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)

OMB No. 1545-0047 Open to Public

Department of the Treasury

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2007 calendar year, or tax year beginning JUL 1. 2007 and ending JUN 30 Check if applicable: C Name of organization Please D Employer identification number use IRS label or PANCREATIC CANCER ACTION NETWORK, INC. 33-0841281 print o type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return Specific 2141 ROSECRANS AVENUE 7000 (310)725-0025 Termin-ation City or town, state or country, and ZIP + 4 F Accounting method: Cash X Accrual Amend EL SEGUNDO, CA 90245 Other (specify) Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No G Website: ►WWW.PANCAN.ORG H(b) If "Yes," enter number of affiliates N/A Organization type (check only one) ► X 501(c) (0 3) ◀ (insert no.) 4947(a)(1) or 7 527 H(c) Are all affiliates included? N/A Yes K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross (If "No," attach a list.) is this a separate return filed by an orreceipts are normally not more than \$25,000. A return is not required, but if the organization ganization covered by a group ruling? Yes X No chooses to file a return, be sure to file a complete return. Group Exemption Number N/A Check ▶ ☐ if the organization is not required to attach Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 9,417,689. Sch. B (Form 990, 990-EZ, or 990-PF). Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds b Direct public support (not included on line 1a) 7,505,495 11) c Indirect public support (not included on line 1a) 10 d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 7,505,495. noncash \$ 7,505,495. 1e 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 866. 4 Dividends and interest from securities 134,593. 6 a Gross rents Less: rental expenses 6b Net rental income or (loss). Subtract line 6b from line 6a 60 Other investment income (describe 7 8 a Gross amount from sales of assets other (A) Securities (B) Other than inventory 670,073. 82 b Less: cost or other basis and sales expenses 652,986. Gain or (loss) (attach schedule) 17,087. 8c Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1 17.087. 8d Special events and activities (attach schedule). If any amount is from gaming, check here 9 a Gross revenue (not including \$ 4,258,144 of contributions reported on line 1b) ... 847,052. Less: direct expenses other than fundraising expenses ______ gb 847,052. Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2 0. Gross sales of inventory, less returns and allowances 259,610. Less; cost of goods sold STATEMENT 4 10h 121,656 Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 3 137,954. 100 Other revenue (from Part VII, line 103) 11 11 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 7,795,995. 12 Program services (from line 44, column (B)) 13 6,317,665.13 Management and general (from line 44, column (C)) 14 283,641. 14 Fundraising (from line 44, column (D)) 15 697,545. 16 Payments to affiliates (attach schedule) 16 Total expenses. Add lines 16 and 44, column (A) 17 7,298,851. 17 Excess or (deficit) for the year. Subtract line 17 from line 12 18 497,144. 18 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 3,157,334. 19 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5 20 -170,792.20 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

PANCREATIC CANCER ACTION NETWORK, INC. 33-0841281 Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. (D) Fundraising services and general 22a Grants paid from donor advised funds (attach schedule) 0 . noncash \$___ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) STATEMENT 7 (cash \$ 1,122,100 . noncash \$ If this amount includes foreign grants, check here 1,122,100. 1,122,100. 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a 187,768. 139,268. 26,194. 22,306. b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b 0. 0 0. 0. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 2,541,553. 2,180,897. 85,010. 275,646. 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a - 27 139,257. 28 117,330. 12,701. 19,166. 9,226. Payroll taxes 174,268. 29 147,716. 7,386. 30 Professional fundraising fees 30 31 Accounting fees 29,747. 25,722. 31 1,112. 2,913. 32 Legal fees 7,437 32 6,431. 278. 728. 33 Supplies 33 59,014. 49,207. 1,591. 8,216.34 Telephone 38,300. 44,871. 34 1,725. 4,846. 35 Postage and shipping 227,386. 179,872. 35 4,206. 43,308. 36 Occupancy 264,543. 36 230,294. 9,117 25,132. 37 Equipment rental and maintenance 19,370. 37 16,469. 818. 2,083. Printing and publications 192,742. 38 228,937. 4,888. 31,307. 135,398 Travel 39 127,542. 506. 7,350. Conferences, conventions, and meetings ... 40 850,225. 40 839,691. 10,534 Interest 41 Depreciation, depletion, etc. (attach schedule) 82,997. 42 69,987. 3,411. 9,599. 43 Other expenses not covered above (itemize): 43a 43b 43c 43d 43e 431 SEE STATEMENT 6 43g 1,183,980. 834,097. 117,639. 232,244. 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 7,298,851. 6,317,665. 283,641. 697,545. Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

