Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527,	or 4947(a)(1) of	the Internal Revenue	Code (exce	ot private i	foundations)
	01 4047 (u)(1) 01		0000 (0000)	pr privato i	oundations

Departn	nent of th	ne Treasury					form as it may be m				Openito Public
Internal	Revenu	e Service				90 for instructions	and the latest info	rmation			Inspection
<u>A F</u>	or the	2017 calend	ar year, or t	ax year beginn	ing		, 2017, and e	nding			, 20
B Cr	neck if ap	oplicable:	C Name of or	ganization Natio	onal Pancrea	tic Cancer Fo	oundati				D Employer identification no.
Ac	ldress cl	nange	Doing busir	Doing business as						27-0217794	
	ame chai	nge	Number an	d street (or P.O. box	if mail is not delivered to	o street address)		Room/s	uite		E Telephone number
	tial retur	'n		x 1848							(800) 859-6723
		n/terminated			country, and ZIP or forei	on postal code		1			G Gross receipts
	nended		-	ont, CO 80	-	gii postal codo					\$ 437,845
		n pending		address of principal of			·····				
	plication	r penung				ew Hiddle					3 5
				as C above			7		Are all subor		
	x-exemp		_501(c)(3)		(insert no.)	4947(a)(1) or	527				a list. (see instructions)
	ebsite:		.mpcf.u				T	H(c)	Group exen	nption	number 🕨
		ganization:	Corporation	Trust X Asso	ciation 📘 Other 🕨		L Year of formation:	2009	M State	of lega	I domicile: CO
Par	11111	Summar		• • • • • • • • • • • • • • • • • • •							
	1	Briefly descri	be the organ	nization's missio	n or most significa	nt activities: Ou	r mission is	to de	liver u	Inwa	vering support
e		to patie	nts and	families f	Eighting pan	creatic cance	er.				
DC L											
rna											
Activities & Governance	2	Check this b	ox ▶ 🗍 if t	he organization	discontinued its or	erations or dispose	d of more than 25%	of its net	assets.		· · · · · · · · · · · · · · · · · · ·
ဗိ				•	ning body (Part VI,	-				3	
80			-	-		-			••••	4	3
ies	4			-		ody (Part VI, line 1b))		••••		3
i <u>v</u> it	5				calendar year 201		• • • • • • • • •	••••	••••	5	0
Act	6			ers (estimate if n			•••••	••••	••••	6	125
	7a	Total unrelate	ed business	revenue from P	art VIII, column (C), line 12 • • • •	• • • • • • • • • •	••••	••••	7a	0
	b	Net unrelated	d business t	axable income f	rom Form 990-T, li	ne 34		• • • •		7b	0
								F	Prior Year		Current Year
	8	Contributions	s and grants	(Part VIII, line 1	h)		[400	,45	5 437,845
e	9		-		•						0
en	10	-		-		d)	- F				0
Revenue	11		=						<u> </u>		
œ					es 5, 6d, 8c, 9c, 10				400	4 6 1	427.045
	12					I, column (A), line 12			400		
	13				(, column (A), lines				141	,189	9 105,076
	14	-		-	column (A), line 4		ŀ				0
S	15	Salaries, oth	er compens	ation, employee	benefits (Part IX,	column (A), lines 5-1	10) • • • • • •		117	,60	3 157,876
Expenses	16a	Professional	fundraising	fees (Part IX, co	olumn (A), line 11e)			137	,69	0 10,005
-Dec	b	Total fundrai	sing expense	es (Part IX, colu	mn (D), line 25)	<u>></u>	73,355		2017) 		
Ä	17	Other expen	ses (Part IX,	, column (A), line	es 11a-11d, 11f-24	e) • • • • • • •					146,115
	18	Total expens	es. Add line	es 13-17 (must e	equal Part IX, colu	mn (A), line 25) •			396	,48	2 <u>419,072</u>
	19									, 973	
- 20								Beginnin	g of Current	Year	End of Year
Net Assets or Fund Balances	20	Total assets	(Dart X line	16)						,69	
Bala									03	,0,,	2,087
a de	21	Total liabilitie	•	•						60	
	22				ne 21 from line 20				85	,69	6 112,353
Par			re Block						and holief it i		
Under	penaltie	es of perjury, I de	clare that I have claration of prer	examined this return parer (other than offic	n, including accompanyi per) is based on all infor	ng schedules and stateme mation of which preparer h	ents, and to the best of my l has any knowledge.	nowiedge	and Dener, it i	8	
			citate and in or prop								
		Rhon	da Hatf	ield							
Sigr	า	Signatu	re of officer							Dat	Ð
Here	e	Rhon	da Hatf	ield. Exect	utive Direct	or					
			print name and								
		<u> </u>			Preparer's signature		Date		Check	if	PTIN
Paic	1		eparer's name		. reparers agricture		11-14-2018		self-employe	. 1	P00566932
			tte Scho				<u> </u>	Firm'e			
	parei				Tax Service						
Use	Only	Firm's addres	as 🕨		tain View Ro			Phone	•	n <i>,</i>	721-0435
	_				ty SD 57702				0		7 <u>21-9435</u> · · · · 🔀 Yes 🔲 No
					own above? (see i					•••	
For F	Paperv	vork Reducti	on Act Noti	ice, see the sep	parate instruction	s.					Form 990 (2017)

Form	990 (2017) National Pancreatic Cancer Foundati	27-0217794	Page 2
	rt III Statement of Program Service Accomplishments		ž
	Check if Schedule O contains a response or note to any line in this Part III		🛛
1	Briefly describe the organization's mission:		
	Our mission is to deliver unwavering support to patients and families fighti	ng pancreatic	3
	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?		- No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	· · · · ∏ Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$146,775 including grants of \$) (Revenue	\$)
	Direct Financial Assistance		
	······································		
4b	(Code:) (Expenses \$89,413 including grants of \$) (Revenue	\$)
	Research		
		· · · · · · · ·	
		/	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			<u></u>
		mana 1000 - 1000 - 1000	
	Other program services (Describe in Schedule O.)	·····	
4U	(Expenses \$ including grants of \$) (Revenue \$)	
EEA		For	n 990 (2017)

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	n 990 (2017) Nationa	1 Pancreatic Cancer	Foundati	27-02177	94	Р	Page 3
Pa	art IV Checklist of Required	d Schedules					
						Yes	No
1	Is the organization described in section	n 501(c)(3) or 4947(a)(1) (other	r than a private foundation)? If "Ye	+S, "			
	complete Schedule A • • • • • • • •				1	Х	
2	Is the organization required to complet	te Schedule B, Schedule of Cor	ntributors (see instructions)?		2	X	
3	Did the organization engage in direct o	or indirect political campaign act	tivities on behalf of or in opposition	n to			
	candidates for public office? If "Yes," c	complete Schedule C, Part I			3		x
4	Section 501(c)(3) organizations. Did	d the organization engage in lot	bbying activities, or have a section	i 501(h)			

	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C,			
	Part III •••••••••••••••••••••••••••••••••	5		х
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? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<u> </u>		
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		hain a	4 N.F 1 M
	complete Schedule D, Part VI	11a	x	
t	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
ſ				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X

13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> X </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X
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Part IV Chee	cklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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?			
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a L	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		x
-	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
C		28c		x
~~	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M			<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
		- U.		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
	complete Schedule N, Part II	52		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		x
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	<u> </u>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┝┻
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		╂───
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	192 Note All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>

Form 990 (2017)

-	990 (2017) National Pancreatic Cancer Foundati	27-021779	94	F	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • • • •		•••	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			(
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		ا . مستحد	ا لىدىنىڭ	ار میں میں اور ارد میں میں اور
	reportable gaming (gambling) winnings to prize winners?	••••	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	} (∑ يې: لما بېرسونها		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	••••	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	• • • • • • •			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•••••	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	••••	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)? • • • • • • • • • • • • • • • • • • •		4a		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	[5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		(i = +0) 		(* 17) - 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		이 있는 48 1997년 - 1997	f cof La	
-	and services provided to the payor?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
v	required to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		1645 - 1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir	ed?	7g		X
g L			7h		x
0	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •				
8			8	33 1.4	P. 557
•	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.		9a	ur in	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			1770 A.S.	
10	Section 501(c)(7) organizations. Enter:			i r. j	
a					2014
b					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders				
a					
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due of received from mem.		12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		12-		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		+
	Note. See the instructions for additional information the organization must report on Schedule O.				Į
b	Enter the amount of reserves the organization is required to maintain by the states in which				-
	the organization is licensed to issue qualified health plans				1. 7
С	Enter the amount of reserves on hand			: 	<u> </u>
14a			14a	+	X
b	a second se		14b	1	

	990 (2017) National Pancreatic Cancer Foundati 27-02177 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "literative for each "Yes" response to lines 2 through 7b below, and for a "literative for each "Yes" response to lines 2 through 7b below, and for a "literative for each "Yes" response to lines 2 through 7b below, and for a "literative for each "Yes" response to lines 2 through 7b below, and for a "literative for each "Yes" response to lines 2 through 7b below, and for a "literative for each "Yes" response to lines 2 through 7b below, and for a "literative for each "Yes" response to lines 2 through 7b below, and for a "literative for each "Yes" response to lines 2 through 7b below, and for a "literative for each "li		
	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 or note to any line in this Part VI		
Secti	ion A. Governing Body and Management		
			Yes
1a	Enter the number of voting members of the governing body at the end of the tax year	17.1	103
	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.		5
	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	
		- 4	
	Did the organization delegate control over management duties customarily performed by or under the direct	3	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
	Did the organization have members or stockholders?	6	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		
	one or more members of the governing body?	_7a	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_	
	stockholders, or persons other than the governing body?	7b	
	Did the organization contemporaneously document the meetings held or written actions undertaken during		
	the year by the following:		1
	The governing body?	8a	<u>X</u>
	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>
	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	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
			Ye
	Did the organization have local chapters, branches, or affiliates?	10a	
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	
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.	ا در از این اد شمنده ا	istr.
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
с	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
	Did the organization have a written whistleblower policy?	13	X
	Did the organization have a written document retention and destruction policy?	14	
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?		1
	The organization's CEO, Executive Director, or top management official	15a	X
	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).		
46-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
16a	with a taxable entity during the year?	16a	
	with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b	
<u></u>	organization's exempt status with respect to such arrangements?	1	<u> </u>
	tion C. Disclosure		
17			
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)		
	and the second stand if as here the complete made its governing documents, conflict of interest policy, and		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and		
19	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:		

Form 990 (201	National Pancreatic Cancer Foundati	27-0217794	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		•••
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete to organization's to	nis table for all persons required to be listed. Report compensation for the calendar year ending with or with ax year.	hin the	

• 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.

Т

Т

(**A**)

(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m is per	sition ore th son is	both an		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
40.00	x	x		x			74,000	0	0
8.00_			x				0	0	0
_			х				0	0	0
<u>5.00</u> _			x				0	0	00
									Form 990 (2017)
	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line) 9, 7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	Average hours per week (list any hours for related organizations below dotted line) Image: Construction of the line	(B) Average hours per week (list any hours for related organizations below dotted line) $- 40 \cdot 00$ X X $- 5 \cdot 00$ X X $- 5 \cdot 00$ X X $- 5 \cdot 00$ X X 	Average hours per week (list any hours for related organizations below dotted line) 9 nd visit officer and a director 9 nd visit related organizations below dotted line) 9 nd visit related related organizations below dotted line) 9 nd visit related	(B) Position Average (do not check more than one box, unless person is both ar officer and a director/trustee) hours for related organizations below dotted line) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trustee) 9 that is the trust officer and a director/trust of the trust officer and a director/trust of trust of trust of trust of the trust officer and a director/trust of trust	(B) Position Average (do not check more than one box, unless person is both an officer and a director/trustee) hours for related organizations below dotted line) 9 minute that for the construction of th	(B) Average hours per related organizations below dotted line)Position (do not check more than one box, unless person is both an officer and a director/trustee)(D) Reportable compensation from the organization 0 <b< td=""><td>(B) Average hours per week (its any organizations below dated inno) 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 related organizations (W-2/1099-MISC) eleve dated inno) Image: the the organizations of the compensation from related organizations of the compensation of the compensation from the organizations (W-2/1099-MISC) Image: the compensation from the organizations (W-2/1099-MISC) </td></b<>	(B) Average hours per week (its any organizations below dated inno) 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 related organizations (W-2/1099-MISC) eleve dated inno) Image: the the organizations of the compensation from related organizations of the compensation of the compensation from the organizations (W-2/1099-MISC) Image: the compensation from the organizations (W-2/1099-MISC)

Form 99										27-0217	794 Page 8
<u>rarc</u>	(A) Name and title	(B) Average hours per week (list any	(do no box, u office	ot che Inless rand	(C Pos ick m s pers a din	;) bre th on is ector/	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>		· <mark></mark>									
(16)		·									
<u>(17)</u>		·									
<u>(18)</u>						-					-
(19)											
(20)											
(21)		·									
(22)											
(23)											
(24)											
(25)											
C	Sub-total	on A 🕠	•••	•••	•••	•••	· · · ·		74,000	0	0
2	Total number of individuals (including but not limited	d to those liste				rece	eived n	nore			
	Preportable compensation from the organization						aboet		ensated	0	Yes No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of re organization and related organizations greater than	J for such ind portable com	<i>ividual</i> pensati	ion a		 othe	r comp	 Dens	ation from the		3 X
5	individual		from a	 any u	 Inre	 ateo	 J orgai	 nizati			4 X 5 X
	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	ent cor	ntrac	tors	that	recei	ved r	nore than \$100.00	0 of	
ı	compensation from the organization. Report compe	ensation for th	ne cale	ndar	r yea	ir en	iding v	vith c	r within the organi	zation's tax	
<u></u>	year. (A) Name and business address	3							(B Description o		(C) Compensation
	······································						_				

		17 - Carlo - Ca
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	

Part V		Statement of Revenu Check if Schedule O contains		ote to any line in this	Part \/III			
		Check in Schedule O contains	s a response or n	ote to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
o σ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
D B	c	Fundraising events						
ar A	d	Related organizations					and the second second	
s, G	e	Government grants (contributio						
r Si	f							
ibut		and similar amounts not include	(3) 13 10 10 10 10 10 10 10 10 10 10 10 10 10	437,845			Side Statistics	
ontr of O	g	Noncash contributions included	d in lines 1a-1f: \$					
a č	h	Total. Add lines 1a-1f · ·			437,845			
				Business Code				
anı	2a				April And April 10 and an April 10			The solution of the state of the solution
Program Service Revenue	b							
Se R	c							
ervio	d							
S E	e							
gra	- E	All other program service reven						
Pro		Total. Add lines 2a-2f · · ·				The Tare States		
	3	Investment income (including di and other similar amounts) .	vidends, interest,					
	4	Income from investment of tax-						
	5	Royalties • • • • • • • • • •						
	ľ		(i) Real	(ii) Personal				
	62	Gross rents	(i) Real	(ii) i ciscilai				
	18 Accounts	Less: rental expenses • • • •						
		Rental income or (loss)						
		Net rental income or (loss)					and the state of t	
			(i) Securities	(ii) Other		Man I and And		
	7a	Gross amount from sales of assets other than inventory	(I) Securites					
	b	Less: cost or other basis and sales expenses						
		Gain or (loss) · · · · · ·						
	d	Net gain or (loss) • • • • •		· · · · · · ►		a second as a second second	and the second second second second	
Other Revenue	8a	Gross income from fundraising					C. State State	
ivel	1	events (not including \$					n nere station	and the second
Re		of contributions reported on line			the second second second			
her		See Part IV, line 18 · · · ·						
ö		Less: direct expenses · · ·						
		Net income or (loss) from fundr		· <u>· · · · · · · </u>				Contract States of
	9a	Gross income from gaming act				and the same		and the state of the state of the
		See Part IV, line 19 · · · · ·						
		Less: direct expenses · · ·			Constant and the second			
	c	Net income or (loss) from gami	ng activities	· <u>· · · · · · · · · · · · · · · · · · </u>				Constant State State
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold · ·						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d .						
	12	Total revenue. See instruction	ıs		437,845		0	0 0

Form 990 (2017) National Pancreatic Cancer Foundati Part IX Statement of Functional Expenses .

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Page 10

o no	Check if Schedule O contains a response or note to a ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	105,076	105,076		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,000	37,000	22,200	14,800
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	56,740	28,079	26,445	2,216
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)			0 744	
9	Other employee benefits	8,744	0 155	8,744	2 204
0	Payroll taxes	18,392	9,155	6,843	2,394
1	Fees for services (non-employees): Management	0.000			2,828
a h		2,828		4,009	2,020
b	Accounting	4,009		1,461	
C d		1,461		1,401	
d		10.005			10,005
e	Professional fundraising services. See Part IV, line 17	10,005			10,005
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	10,100	0 015	5,942	4,226
	(A) amount, list line 11g expenses on Schedule O.) ••	12,483	2,315	5,942	18,009
2	Advertising and promotion	18,009	843	6,391	4,660
3	Office expenses	11,894	845	0,391	4,000
4	Information technology				
15	Occupancy	20 704	30,017	6,823	1,954
6 7	Travel	<u>38,794</u> 11,410	269	2,228	8,913
8	Payments of travel or entertainment expenses	11,410	205	27220	0,920
10	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,368		2,147	3,221
20		5,500			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,073		8,073	
22		1,010		1,010	
24	Other expenses. Itemize expenses not covered	1,010			
24	above (List miscellaneous expenses in line 24e. If	and a stand of the			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
2		11,094	3,752	7,213	129
a		8,485	8,485		
b c	Event Expense Service Animal Expense	11,197	11,197		
d	Service Allimat Expense		,-,-,		
a e	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e .	419,072	236,188	109,529	73,355
25	Joint costs. Complete this line only if the	110,012	200,100		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► L if following SOP 98-2 (ASC 958-720)				

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	990 (20		2'	7-02:	17794 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u> []
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	79,414	1	56,899
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	i e de la construcción de la constr Construcción de la construcción de l		والمراجع المتعادية والمستر
		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		ر منابع الم	
		organizations (see instructions). Complete Part II of Schedule L		6	
ú	7	Notes and loans receivable, net		7	29
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 35,652	-		
	b	Less: accumulated depreciation 10b 9,643	6,282	10c	26,009
	11	Investments - publicly traded securities		11	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	85,696	16	114,440
	17	Accounts payable and accrued expenses		17	2,087
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors,			
itie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	a ang ang ang ang ang ang ang ang ang an	22	an an an daean da bha a tartagt e tràinn a dhfhan 1994 Anna
Ë	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	2,087
	~~	Organizations that follow SFAS 117 (ASC 958), check here			
Ś		complete lines 27 through 29, and lines 33 and 34.			
ŭ	27		85,696	27	112,353
ala	28	Temporarily restricted net assets		28	
а р	20	Permanently restricted net assets		29	· · · · · · · · · · · · · · ·
ÿ	43	Organizations that do not follow SFAS 117 (ASC 958), check here			
ř		complete lines 30 through 34.			
ts c	20			30	filmer i star understade næberede
Se	30	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	32	Total net assets or fund balances	85,696	33	112,353
	33			34	114,440
	34	Total liabilities and net assets/fund balances	85,696		Earm 000 (2017)

Form 990 (2017)

Form 9	990 (2017) National Pancreatic Cancer Foundati	27-02	17794	Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	• 1		437,8	45
2	Total expenses (must equal Part IX, column (A), line 25)	· 2		419,0	72_
3	Revenue less expenses. Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	. 3		18,7	7 <u>3</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		85,6	96
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	· 7			
8	Prior period adjustments	• 8		7,8	84
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		112,3	53
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• • • • •	· · · · ·	
	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accrual 🔲 Other		in set and the set of the set of	Yes	No
	Schedule O.			4	200
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	* 4 - 1 * 1 - 1 - 1	X
	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:				
1	Separate basis Consolidated basis Both consolidated and separate basis		[4] [1] [1] [2]		
Ь	Were the organization's financial statements audited by an independent accountant?		••• 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		17 j		
	separate basis, consolidated basis, or both:				
1	Separate basis Consolidated basis Both consolidated and separate basis				
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?		· · · 20		
	If the organization changed either its oversight process or selection process during the tax year, explain in		Start 1		
	Schedule O.			e de la gal d Contone a la	
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?		· · · 3a	4	X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
		<u></u>	· · · 3k	<u> </u>	L
EEA			For	m 990 (2	2017)

SCHEDULE A	١
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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. (Form 990 or 990-EZ) ~ ~~~

OMB No. 1545-0047 201

Depar	tment	of the Treasury			ch to Form 990 or Form				Open to Public
Intern	al Rev	enue Service	▶►	Go to www.irs.go	v/Form990 for instruction	ons and th	e latest in	formation.	Inspection
Namo	of the	organization						Employer identifica	tion number
Nat	ion	al Pancrea	tic Cancer Four	ndati				27-021779	4
	rt I				ganizations must co	omplete	this part		
L					1 through 12, check only			- <u></u>	
1	n				ches described in section		/ • ›/፡›		
	Н						(~)(')		
2	Н				chedule E (Form 990 or 9				
3	Ц			-	described in section 170				
4	Ш	A medical rese	earch organization operation	ated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii). Enter the	
	_		e, city, and state:						
5		An organizatio	n operated for the bene	fit of a college or ur	niversity owned or operate	ed by a gov	remmental	unit described in	
		section 170(b)(1)(A)(iv). (Complete F	Part II.)					
6		A federal, stat	e, or local government o	or governmental uni	t described in section 17	'0(b)(1)(A)	(v).		
7	Π	An organizatio	n that normally receives	a substantial part	of its support from a gove	rnmental u	nit or from	the general public	
			ection 170(b)(1)(A)(vi).					•	
8	П		rust described in section	• • •					
9	Н	-		• • • • • • •	n 170(b)(1)(A)(ix) operat	ed in coniu	nction with	a land-grant college	
3	Ч								
		-	r a non-land-grant colleg	ge of agriculture (se	e instructions). Enter the	name, city	, and state	of the college of	
	-	university:					<u> </u>		
10	Х				1/3% of its support from o				
	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its								
		support from g	ross investment income	e and unrelated bus	siness taxable income (les	ss section	511 tax) fro	om businesses	
		acquired by th	e organization after Jun	ie 30, 1975. See se	ction 509(a)(2). (Comple	ete Part III.))		
11		An organizatio	n organized and operat	ed exclusively to te	st for public safety. See s	ection 50	9(a)(4).		
12	Π	An organizatio	n organized and operat	ed exclusively for th	ne benefit of, to perform th	ne function	s of, or to	carry out the purposes	3
					d in section 509(a)(1) or				
					e type of supporting organ				
	а				ed, or controlled by its su				•
	u				appoint or elect a majority				
						y or the dat			
			g organization. You mu			ite europe	od organia	ration(a) by baying	
	b				trolled in connection with				
					n vested in the same per	sons that c	ontrol or m	lanage the supported	
			on(s). You must comp						
	С	Type III f	unctionally integrated.	. A supporting organ	nization operated in conn	ection with	, and funct	ionally integrated with	,
		its suppor	ted organization(s) (see	e instructions). You	must complete Part IV,	Sections	A, D, and	E.	
	d	Type III n	on-functionally integra	ated. A supporting	organization operated in	connection	with its su	pported organization(s)
		that is not	functionally integrated.	The organization g	enerally must satisfy a dis	stribution re	equirement	and an attentiveness	
					Part IV, Sections A and				
	e				determination from the IF			vpe II. Type III	
	•				egrated supporting organ				
	f				•••••				
	g		llowing information about					() Amount of monotony	(vi) Amount of
	((i) Name of supporte	d organization	(ii) EIN	(III) Type of organization (described on lines 1-10	1	rganization r governing	(v) Amount of monetary support (see	other support (see
					above (see instructions))	docum		instructions)	instructions)
						Yes	No		
(4)									
(A)									
(B)									
(C)									
				+					
(D)							1		
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Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(w) and 170(b)(1)(A)(w) Colon A: Public Support Part III. (If the organization fails to qualify under the tests listed below, please complete Part III.) Section A: Public Support Calondar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (d) 2017 (f) Total 1 Gits, grants, contributions, and memotasitis pleas redeved. (Contempt of the organization's benefit and ether pad to or speciate lively organization's benefit and ether pad to or speciate lively organization's benefit and ether pad to or speciate lively organization's benefit and ether pad to or speciate lively organization's benefit and ether pad to organization's and the speciation of test contributions by each period (Coler than a governmental unit to the organization's contributions by each period (Coler than a governmental unit public) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 5 The proton of total contributions by each period of the tange store to the special store to the special store to the special store to the special store to the padie store to the special		le A (Form 990 or 990-EZ) 2017 Nati	onal Pancrea	tic Cancer H	<u>'oundati</u>		27-0217794	Page 2
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)	Par	t II Support Schedule for Org	ganizations D	escribed in Se	ctions 170(b)	(1)(A)(iv) and [.]	170(b)(1)(A)(vi)	
Section A. Public Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (a) 2017 (f) Total 1 Gills, grants, contributions, and membership fees neckel. (Do not incide any humand grants.) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (a) 2017 (f) Total 2 Tar revenues levide for the organization's beneft and either pad to or opended on its behalf (a) 2013 (b) 2014 (c) 2015 (d) 2016 (a) 2017 (f) Total 3 Thre value or services or foilles through 3 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 4 Total. Acd fines I through 3 (c) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Component of total contributions by each person (other than a governmental with or publicly supported organization) included on line 1 the sceeds 2% of the amount efform form form the 4 (e) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 (c) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Constancore from inorescale starb binges and incore from scale starb binge								under
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trinibide by a governmental unit to the organization without charges	2	organization's benefit and either paid	,					
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governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	-					:		
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11 The form statup port. Add lines 7 initidugin to *	10	loss from the sale of capital assets						
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organization ▶ b 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		10% or more, and if the organization meets	the "facts-and-circ	cumstances" test, c	heck this box and s	stop here. Explain	in	
 b 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		Part VI how the organization meets the "fac	ts-and-circumstand	ces" test. The organ	nization qualifies as	a publicly support	ed	-
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Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		15 is 10% or more, and if the organization r	meets the "facts-an	d-circumstances" t	est, check this box	and stop here.		
supported organization · · · · · · · · · · · · · · · · · · ·		Explain in Part VI how the organization mee	ets the "facts-and-c	ircumstances" test	The organization	qualifies as a public	ly	_
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								· · · ► 🚺
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instructions		instructions						<u> ▶ []</u>
EEA Schedule A (Form 990 or 990-EZ) 2017	FEA							

-		onal Pancrea				27-0217794	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you check						Part II.
	If the organization fails to q	ualify under th	e tests listed b	pelow, please co	mplete Part II.)	
	ction A. Public Support			<u></u>			
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			422,015	400,455	437,845	1,260,315
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 • • • • • • •			422,015	400,455	437,845	1,260,315
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.)						1,260,315
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •			422,015	400,455	437,845	1,260,315
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 VI.) ••••••••••••••••••••••••••••••••••••						
13	Total support. (Add lines 9, 10c, 11, and 12.)	c		422,015	400,455	437,845	1,260,315
	First five years. If the Form 990 is for the or organization, check this box and stop here			h, or fifth tax year as	a section 501(c)(3)	· · · · > 🔲
Se	ction C. Computation of Public Su		*				
15	Public support percentage for 2017 (line 8, c				•••••		100.00 %
16	Public support percentage from 2016 Schedu	ule A, Part III, line 1	1 <u>5</u>	• • • • • • • • • •	••••••	16	0.00 %
	ction D. Computation of Investme				<u> </u>	47	0.00 %
17	Investment income percentage for 2017 (line			column (f))	• • • • • • • • • • •	17	<u>0.00 %</u> 0.00 %
18	Investment income percentage from 2016 Se						0.00 70
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. Th	e organization qu	alifies as a publicly su	upported organizat	ion • • • • •	· · · · ► 🛛
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	The organization	n qualifies as a public	iy supported organ	1/3%, and nization • • • •	▶□
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box and	d see instructions		· · · · ▶ Ц

art	A (Form 990 or 990-EZ) 2017 National Pancreatic Cancer Foundati 27-021779		
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sections A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplete	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)	
cti	on A. All Supporting Organizations		
		Yes	N
	Are all of the organization's supported organizations listed by name in the organization's governing		i i i
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		• •
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		
	organization was described in section 509(a)(1) or (2).	2	· ··
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		۱.
	(b) and (c) below.	3a	_
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		C.
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		
	organization made the determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		
•	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3C	
а	Was any supported organization not organized in the United States ("foreign supported organization")? If		ţ.E
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		
U	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	· · ·
С	Did the organization support any foreign supported organization that does not have an IRS determination		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
		4c	1
	purposes.		⊢
a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		5
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		Ч. "
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5a	
	was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b	
	designated in the organization's organizing document?	50 50	┢
	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		-
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		<u>.</u>
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	╞┯
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<u> </u>
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1.
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	\vdash
)a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1.0.12 (1.0.12) 0-	1
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	÷
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	OL	1-1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	÷
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		Ľ
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	-
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		
	supporting organizations)? If "Yes," answer 10b below.	10a	\perp
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		
	determine whether the organization had excess business holdings.)	10b	1

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part

Did the organization operate for the benefit of any supported organization other than the supported

Yes

1

No

VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

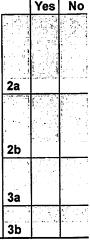
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed

the supported organization(s). Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.



2

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org 1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz			
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	4 13 Å •	n an	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	-		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	مىدىن يەرىپى مەسىپىدىنى بەركەتتىر بەر يەرىپى ئۇرۇپى مەسىپىيەر مەلىيىدىن بىر مەسىپى ئىچچىچى	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
	6		1

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally I Section D - Distributions		(-/		Current Year
1 Amounts paid to supported organization	ns to accomplish ex	empt purposes		
 Amounts paid to perform activity that di 				
organizations, in excess of income from		ht baibeeee ei eabbeilee		
3 Administrative expenses paid to accom		ses of supported organizat	ions	
4 Amounts paid to acquire exempt-use as				
5 Qualified set-aside amounts (prior IRS				
6 Other distributions (describe in Part VI)				
7 Total annual distributions. Add lines				
8 Distributions to attentive supported org.		the organization is response	sive	
(provide details in Part VI). See instruct				
9 Distributable amount for 2017 from Sec				
10 Line 8 amount divided by Line 9 amour				
Section E - Distribution Allocations (se		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 201
1 Distributable amount for 2017 from Sec	ction C, line 6			2
2 Underdistributions, if any, for years price	and the second se			
(reasonable cause required - explain ir				
instructions.	un de la mana de la sera de la sera de la composition de la sera d	and the second second		
3 Excess distributions carryover, if any, to	2017			
a	A PART IN THE PART	States States and		
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e				
g Applied to underdistributions of prior ye	ears			
h Applied to 2017 distributable amount				
i Carryover from 2012 not applied (see i				
j Remainder. Subtract lines 3g, 3h, and	3i from 3f.			
4 Distributions for 2017 from				
Section D, line 7:	3			
a Applied to underdistributions of prior ye	ears			
b Applied to 2017 distributable amount		and the second		
c Remainder. Subtract lines 4a and 4b fr				
5 Remaining underdistributions for years				
any. Subtract lines 3g and 4a from line				
greater than zero, explain in Part VI. S				
6 Remaining underdistributions for 2017				
and 4b from line 1. For result greater the	nan zero, explain in			
Part VI. See instructions.				
7 Excess distributions carryover to 20	018. Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

EEA

Seadular. (Jerom 800-22) 2017 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1; Part V, Section B, lines 1 and 2; Part IV, Section B, line 1e; Part V, Section D, lines 6, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer ident	ification	number
27-0217794		

National	Pancreatic	Cancer	Foundati
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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)

Name of organization

Page 2 Employer identification number

National Pancreatic Cancer Foundati

27-0217794

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is r	leeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>Pau Hana Swim Team LLC</u> 939 City Park Ave Columbus, OH 43206	\$5,688	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	RBC PO Box 1510 Minneapolis, MN 55440	\$10,000	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Unity Point Trinity 270 14th St Rock Island, IL 61201	\$14,142	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4	<u>Ya-W3n Wei</u> 2009 NE 32nd ST <u>Renton, WA 98056</u>	\$0,000	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	EDULE D	Supplemental Financial Statements			OMB No. 1545-00	47
(For	m 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2017	1
		► Attach to Form 990.			Open to Pub	lic
•	ent of the Treasury Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informatio	n.	134 1	Inspection	
	f the organization			ver identification		
	-	creatic Cancer Foundati	27	-0217	794	
Par		tions Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts.			
	Complete	if the organization answered "Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) I	Funds and othe	accounts	
1		d of year • • • • • • • • • • • • • • • • • • •				
		f contributions to (during year)				
		f grants from (during year)				
	Aggregate value at	n inform all donors and donor advisors in writing that the assets held in donor advised		<u> </u>		
		nization's property, subject to the organization's exclusive legal control?			· TYes	ΠNο
6		in inform all grantees, donors, and donor advisors in writing that grant funds can be used				
•		purposes and not for the benefit of the donor or donor advisor, or for any other purpose				
	-	issible private benefit?			· · Yes	□ No
Par		vation Easements.				
·	Complet	e if the organization answered "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of cons	servation easements held by the organization (check all that apply).				
	Preservation of	of land for public use (e.g., recreation or education) Preservation of a historically	/ importai	nt land area		
	Protection of r	natural habitat Preservation of a certified h	istoric str	ucture		
	Preservation of the second					
2	Complete lines 2a	through 2d if the organization held a qualified conservation contribution in the form of a cor	servation			
		ast day of the tax year.		Held at the	End of the Ta	x year
а		onservation easements	· 2a			
b	-	ricted by conservation easements	· 2b			
C		vation easements on a certified historic structure included in (a)	· 2c			
d		vation easements included in (c) acquired after 7/25/06, and not on a	. 2d			
•		sted in the National Register		ring the		
3		vation easements modified, transferred, released, extinguished, or terminated by the organ	22001100	ing the		
4	tax year	where property subject to conservation easement is located				
		tion have a written policy regarding the periodic monitoring, inspection, handling of				
Ŭ		forcement of the conservation easements it holds?			🗌 Yes	🗌 No
6		r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easeme	ents during t	he year	
	•					
7	Amount of expense	tes incurred in monitoring, inspecting, handling of violations, and enforcing conservation east	sements o	turing the ye	ear	
	► \$					
8	Does each conse	rvation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	3)(i)		—	—
	and section 170(h				· · 🏼 Yes	No No
9		be how the organization reports conservation easements in its revenue and expense stater				
		d include, if applicable, the text of the footnote to the organization's financial statements that	t describe	es the		
	organization's acc	ounting for conservation easements. izations Maintaining Collections of Art, Historical Treasures, or Of	her Si	nilar Ass	ets	
Pa	rt III Organ	ete if the organization answered "Yes" on Form 990, Part IV, line 8.				
40		elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	d balance	e sheet		
1a		rical treasures, or other similar assets held for public exhibition, education, or research in fu				
		byide, in Part XIII, the text of the footnote to its financial statements that describes these iter				
b		elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b		eet		
		rical treasures, or other similar assets held for public exhibition, education, or research in fu				
		by the following amounts relating to these items:				
	(i) Revenue incl	uded on Form 990, Part VIII, line 1		· · ▶\$_		
	(ii) Assets includ	ed 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 t	he		
	following amounts	s required to be reported under SFAS 116 (ASC 958) relating to these items:				
а		on Form 990, Part VIII, line 1				
b		n Form 990, Part X	• • • •			
For	Paperwork Reduct	tion Act Notice, see the Instructions for Form 990.		S	chedule D (Form	990) 2017

	e D (Form 990) 2017 National Pancrea						27-0217		Page 2
Par	t III Organizations Maintaining Co	llections of A	rt, Histor	rical Tre	easures, c	or Oth	<u>er Similar Ass</u>	ets (cont	inued)
3	Using the organization's acquisition, accession, and	d other records, che	eck any of t	he followi	ng that are a	significa	nt use of its		
	collection items (check all that apply):								
а	Public exhibition	d 🔲 Loan	or exchan	ge progra	ms				
b	Scholarly research	e 🔲 Othe	er					_	
С	Preservation for future generations								
4	Provide a description of the organization's collection	ns and explain how	they furthe	er the orga	nization's exe	empt pu	rpose in Part		
	XIII.								
5	During the year, did the organization solicit or receive	ve donations of art.	historical t	reasures,	or other simil	ar			
	assets to be sold to raise funds rather than to be m							· · Pres	s 🗌 No
Par			¥						
	Complete if the organization answ		Form 9	90, Part	IV, line 9,	or rep	orted an amou	nt on For	m
	990, Part X, line 21.			•		•			
1a	Is the organization an agent, trustee, custodian or o	other intermediary f	for contribu	tions or ot	her assets no	ot			
								· TYe	s 🗍 No
b	If "Yes," explain the arrangement in Part XIII and co								
0			ig table.			-	Am	ount	
•	Beginning balance					· 10			
ר ה	Additions during the year								
						10			
e	Distributions during the year • • • • • • • • • • • • • • • • • • •								
f	Did the organization include an amount on Form 99								s 🗍 No
2a								_	8
Par	If "Yes," explain the arrangement in Part XIII. Check tV Endowment Funds.	k nere ii the explan	auon nas u	een provi					
rai	Complete if the organization answ	wored "Vee" or	Eorm Q	00 Dart	IV line 10)			
								(0) 50000	
		(a) Current year	(b) Prio	r year	(c) Two years	Dack	(d) Three years back	(e) Foury	Bais Dack
1a	Beginning of year balance	<u> </u>				· · ·		-	
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships					-			
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current ye	ear end balance (lin	ie 1g, colur	nn (a)) hei	d as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should ed	qual 100%.							
3a	Are there endowment funds not in the possession	of the organization	that are he	eld and ad	ministered for	r the		_	
	organization by:	-						· · · ·	Yes No
	(i) unrelated organizations							• 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations liste	ed as required on S	chedule R?	,				. 3b	
4	Describe in Part XIII the intended uses of the orga								
	t VI Land, Buildings, and Equipme			· · · · · · · · · · · · · · · · · · ·					
<u> </u>	Complete if the organization ans	swered "Yes" o	n Form 9	90. Par	t IV, line 11	la. Se	e Form 990, Pa	art X, line	10.
		(a) Cost or oth			or other basis		Accumulated	(d) Book	
	Description of property	(a) Cost of our		••	other)		lepreciation	(4) 0000	10.00
4-	Land								
1a ⊾		· ·				<u> </u>	<u> </u>		
b		· ·							
С	Leasehold improvements	•••			0.0.000		0.642		26.000
d		···	7,852		27,800		9,643		26,009_
<u>e</u>	Other				1	I			
Tota	I. Add lines 1a through 1e. (Column (d) must equal	I Form 990, Part X,	column (B), line 10c.		• • • •			26,009

Schedule D (Form 990) 2017

EEA

(a) D	escription of security or category	(b) Book value	(c) Method of valuation:
(-7 -	(including name of security)		Cost or end-of-year market value
nancial deriva	tives		
losely-held eq	uity interests		
ther			
	equal Form 990, Part X, col. (B) line 12.)	•	
t VIII In	vestments - Program Relate	d.	
Co	omplete if the organization and	swered "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13.
(a)	Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	equal Form 990, Part X, col. (B) line 13.)	▶	
(Column (b) must	ther Assets.		
(Column (b) must rt IX O Co	ther Assets.		art IV, line 11d. See Form 990, Part X, line 15 (b) Book value
rt IX O	ther Assets.	swered "Yes" on Form 990, Pa	
rt IX O	ther Assets.	swered "Yes" on Form 990, Pa	
rt IX O	ther Assets.	swered "Yes" on Form 990, Pa	
	ther Assets.	swered "Yes" on Form 990, Pa	
	ther Assets.	swered "Yes" on Form 990, Pa	
	ther Assets.	swered "Yes" on Form 990, Pa	
	ther Assets.	swered "Yes" on Form 990, Pa	
	ther Assets.	swered "Yes" on Form 990, Pa	
(Column (b) must rt IX O Co	ther Assets.	swered "Yes" on Form 990, Pa (a) Description	
(Column (b) must rt IX O Cu	ther Assets. omplete if the organization an <i>must equal Form 990, Part X, col. (B)</i> ther Liabilities.	swered "Yes" on Form 990, Pa (a) Description	(b) Book value
I. (Column (b) rt X O C	ther Assets. omplete if the organization an <i>must equal Form 990, Part X, col. (B)</i> ther Liabilities. omplete if the organization an	swered "Yes" on Form 990, Pa (a) Description	(b) Book value
I. (Column (b) rt X O C	ther Assets. omplete if the organization an <i>must equal Form 990, Part X, col. (B)</i> ther Liabilities.	swered "Yes" on Form 990, Pa (a) Description	(b) Book value
t IX O Cu I. (Column (b) rt X O Lir	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description	(b) Book value
t IX O Co Co Co Co C C C C C C C C C C C C C	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description line 15.)	(b) Book value
t IX O Co Co I. (Column (b) rt X O C lir Federal incor	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description line 15.)	(b) Book value
t IX O Current Current	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description line 15.)	(b) Book value
t IX O Current Current	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description line 15.)	(b) Book value
t IX O Cu I. (Column (b) rt X O Iir Federal incor	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description line 15.)	(b) Book value
rt IX O Cu I. (Column (b) rt X O C lir Federal incor	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description line 15.)	(b) Book value
(Column (b) must rt IX O Cu I. (Column (b) rt X O rt X O C lir))))))	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description line 15.)	
(Column (b) must rt IX O Cu I. (Column (b) rt X O C lir Federal incor	ther Assets. omplete if the organization an must equal Form 990, Part X, col. (B) ther Liabilities. omplete if the organization an ne 25. (a) Description of liability	swered "Yes" on Form 990, Pa (a) Description line 15.)	(b) Book value

Schedule D (Form 990) 2017

-		7-0217794	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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.

SCHEDULE I (Form 990)	G Complex Complex	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Pressistance to Individuals in 1 answered "Yes" on Form Attach to Form 990	Organization the United Sta ^{n 990, Part IV, line 21}	s, tes r 22.	0	OMB No. 1545-0047 2017 Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.ge	Go to www.irs.gov/Form990 for the latest information.	test information.			Inspection
Name of the organization	acor Boundati					Employer identification number 27 - 0217794	number
Part General Inform	General Information on Grants and Assistance	istance					
1 Does the organization mainta the selection orteria used to	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the crants or assistance?	ount of the grants or assist	rants or assistance, the grantees' elig	eligibility for the grants or a	assistance, and	•	. 🗍 Yes 🔲 No
2 Describe in Part IV the organ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	the use of grant funds in t	the United States.				
Part II Grants and Othe 990, Part IV, line 2	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	rganizations and Dor ived more than \$5,000.	mestic Governmer . Part II can be dupl	Its. Complete if the icated if additional s	organization answered pace is needed.	l "Yes" on Form	
1 (a) Name and address of organization or government	ization (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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
 Enter total number of section Enter total number of other of 	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	izations listed in the line 1	· · · · · · · · · · · · · · · · · · ·				
۵.	otice, see the Instructions for Fc	orm 990.				ŝ	Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) National Pancreatic Cancer Foundati Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	Cancer Founda mestic Individu space is needed	t i lals. Complete if th I	e organization ansv	vered "Yes" on Form 99	27-021779 4 Page 2 30, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					
~					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information I	required in Part I, li	ne 2; Part III, colum	in (b); and any other ad	ditional information.
EEA					Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

27-0217794

National Pancreatic Cancer Foundati

01. Form 990 governing body review (Part VI, line 11)

The governing body reviews the tax return before it is filed.

02. Conflict of interest policy compliance (Part VI, line 12c)

The board of directors does review any conflict of interest that arises in the

organization.

03. CEO, executive director, top management comp (Part VI, line 15a)

The board of directors determine the salary for the excutive director.

04. Other officer or key employee compensation (Part VI, line 15b

Only one officer receives compensation which is determined and approved by the board of

directors. Other employee compensation is detered by the executive director with board of

directors approval.

05. Governing documents, etc, available to public (Part VI, line 19)

Any governing documents are made available upon request by the general public.

Form	4562		•	ciation							OMB No. 1545-0172
			(Includin	g informat ► Attach to			Pro	perty)			2017 Attachment
	ent of the Treasury Revenue Service (99)	► Go	to www.irs.gov	/Form4562 fc	or instruct	ions and	d the	latest inform	ation.		Sequence No. 179
Name(s	shown on return				Business or	activity to v	which th	is form relates			Identifying number
Nat	ional Pan	creatic C	Cancer Fo	ound		<u>M 99</u>		1			27-0217794
Par		n To Expense									
		you have any li			art V befo	re you	com	plete Part I.			
	Maximum amount (• • • • •		•••	• • • • • • •	• • •	1	
2	Total cost of section	n 179 property pla	ced in service (s	ee instructions	s) ••	• • • •	•••	• • • • • • •	•••	2	
	Threshold cost of s					uctions)	•	• • • • • •	•••	3	
4	Reduction in limitat	ion. Subtract line	3 from line 2. If z	ero or less, en	ter -0-	• • •	•••	• • • • • •	•••	4	
5	Dollar limitation for	tax year. Subtract	t line 4 from line 1	I. If zero or les	ss, enter -0	If mar	ried fi	ling			
	separately, see ins	tructions · · · ·	<u>.</u>				• • •	••••	• • •	5	an a
6		(a) Description of pro	perty		(b) Cost (b	usiness us	e only)	(c) Elec	ted cost		
							. <u> </u>				
7	Listed property. En				••••		7				and a second statement of the second s
8	Total elected cost of				(c), lines 6	and 7	•••	••••	•••	8	·
9	Tentative deduction	n. Enter the small	ler of line 5 or line	e8 ••••	• • • • •	••••	•••	••••	•••	9	
10	Carryover of disalle					••••		• • • • • •	• • •	10	
11	Business income li						or line	e 5 (see instru	ctions)	11	
12	Section 179 expen	se deduction. Add	l lines 9 and 10, I	but don't enter	more than	line 11	<u> </u>	•••••	•••	12	
13	Carryover of disallo	owed deduction to	2018. Add lines	9 and 10, less	s line 12	•	13				
Note:	Don't use Part II o	r Part III below for	r listed property.	Instead, use F	Part V.						
Par									isted p	oper	ty.) (See instructions.)
14	Special depreciation	on allowance for q	ualified property	(other than list	ted propert	y) place	d in s	ervice			
	during the tax year	(see instructions)					•••			14	
15	Property subject to	section 168(f)(1)	election · · ·				•••	••••		15	
16	Other depreciation	(including ACRS)							• • •	16	
Par	tIII MACR	S Depreciatio	on (Don't incl	lude listed p	roperty.)	(See in	struc	tions.)			
·				S	ection A		_				
17	MACRS deduction	s for assets place	d in service in ta	x years beginr	ning before	2017		• • • • • •		17	2,513_
18	If you are electing						r mor	e general	_		
	asset accounts, ch	neck here •••					• • •	🕨			ngan kara yang seri menang karang seri karang seri karang seri karang seri karang seri karang seri karang seri Karang seri karang seri kara
	Sectio	n B - Assets P	laced in Servi	ce During 2	2017 Tax	Year L	lsing	the Genera	al Depr	reciat	ion System
	(a) Classification of		(b) Month and year placed in service	(c) