARQUARDT DIRECTOR, DONOR AND CORPORATE	(i)	162,657.	20,290.	0.	6,543.	8,150.	197,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: THE BOARD OF DIRECTORS, OR ITS COMPENSATION COMMITTEE, WILL OBTAIN DATA REPRESENTATIVE OF MARKET SALARIES FOR A SIMILAR POSITION AND COMPANY SIZE AS A BASIS FOR PROPOSING SALARY ADJUSTMENTS. THE COMMITTEE WILL CONSIDER THE COMPENSATION PACKAGE COMPREHENSIVELY (INCLUDING FRINGE BENEFITS) AND PROPOSE MODIFICATIONS AT THE NEXT ANNUAL BOARD MEETING PRIOR TO THE NEW FISCAL YEAR. THE BOARD, MEETING IN EXECUTIVE SESSION, APPROVES THE CEO/PRESIDENT SALARY.

COMPENSATION OF THE CFO IS AUTHORIZED IN THE SAME MANNER AS THE PRESIDENT AND CEO EXCEPT THAT THE PRESIDENT WILL MAKE A RECOMMENDATION TO THE BOARD AS TO THE SALARY LEVEL. COMPENSATION TO THE TOP LEVEL FINANCIAL EMPLOYEE, AS WELL AS ALL KEY EMPLOYEES, IS DETERMINED IN THE SAME MANNER AS COMPENSATION TO NON-MANAGEMENT STAFF. A GUIDELINE RANGE OF SALARY INCREASE DETERMINED BY APPROXIMATE COST OF LIVING IS DEEMED THE STANDARD INCREASE UNLESS SUPPORTED BY A CHANGE IN RESPONSIBILITIES OR AN ADJUSTMENT NECESSARY TO BRING THE POSITION UP TO MARKET. THE PRESIDENT DETERMINES THIS RANGE, AND PROPOSES SALARY INCREASES FOR DIRECTOR-LEVEL STAFF, BASED ON SURVEY INFORMATION OR MARKET AWARENESS.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A: RENA HAYAMI, CHIEF FINANCIAL OFFICER, RECEIVED A SEVERANCE PAYMENT OF \$68,404.87.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **PANCREATIC CANCER ACTION NETWORK** Employer identification number **33-0841281**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	525.	SELLING PRICE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		10,744.	INVOICE/RECEIPT
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	288,022.	QUOTED MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	13	1,440.	DONOR'S ESTIMATE
19 Food inventory	X	91	43,054.	INVOICE/RECEIPT
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFT CERT.</u>)	X	7	8,944.	RETAIL VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

PANCREATIC CANCER ACTION NETWORK

Employer identification number

33-0841281

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

UNDERSTAND THEIR OPTIONS IN ORDER TO MAKE INFORMED CHOICES TOGETHER
WITH THEIR MEDICAL TEAMS

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY OUTREACH - COMMUNITY OUTREACH IS OUR TEAM OF DEDICATED AND
PASSIONATE VOLUNTEERS ORGANIZED AS LOCAL AFFILIATES IN NEARLY SIXTY
COMMUNITIES ACROSS THE COUNTRY. THE PASSION AND COMMITMENT OF OUR
VOLUNTEERS HAS CREATED A GROWING MOVEMENT THAT PROPELS OUR MISSION
FORWARD IN EACH PROGRAM AREA AND IS THE DRIVING FORCE BEHIND OUR
ORGANIZATION. THE VOLUNTEER EFFORTS INCLUDE ENGAGING THE LOCAL MEDIA,
HOSTING LOCAL EVENTS, ATTENDING HEALTH FAIRS, DISTRIBUTING PATIENT
INFORMATION TO HOSPITALS AND DOCTORS' OFFICES, AND ALERTING ELECTED
OFFICIALS ABOUT THE URGENT NEED FOR SCIENTIFIC PROGRESS IN PANCREATIC
CANCER RESEARCH.

EXPENSES \$ 4,537,609. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE INVESTMENT AND AUDIT COMMITTEE
RECEIVES AND REVIEWS THE DRAFT OF THE FORM 990, INCLUDING SCHEDULES, PRIOR
TO FILING OF THE RETURN. A MEETING OF THE AIC INCLUDING THE PRESIDENT AND
CEO, THE CFO AND THE OUTSIDE CPA FIRM IS HELD TO REVIEW THE FINAL DRAFT OF
THE FORM 990. UPON APPROVAL OF THE FORM 990 BY THE AIC, THE FINAL FORM
990, WITH CHANGES REFLECTED, IF ANY, IS FILED ELECTRONICALLY. THE FORM 990
IS E-MAILED TO THE ENTIRE BOARD OF DIRECTORS FOLLOWING APPROVAL BY THE AIC
AND PRIOR TO FILING.

Name of the organization PANCREATIC CANCER ACTION NETWORK	Employer identification number 33-0841281
--	--

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS IS REQUIRED TO SUBMIT AN UPDATED CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. TO THE EXTENT THAT RELATIONSHIPS ARE IDENTIFIED VIA THESE STATEMENTS AND OTHER INFORMATION, THE INDIVIDUAL'S CONSTITUENT RECORD IN THE COMPANY DATABASE IS UPDATED TO INCLUDE THIS INFORMATION, FACILITATING PERIODIC QUERIES, AS NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD HAS A COMPENSATION COMMITTEE THAT CONSIDERS MATTERS RESULTING IN THE INCREASE OR MODIFICATION OF TOP-LEVEL EXECUTIVE MANAGEMENT. A DIRECTOR OF HUMAN RESOURCES WAS HIRED IN 1/2011 WHO STAYS ABREAST OF INDUSTRY SALARY LEVELS. INDEPENDENT PROFESSIONAL EXPERTS ARE CALLED UPON FOR HIGHER-LEVEL POSITIONS AND ASSIST IN ESTABLISHING EXECUTIVE SALARIES IN THE COMPETITIVE MARKETPLACE. SALARIES IN BOTH FOR PROFIT AND NOT FOR PROFIT ORGANIZATIONS ARE EVALUATED IN ORDER TO ATTRACT THE MOST TALENTED PERSONNEL. THE INFORMATION GATHERED IS REVIEWED WITH THE INTENT OF ENSURING THAT THE EXECUTIVE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS. THE REVIEW COMPREHENDS INCENTIVE PLANS AND ALL FRINGE BENEFITS AS WELL AS BASE SALARY ARRANGEMENTS. THE BOARD ESTABLISHES THE CEO/PRESIDENT SALARY LEVEL DURING THE EXECUTIVE SESSION OF A CALLED BOARD MEETING. ONCE APPROVED, EXECUTIVE COMPENSATION PACKAGES ARE FORMALIZED IN WRITING AND ONCE ACCEPTED BY THE EXECUTIVE, RETAINED IN THE EXECUTIVES' PERSONNEL FILE(S).

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

HI

232212
01-04-13

Name of the organization PANCREATIC CANCER ACTION NETWORK	Employer identification number 33-0841281
--	--

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION HAS A FORMAL POLICY FOR PUBLIC DISCLOSURE AND INSPECTION OF DOCUMENTS. THE POLICY IS POSTED ON THE ORGANIZATION'S WEB-SITE.

FORM 990 PART VI, LINE 10B

AFFILIATES

COMPANY AFFILIATES CONSIST OF VOLUNTEERS WHO AGREE TO PERFORM THEIR VOLUNTEER ACTIVITIES IN COMPLIANCE WITH GUIDELINES PROVIDED IN A COMMUNITY OUTREACH AFFILIATE AGREEMENT. THERE ARE NO NON-VOLUNTEER AFFILIATES, CHAPTERS OR BRANCHES.

FORM 990, PART VIII, LINE 8C

FUNDRAISING EVENTS

THE PANCREATIC CANCER ACTION NETWORK AND THEIR NETWORK OF VOLUNTEER AFFILIATES HELD WALKS, RUNS, AND BIKE EVENTS ALL OVER THE NATION TO BOTH FUNDRAISE AND RAISE PUBLIC AWARENESS ABOUT PANCREATIC CANCER. ALL REVENUE RAISED FROM THE EVENTS ARE CONSIDERED TO BE CHARITABLE CONTRIBUTIONS. THE ENTITY DOES INCUR EXPENSES IN CONDUCTING THE EVENTS, BUT BECAUSE ALL INCOME IS CATERGORIZED AS CONTRIBUTION REVENUE, IT IS REPORTED AS A LOSS FROM SPECIAL EVENTS, EVEN THOUGH THE EVENT WAS PROFITABLE.