INC. Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	What is the organization's primary exempt purpose? ►	Program Service Expenses
0	Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of lients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) reganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
	PATIENT SUPPORT - A CALL CENTER WITH PATIENT INFORMATION, CLINICAL TRIAL ACCESS AND DECISION MAKING TOOLS FOR PATIENTS, THEIR FAMILIES AND THE HEALTH CARE PROFESSION. ALSO PROVIDES FOLLOW UP INFORMATION FOR ALL ASPECTS OF PANCREATIC CANCER, FREE OF CHARGE. (Grants and allocations \$ 1,500.) If this amount includes foreign grants, check here DEDUCATION - BENEFICIAL INFORMATION PROGRAMS FOR PATIENTS, CAREGIVERS AND THE MEDICAL COMMUNITY.	1,907,837.
d	Grants and allocations \$) If this amount includes foreign grants, check here ► □ RESEARCH ADVOCACY - SUPPORT OF EVENTS THAT RAISE AWARENESS OF THE NEED TO INCREASE FUNDING FOR PANCREATIC CANCER RESEARCH. ALSO TO BUILD STRONG RELATIONSIHPS WITH THE MEDICAL AND SCIENTIFIC COMMUNITY TO ENSURE THAT DOCTORS, RESEARCHERS AND SCIENTISTS ARE STUDYING PANCREATIC CANCER. (Grants and allocations \$ 1,120,600.) If this amount includes foreign grants, check here ► □	1,447,286. 2,962,542.
е	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Contine Eventure (should an alling of the continues foreign grants, check fiere	6 217 665
	Total of Program Service Expenses (sriouid equal line 44, column (B), Program services)	6,317,665.
	·	Form 990 (2007)

Note: W	there required, attached schedules and amount ould be for end-of-year amounts only.		escription column	(A) Beginning of year	Ţ	(B) End of year
45	Q1.					
45	Cash · non-interest-bearing		238,899	- 45	266,912	
70	Savings and temporary cash investments			2,548,103	- 46	138,930
47	a Accounts receivable	47a	77 412			
	b Less: allowance for doubtful accounts		77,413.			55 44
	Loss, anovarios for doubtful accounts	4/0			47c	77,413
48	a Pledges receivable	48a	490,800.			
~	b Less: allowance for doubtful accounts	48b	2,000.	441 662		400 000
49	Grants receivable		2,000.	441,667.		488,800
50	Receivables from current and former officers	untana a-d		49		
١,	key employees	/oo dofin not			50a	
	4958(f)(1)) and persons described in section	(as cenned of	nder section			
Sy 51 a	Other notes and loans receivable	4936(C)(3)(B)			50b	· · · · · · · · · · · · · · · · · · ·
ຊ ີ່	Less: allowance for doubtful accounts					
52	Inventories for sale or use			24 700	51c	40000
53	Prepaid expenses and deferred charges	***************************************		24,782.		46,298
!	Investments · publicly-traded securities ST	MrT Q ⊾ [381,443.		133,453
h	Investments • other securities	*** L	COST A FMV	621,574.		3,002,907
	Investments - land, buildings, and		CostFMV _		54b	
"	equipment: basis	==				
- 1	oquipmenti basis	554				
l h	Less: accumulated depreciation	55h				
56	Investments - other				55c	· · · · · · · · · · · · · · · · · · ·
57 a	Land, buildings, and equipment: basis	57a	513,054.		56	
Ь	Less: accumulated depreciation STMT 8		263,470.	225 650		240 504
58	Other assets, including program-related investment		203,470.	225,659.	57¢	249,584
	(describe ► DEPOSITS	•		10 612		10 (10
59	Total assets (must equal line 74). Add lines 4	5 through 59	<u>``</u>)	18,613. 4,500,740.	58	18,613
60	Accounts payable and accrued expenses	o unough so	***************************************	438,614.	59	4,422,910
61	Grants payable	• • • • • • • • • • • • • • • • • • • •		862,332.	60	371,640
62	Deferred revenue		002,332.	61	536,000	
63	Loans from officers, directors, trustees, and k			62		
63 64 a	Tax-exempt bond liabilities			63		
Ь	Mortgages and other notes payable			64a		
65	Other liabilities (describe > CAPITAL LE	IGATIONS	42,460.	64b	31,584.	
-				12/1001	65	31,304.
66	Total liabilities. Add lines 60 through 65			1,343,406.	56	939,224.
Orga	nizations that follow SFAS 117, check here I	X and c	omolete lines	2/010/1008		737,224.
67 68 69	67 through 69 and lines 73 and 74.					
67	Unrestricted			2,657,575.	67	3,067,750.
68	Temporarily restricted			270 476	68	294,653.
69	Permanently restricted			101 000	69	121,283.
Organ	nizations that do not follow SFAS 117, check	and	-22,200.	US	141,203.	
l l	complete lines 70 through 74.					
	Capital stock, trust principal, or current funds		İ	**	70	
71	Paid-in or capital surplus, or land, building, and	equipment for	Ind			
72	Retained earnings, endowment, accumulated i	ncome, or oth	er funds		71	
73	Total net assets or fund balances. Add lines 67 thro	ugh 69 or lines	70 through 72		72	
	(Column (A) must equal line 19 and column (B) must	equal line 21)		3,157,334.	73	3,483,686.
74	Total liabilities and net assets/fund balances	. Add lines 66 a	and 73		74	4 422 010

Form 990 (2007) PANCREATIC CANCER ACTION NETWORK, INC. 33-0841281

Part IV A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

	instructions.)	• • • •			
a	Total revenue, gains, and other support per audited financial statements		a	7,584,84	9
b	Amounts included on line a but not on Part I, line 12:	***************************************		7 - 7 - 7 - 7	
1	Net unrealized gains on investments	-170,792.			
2					
3	Recoveries of prior year grants b3				
4	Other (specify): b4	·			
	Add lines b1 through b4		b	-170,79	2
C	Subtract line b from line a		C		
d	Amounts included on Part I, line 12, but not on line a:	······································	ů	17,33701	
1	Investment expenses not included on Part I, line 6b	40,354.			
2	Other (specify):				
	Add lines d1 and d2) (40,35	4
E	Total revenue (Part I, line 12). Add lines c and d		-	7,795,99	
	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Financial Statements With	Expenses per F	Ret	urn	~ •
а	Total expenses and losses per audited financial statements		a	7,258,49	7.
þ	Amounts included on line a but not on Part I, line 17:		<u>.</u>	,,230,13	<u></u>
1	Donated services and use of facilities				
2	Prior year adjustments reported on Part I, line 20 b2				
3	Losses reported on Part I, line 20				
. 4	Other (specify):				
	Add lines b1 through b4		ь		0.
C	Subtract line b from line a		c	7,258,49	
đ	Amounts included on Part I, line 17, but not on line a:		۱	77230713	<u> </u>
1	Investment expenses not included on Part I, line 6b	40,354.			
2	Other (specify):		∭		
	Add lines d1 and d2	*	d	40,354	1 _
8	Total expenses (Part I, line 17). Add lines c and d		ě	7,298,85	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee,

or key employee at any time during the year even if they were not compensated.) (See the instructions.)

2141 ROSECRANS AVENUE STE 7000	(A) Name and address	(B) Title and average hours per week devoted to position		(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEGUNDO, CA 90245	JULIE FLESHMAN	PRESIDENT & C	ΕO		
TIM ENNIS IMMEDIATE PAST CHAIRMAN 2141 ROSECRANS AVENUE STE 7000 2.00 0. 0. 0. 0.	2141 ROSECRANS AVENUE STE 7000	,			
2141 ROSECRANS AVENUE STE 7000 2.00 0. 0. 0.	EL SEGUNDO, CA 90245		181,750.	6,018.	0.
SEGUNDO, CA 90245 2.00 0. 0. 0.		IMMEDIATE PAS	T CHAIRMA	N	
TONI DACHIS 2141 ROSECRANS AVENUE STE 7000 2.00 0. 0. 0.	2141 ROSECRANS AVENUE STE 7000		' '		
TONI DACHIS 2141 ROSECRANS AVENUE STE 7000 2.00 0.0.0. 0.5		2.00	0	0 -	0.
SEGUNDO, CA 90245 2.00 0. 0. 0.		BOARD DIRECTO			
STEPHANIE R. DAVIS, SECRETARY 2141 ROSECRANS AVENUE STE 7000 2.00 0. 0. 0. 0. 0. 0.	2141 ROSECRANS AVENUE STE 7000			i	
STEPHANIE R. DAVIS, 2141 ROSECRANS AVENUE STE 7000 2.00 0. 0. 0.		2.00	0.	0.1	n
SEGUNDO, CA 90245 2.00 0. 0. 0.	STEPHANIE R. DAVIS,	SECRETARY			
SEGUNDO, CA 90245 2.00 0. 0. 0.	2141 ROSECRANS AVENUE STE 7000			İ	
JASON KUHN	EL SEGUNDO, CA 90245	2.00	0 -	0	0
2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 MALISSA BLAKE LISCHIN 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 CYNTHIA STROUM 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 2.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					
### SEGUNDO, CA 90245 MALISSA BLAKE LISCHIN	2141 ROSECRANS AVENUE STE 7000		Dorney		
MALISSA BLAKE LISCHIN 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 CYNTHIA STROUM 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 2.00 0.0.0.		3.00	0	0	۸
2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 CYNTHIA STROUM 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 2.00 0.0.0.	MALISSA BLAKE LISCHIN			- 0.	<u> </u>
EL SEGUNDO, CA 90245 CYNTHIA STROUM 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 2.00 0. 0. 0. 0.		DOLLAR DINECTO	`		
CYNTHIA STROUM 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 2.00 0. 0. 0.		1 00	0	ا م	•
Z141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245 2.00 0. 0.	ONLY TO COMPANY				<u> </u>
EL SEGUNDO, CA 90245 2.00 0. 0.		TAIL DUITUIO	CLIMIN	ŀ	
(m) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	EL SEGUNDO, CA 90245	2.00			
	AMPITTE AT TO			<u> </u>	0.
STEVAN R. HOLMBERG 2141 ROSECRANS AVENUE STE 7000 BOARD DIRECTOR		DOWER DIKECTOR	١		
EL SECUNDO CA 90345		2.00		_	_
EL SEGUNDO, CA 90245 2.00 0. 0. 0.	22 0200007 01 70243	2.00	0.	0.	

Form 990 (2007) PANCREATIC CANCER AC	TION NETWORK,	INC.	33-0841	.281 Page			
Part V-A Current Officers, Directors, Trustees, and K	Key Employees (contin	ued)		Yes No			
75 a Enter the total number of officers, directors, and trustees permitted meetings			6				
b Are any officers, directors, trustees, or key employees listed in Forr listed in Schedule A, Part I, or highest compensated professional a Part II-A or II-B, related to each other through family or business related individuals and explains the relationship(s)	nd other independent cont	ractors listed in So a statement that	hedule A	75b X			
Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional at Part II-A or II-B, receive compensation from any other organizations organization? See the instructions for the definition of *related organization.	nd other independent cont , whether tax exempt or tax inization."	ractors listed in Sc	hedule A	75t X			
If "Yes," attach a statement that includes the information described	in the instructions.						
d Does the organization have a written conflict of interest policy?				75d X			
Part V B Former Officers, Directors, Trustees, and Ko	ey Employees That F	Received Com	pensation o	or Other			
Deficits (if any former officer, director, trustee, or key e	molovee received compens	sation or other bea	efits (described	d below) during			
the year, list that person below and enter the amount of co	empensation or other benef	its in the appropri	ate column. See	the instructions.)			
(A) Name and address NONE	(8) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plan	account and			
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	*		-				
art VI Other Information (See the instructions.)		·		Yes No			
Did the organization make a change in its activities or methods of cor							
statement of each change	*******************************	***********		76 X			
Were any changes made in the organizing or governing documents b	ut not reported to the IRS?	***************************************		77 X			
If "Yes," attach a conformed copy of the changes.							
a Did the organization have unrelated business gross income of \$1,000	or more during the year co	vered by this retu	m? 7	8a X			
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A 7	8b d			
Was there a liquidation, dissolution, termination, or substantial contra	ction during the year? If "Y	es," attach a state	ment 7				
a Is the organization related (other than by association with a statewide	79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement						
	or nationwide organization	, micogn commo	J 1990	755000\$0000000000100000000			
membership, governing bodies, trustees, officers, etc., to any other ex	or nationwide organization cempt or nonexempt organ	ization?	' AI	Oa X			
membership, governing bodies, trustees, officers, etc., to any other exp If "Yes," enter the name of the organization ► N/A	or nationwide organization kempt or nonexempt organ	ization?		Da X			
membership, governing bodies, trustees, officers, etc., to any other explicitly strength of the organization N/A	kempt or nonexempt organ	exempt or	nonexempt 8	Da X			
membership, governing bodies, trustees, officers, etc., to any other explicitly senter the name of the organization N/A	and check whether it is ss.)	exempt or	nonexempt 0 .	Oa X			

25000000	n 990 (2007) PANCREATIC CANCER ACTION NETWORK, Other Information (continued)	INC	. 33084	1281	Yes	Page
	Did the organization receive donated services or the use of materials, equipment, or facilities	at no chi	arao ar at aubatantially		162	1 14
	less than fair rental value?		• ,	•		X
b	If "Yes," you may indicate the value of these items here. Do not include this		*************************	. 02.0		
	amount as revenue in Part I or as an expense in Part II.					
	(See instructions in Part III.)	82b	N/A			
83 a				83a	X	4000000
b					X	1
84 a						1
b	if "Yes," did the organization include with every solicitation an express statement that such co					
	tax deductible?			84b	*****	*******
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A	85a		
	Did the organization make only in house lobbying expenditures of \$2,000 or less?			85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the					
	waiver for proxy tax owed for the prior year.	Ū				
C	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures		N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount					
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditure	es for th				ĺ
	following tax year?	**********	N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	line 12	86a	N/A	_		
. b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	_		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources		/-			
	against amounts due or received from them.)		N/A	-		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable cor					
	or an entity disregarded as separate from the organization under Regulations sections 301.770	11-2 and	301.7701-3?			
	If "Yes," complete Part IX			88a		Х
U	At any time during the year, did the organization, directly or indirectly, own a controlled entity to					37
10 2	section 512(b)(13)? If "Yes," complete Part XI			88b		X
	section 4911 > 0 • ; section 4912 > 0 • ; section 4955		0.			
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess b) <u> </u>				
	transaction during the year or did it become aware of an excess benefit transaction from a prior					
	If "Yes," attach a statement explaining each transaction			89b	::::::::::::::::::::::::::::::::::::::	X
ε	Enter: Amount of tax imposed on the organization managers or disqualified persons during the	vaar nän		USU	l	<u> </u>
	sections 4912, 4955, and 4958					
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>	Ŏ.			
	All organizations. At any time during the tax year, was the organization a party to a prohibited ta			89e	***********	X
f.	All organizations. Did the organization acquire a direct or indirect interest in any applicable insur	ance co	ntract?	891		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Dic	i the sun	porting organization			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time of			89g	A. 100000 0 195	,000000000
	List the states with which a copy of this return is filed CA			_لماديت		
þ	Number of employees employed in the pay period that includes March 12, 2007		90ь			35
1 a	The books are in care of ▶ JULIE FLESHMAN		one no. ► 310-72	5-00	25	
	Located at ▶ 2141 ROSECRANS AVENUE, EL SEGUNDO, CA	_ · · · · · · · · · · · · · · · · · · ·	ZIP+4 ► 9			****
	At any time during the calendar year, did the organization have an interest in or a signature or of	ther auth		1.	es	No
	a financial account in a foreign country (such as a bank account, securities account, or other fin			91b		X
	f "Yes," enter the name of the foreign country ▶ N/A					
;	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	reign Ba	nk			
	and Financial Accounts.	<u> </u>				

If "Yes," enter the name of the foreign of Section 4947(a)(1) nonexempt charitable			N/A	Add. Charle	<u> </u>	·	
and enter the amount of tax-exempt inte	rest receiv	<i>g rom 990</i> ed or accru	ed during the tax	M-1- Uneck Vear	nere	▶ 92	
Part VII Analysis of Income-Proc	ducing A	ctivities	(See the instruction	ns.)		52	
lote: Enter gross amounts unless otherwise			ted business income	Exc	uded by se	ction 512, 513, or 514	(E)
ndicated.	Ī	(A) Business	(B)	(C) Exclu	.]	(D)	Related or exemp
3 Program service revenue:		code	Amount	sion code	1	Amount	function income
g							1
b							
C					<u> </u>		
d	}				ļ		
8					ļ		
1 Medicare/Medicaid payments					ļ		
g Fees and contracts from government age					-		
4 Membership dues and assessments							
Interest on savings and temporary cash investo				14		866.	
Dividends and interest from securities				14	1	134,593.	
 Net rental income or (loss) from real estate debt-financed property 	e. [[
b not debt-financed property	ŀ			-	 		
Net rental income or (loss) from personal p			 -		 		
Other investment income							
Gain or (loss) from sales of assets							
other than inventory		İ		18		17,087.	
Net income or (loss) from special events							
Gross profit or (loss) from sales of inventor			<u>, </u>				137,95
Other revenue:							
<u> </u>							
Subtotal (add columns (B), (D), and (E))			 	0.		152,546.	137,95
Total (add line 104, columns (B), (D), and (B)	E))				• • • • • • • • • • • • • • • • • • • •	▶_	290,50
e: Line 105 plus line 1e, Part I, should equal art VIII Relationship of Activities	to the A	t on line 12	, Parti.	anna Dia			
Explain how each activity for which incor exempt purposes (other than by providing	ne is reporte in funds for	such nurnasi	(E) OT PART VII CONTE es)	putea import	antiy to th	e accomplishment of	the organization's
2 ALLOWS THE PUBLIC A				PROMO	אמ איד	JAPFNIESS O	F
PANCREATIC CANCER.			2112	1110110	111	MAKENEDD O	<u> </u>
							
rt IX Information Regarding Ta	xable St	ıbsidiarie	es and Disreg	arded En	tities (S	See the instructions	:.)
(A) ((B) Intage of		(C)			(D)	(E)
partnership, or disregarded entity ownersh	hip interest		Nature of activities	l	To	tal income	End-of-year assets
	%						200010
N/A	%						
	%						
	%						
rt X Information Regarding Tra	anefere A	Associate	d with Porco	nal Rono	fit Con	tracts (Con the in	ata estima 1

IVO DIO	ine organizatio	at have a binding written contract in effect on Augi	ust 17,2006, covering t	the interest	i, rents, ro	valties, and	
ann	<u>uities describe</u>	d in question 107 above?			•		
Please Sign Hére	Signatu e		panying schedules and statem f which preparer has any knowl	redge.	Date	knowledge and belief, it is i	true, correct,
Paid Preparer's	Preparer's signature	David Frige	Date パー/2-07	Check if self- employed	>	Preparer's SSN or PTIN (S	ee Gen. Inst. X)
Use Only	Firm's name (or yours if	RSM MCGLADREY INC			EIN 🕨		
osc only	self-employed), address, and ZIP + 4	ONE SOUTH WACKER DRIVE, CHICAGO, IL 60606-3392	SUITE 800		Phone no.	▶312-634-	3400

Form **990** (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

PANCREATIC CANCER ACTION NETWORK, INC. 33 0841281 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

ANGELA JOHNSON OUTREACH DIRECTOR	llowances
21/1 POSECDANG AVE CHE 7000 ET CECUN 40 00 05 450	_
	0.
MICHELLE DUFF PALS DIRECTOR	· · · · · · · · · · · · · · · · · · ·
2141 ROSECRANS AVE STE 7000, EL SEGUN 40.00 103,280. 4,607.	0.
LIZ THOMPSON RESEARCH DIRECTOR	
2141 ROSECRANS AVE STE 7000, EL SEGUN 40.00 125,094. 605.	0.
MEGAN GORDON DON GOVT AFFAIRS DIRECT.	
2141 ROSECRANS AVE STE 7000, EL SEGUN 40.00 102,600. 2,367.	0.
LISA GILMORE MARKETING-DIRECTOR	
2141 ROSECRANS AVE STE 7000, EL SEGUN 40.00 108,300. 605.	0.
Total number of other employees paid	
over \$50,000	

Compensation of the Five Highest Paid Independent Contractors for Professional Services Part fl-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BI		
7630 BUSH LAKE ROAD, MINNEAPOLIS, MN 55439	EVENT PLANNING	232,599.
SPECTRUM SCIENCE COMMUNICATIONS	PR &	
2000 K STREET NW SECOND FLOOR, WASHINGTON, DC 200	COMMUNICATIONS	102,997.
BATES NEIMAND INC.	PR &	
1025 VERMONT AVENUE NW STE. 830, WASHINGTON, DC 2	COMMUNICATIONS	75,371.
AMERICAN ASSOCIATION FOR CANCER RESEARCH	GRANT	
615 CHESTNUT ST. 17TH FLOOR, PHILADELPHIA, PA 191	ADMINISTRATION	50,000.
		·
Total number of others receiving over		1
\$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of service	(c) Compensation
MARINA GRAPHIC CENTER			
12901 CERISE AVE., HAWTHORNE, CA 9025	PRINTING	313,154.	
THE PLAZA CP LLC	FACILITY	010/101.	
P.O BOX 79456, CITY OF INDUSTRY, CA 9	LANDLOARD	223,399.	
THE BEVERLY HILTON			, , , , , , , , , , , , , , , , , ,
BEVERALY HILLS, CA 90210	EVENT FACILITIES	189,246.	
ANTHEM BLUE CROSS		HEALTH INSURANCE	
P.O BOX 54630, LOS ANGELES, CA 90054	SERVICES	129,247.	
HAMILTON CROWNE PLAZA WASH DC			
1001 14TH STREET NW, WASHINGTON, DC 20005		PRINTING	99,693.
Total number of other contractors receiving over			·
\$50,000 for other services	5		

<u>s</u>	chedule A (Form 990 or 990-EZ) 2007 PANCREATIC CANCER ACTION NETWORK, INC. 33-08	4128	31	Page 2
-	Part III Statements About Activities (See page 2 of the instructions.)		T	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 503,363. (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.) VI-B, LINE I	1	X	1
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the tobbying activities.		-	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a	· · · · · · · · · · · · · · · · · · ·	X
	b Lending of money or other extension of credit?	2b		X
	© Furnishing of goods, services, or facilities?	2c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	Х	
	E Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		х
1	b Did the organization have a section 403(b) annuity plan for its employees?	3h	X	
1	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			h
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	į	Х
(d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 :	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		Х
ì	Did the organization make any taxable distributions under section 4966? N/A	4h		
(Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
C	Enter the total number of donor advised funds owned at the end of the tax year	<u> </u>	N/Z	A A
6	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/Z	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (F	Form 990 or 990-EZ) 2007 PANCREATIC C.	ANCER ACTIO	N NETWORK,	INC.	33-0	8 4 1281 Page 3
Part IV	Reason for Non-Private Foundation			ions.)		
	he organization is not a private foundation because it is: A church, convention of churches, or association of of A school. Section 170(b)(1)(A)(ii). (Also complete Pa A hospital or a cooperative hospital service organization A federal, state, or local government or governmental A medical research organization operated in conjunct and state An organization operated for the benefit of a college of (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial process.	(Please check only ONE churches. Section 170(b) at V.) ion. Section 170(b)(1)(A) unit. Section 170(b)(1)(A) ion with a hospital. Section runiversity owned or opin	applicable box.) (1)(A)(i). (iii). A)(v). on 170(b)(1)(A)(iii). Enter	the hospita	170(b)(1)(A)(i	ν).
11b	Section 170(b)(1)(A)(vi). (Also complete the Support A community trust. Section 170(b)(1)(A)(vi). (Also companization that normally receives: (1) more than receipts from activities related to its charitable, etc., further support from gross investment income and unrelated by the organization after June 30, 1975. See section section (1) An organization that is not controlled by any disqualifit 509(a)(3). Check the box that describes the type of summing type I	Schedule in Part IV-A.) Implete the Support Sche 33 1/3% of its support for inctions - subject to certa ted business taxable inco 509(a)(2). (Also complet ed persons (other than for pporting organization: Type III-Fu	edule in Part IV-A.) rom contributions, memb- in exceptions, and (2) no- me (less section 511 tax) a the Support Schedule in- undation managers) and notionally Integrated	ership fees, more than 3 from busine n Part IV-A.) otherwise m	and gross 13 1/3% of sses acquired seets the require	
	Provide the following information a		1	1		
	(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
				Yes	No	
	•					
 -						
						

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Total

14

20 _____ d Add: Line 27a total _____ and line 27b total _____ 27d N/A Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount on line 23, column (e) > 271 N/A Public support percentage (line 27e (numerator) divided by line 27f (denominator)) N/A 27g % h investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your

return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? B Records indicating the racial composition of the student body, faculty, and administrative staff? C Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? if you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a Students' rights or privileges? 33a Admissions policies? Employment of faculty or administrative staff? 33c C Employment of faculty or administrative staff? 33d Scholarships or other financial assistance?
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 31 32 33 34 35 36 36 36 37 38 38 38 39 39 30 31 31 31 32 33 34 34 35 36 36 37 38 38 39 39 30 30 31 31 32 33 34 34 35 36 36 37 38 38 38 38 38 38 38 38 38
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Joes the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?
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if you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 Admissions policies? 5 Employment of faculty or administrative staff? 6 Scholarships or other financial assistance? 33d
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance?
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance?
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a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance?
b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? 33b 33c 33d
c Employment of faculty or administrative staff? d Scholarships or other financial assistance? 33c
d Scholarships or other financial assistance?
u Scholarships of other mancial assistance?
e Educational policies?
f Use of facilities? 33f MAthletic programs? 33f
uou uu
h Other extracurricular activities?
. You answered Tes to any of the above, please explain. (If you need filline space, attach a separate statement.)
34 a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either 34a or b, please explain using an attached statement.
Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,
1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2007

<u>Ch</u>	eck ▶ a if the organization belongs to an affiliated group. Check ▶ b is	f you che	cked "a" and "limited contro	l" provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
			N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		Ι.
39	Other exempt purpose expenditures	39		
40				
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is - The tobbying nontaxable amount is -			
	Not over \$500,000 20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000			
	Over \$17,000,000 \$1,000,000			
12	Grassroots nontaxable amount (enter 25% of line 41)	42		
13	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
14	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

(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 45 through 50 on page 13 of the instructions.)

-		Lobbying Expe	nditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	:				0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
Grassroots tobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt	to	T	
influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
© Media advertisements			
d Mailings to members, legislators, or the public	X		•
e Publications, or published or broadcast statements	X		
f Grants to other organizations for lobbying purposes		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body	Х Х		503,363.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		
i Total lobbying expenditures (Add lines c through h.)			503,363.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.		SEE	STATEMENT 11

		7 PANCREATIC CAN			33-084		1	Page 7
Part		garding Transfers To ar zations (See page 14 of the ins		d Relationships With	Noncharitat	ole		
51 D		directly or indirectly engage in any o		er organization described in sect	inn			
		section 501(c)(3) organizations) or		-				
		ganization to a noncharitable exemp				ļ	Yes	No
		······································	•			51a(i)		Х
						a(ii)		X
	ther transactions:							
+	(i) Sales or exchanges of asse	ets with a noncharitable exempt org	anization			b(i)		X
		noncharitable exempt organization				b(ii)		X
(1)	ii) Rental of facilities, equipme	ent, or other assets				b(lii)		Х
(i	v) Reimbursement arrangeme	ents	.,,.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******		b(iv)		X
						b(v)		X
		membership or fundraising solicita				b(vi)		X
C S	haring of facilities, equipment,	mailing lists, other assets, or paid o	employees	***************************************	L	<u>c</u>		<u> </u>
		e is "Yes," complete the following so given by the reporting organization						
		nent, show in column (d) the value of	of the goods, other assets, o	or services received:		1	V/A	
(a) Line no.	(b) Amount involved	(c) Name of noncharitable ex	cempt organization	Description of transfers, trans	(d) sactions, and shar	ing arr	andem	nents
			· · · · · · · · · · · · · · · · · · ·					
			·····					
		- 11. 11						
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		••	· · ·	<u></u>				
		· · · · · · · · · · · · · · · · · · ·						
	*	,						
				i				
	T-1-1-1		V - 54		·			
		firectly affiliated with, or related to, (
	de (other than section 501(c)(Yes," complete the following s	(3)) or in section 527?			▶ L	es	X	No
	(a) Name of org		(b)	D islina	(c)			
		amzativu	Type of organization	Description	of relationship			
				- ta-kiniya-kilisia				
		,						
								
	····				······································			
		-						
								
								—
								
	 							

Schedule A (Form 990 or 990-EZ) 2007 PANCREATIC CANCER ACTION NETWORK, INC. 33-0841281

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for

OMB No. 1545-0047

Name of organization

line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Employer identification number

Organization to a /ab a	PANCREATIC CANCER ACTION NETWORK,	INC.	33-0841281
Organization type (chec	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a pri	vate 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	n is covered by the General Rule or a Special Rule . (Note: <i>Only a se</i> and a Special Rule-see instructions.)	ection 501(c)(7), (8), or (1	0) organization can check boxes
General Rule-	and a operial note-see instructions.)		
General Rule-		•	
For organizations contributor. (Cor	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ nplete Parts I and II.)	5,000 or more (in money	or property) from any one
Special Rules-	••••••••••••••••••••••••••••••••••••••		
sections 509(a)(1	1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1 1)/170(b)(1)(A)(vi), and received from any one contributor, during the y I line 1 of these forms. (Complete Parts I and II.)	/3% support test of the rear, a contribution of the	regulations under e greater of \$5,000 or 2%
aggregate contrit	i(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that reputions or bequests of more than \$1,000 for use exclusively for religing prevention of cruelty to children or animals. (Complete Parts I, II, and	ous, charitable, scientific	ntributor, during the year, c, literary, or educational
some contribution \$1,000. (If this book charitable, etc., p	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that rens for use exclusively for religious, charitable, etc., purposes, but the exist is checked, enter here the total contributions that were received durpose. Do not complete any of the Parts unless the General Rule a ligious, charitable, etc., contributions of \$5,000 or more during the years.	se contributions did not uring the year for an <i>excl</i> pplies to this organizatio	aggregate to more than iusively religious, In because it received
they must check the box in	at are not covered by the General Rule and/or the Special Rules do no In the heading of their Form 990, Form 990-EZ, or on line 2 of their Fo B (Form 990, 990-EZ, or 990-PF).	ot file Schedule B (Form rm 990-PF, to certify tha	990, 990-EZ, or 990-PF), but t they do not meet the filing
	uction Act Notice, see the Instructions 990-EZ, and Form 990-PF.	Schedule B (For	m 990, 990-EZ, or 990-PF) (2007)

Employer Identification number

PANCREATIC CANCER ACTION NETWORK, INC.

33-0841281

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GENENTECH INC. 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080-4918	\$ <u>274,083.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- . \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	•	\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	S. o.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	FURNITURE AND LEQUIPMENT			000.	16	285,557.			285,557.	196,472.		51,788.
77	22COMPUTER SOFTWARE			000.	91	124,465.			124,465.	55,419.		23,028.
25	23LEASEHOLD IMPROVEMENTS			.000	16	32,827.			32,827.	11,579.		8,181.
Ϋ́,	34AND DATABASE SYSTEM (I * TOTAL 990 PAGE 2			000.	9 T	70,205.			70,205.			0.
	DEPR					513,054.		0	513,054.	263,470.	0	82,997.
728102 04-27-07				œ.	Asset	(D) - Asset disposed	Ĭ.	C. Section 179	Salvade Bonus	*ITC. Section 178. Salvage Route Commercial Boutestration D.	1 Soli notice Dec	Lindian CO 7

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 GAIN (Le	JOSS) F	ROM PUB	LICLY T	RADEI	SECURIT	IES	STATEM	ENT 1
DESCRIPTION			OSS PRICE		ST OR R BASIS	EXPENSE OF SALE		GAIN (LOSS)
SALES OF SECURITIES		67	0,073.	6	52,986.	0.	-	17,087.
TO FORM 990, PART I, LI	NE 8	67	0,073.	6	52,986.	0.		17,087.

FORM 990	SPEC	IAL EVE	NTS AND	ACTI	VITIES		STATEM	ENT 2
FORM 990 DESCRIPTION OF EVENT	G.	IAL EVE	NTS AND CONTRI	BUT.	VITIES GROSS REVENUE	DIREC EXPENS	T NET	INCOME
	G. RE	ROSS	CONTRIBUTE INCLUS	BUT. DED	GROSS	DIREC EXPENS	T NET ES OR	INCOME (LOSS)

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 3
INCOME		
2. RETURNS AND ALLOWANG		510
3. LINE 1 LESS LINE 2		259,610
	(LINE 13)	137,954
COST OF GOODS SOLD		
7. MERCHANDISE PURCHASI 8. COST OF LABOR	ING OF YEAR	
		121,656
12. INVENTORY AT END OF 13. COST OF GOODS SOLD	YEAR LINE 11 LESS LINE 12)	121,656

FORM 990	COST OF GOODS	SOLD - OTHER	COSTS	STATEMENT	
DESCRIPTION				AMOUNT	
OTHER COSTS				121,6	56
TOTAL INCLUDED ON FORM	990, PART I, L	INE 10B		121,6	56.
FORM 990 OTHER C	HANGES IN NET	ASSETS OR FUN	D BALANCES	STATEMENT	
DESCRIPTION				AMOUNT	
NET UNREALIZED LOSS ON	INVESTMENTS			-170,79	92.
TOTAL TO FORM 990, PART	I, LINE 20			-170,79	92.
FORM 990	ОТНЕ	R EXPENSES		STATEMENT	6
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISIN	IG
DEVELOPMENT PROFESSIONAL	19,502.	9,353.	192.	9,95	57.
SERVICES INSURANCE INFORMATION	551,288. 58,317.	483,318. 41,347.	10,433. 1,865.	57,53 15,10	
FECHNOLOGY FINANCE CHARGES DUES AND	111,453. 197,593.	96,773. 122,452.	4,020. 59,180.	10,66 15,96	
SUBSCRIPTIONS MISCELLANEOUS SPECIAL EVENTS	33,829. 47,320. 105,728.	30,363. 40,415. 0.	124. 1,063. 0.	3,34 5,84 105,72	2.
ADVERTISING INVESTMENT FEES	18,596. 40,354.	10,076.	408. 40,354.	8,11	
TOTAL TO FM 990, LN 43	1,183,980.	834,097.	117,639.	232,24	

FORM 990	0 CASH GRANTS AND ALLOCATIONS TO OTHERS								
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT STREET, 17TH FLOOR PHILADELPHIA, PA 19106-4404								AMOUNT	
								600.	
CENTER FOR TRANSLAT 13208 E SHEA BLVD, S SCOTTSDALE, AZ 8525	STE 100	DEVE	ELOPMENT				1,	500.	
TOTAL INCLUDED ON FO	ORM 990, PA	ART I	I, LINE	22B			1,122,	100.	
FORM 990 DEPRE	CIATION OF	ASSE	TS NOT	HELD FOR	INV	VESTMENT	STATEMENT	8	
DESCRIPTION						CUMULATED PRECIATION	BOOK VALUE		
FURNITURE AND EQUIPMENT COMPUTER SOFTWARE LEASEHOLD IMPROVEMENTS WEBSITE DEVELOPMENT AND			13	85,557. 24,465. 32,827.		196,472. 55,419. 11,579.	89,085 69,046 21,248		
DATABASE SYSTEM (IN PROGRESS)			70,205.			0.	70,2		
TOTAL TO FORM 990, I	PART IV, LN	15/	5.	13,054.		263,470.	249,5	 	
FORM 990	NON-G	SOVER	NMENT SI	ECURITIES	3		STATEMENT	9	
SECURITY DESCRIPTION	I COST/FMV	CORPORATE STOCKS		CORPORATE BONDS		OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI		
CORPORATE BONDS MUTUAL FUNDS -	FMV FMV			2,189,198.			2,189,1		
EQUITIES COMMON STOCKS	FMV		59,662. 54,047.				359,6 454,0		
TO FORM 990, LINE 54	A, COL B	8	13,709.	2,189,1	98.		3,002,9	07.	

SCHEDULE A	OTHER INC	OME		STATEMENT	10
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER INCOME	1,000.	2,050.	0.		0.
TOTAL TO SCHEDULE A, LINE 22	1,000.	2,050.	0.	•	0.

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SCHEDULE A

STATEMENT OF LOBBYING ACTIVITIES - PART VI-B

STATEMENT

THE COMPANY HAS A DC-BASED SATELLITE OFFICE THAT IS PRIMARILY ENGAGED IN MANAGING THE ADVOCACY EFFORTS THROUGH THE VOLUNTEER NETWORK AND IN EDUCATING CONGRESS AND OTHER BODIES REGARDING PANCREATIC CANCER AND THE NEEDS OF THE PANCREATIC CANCER COMMUNITY.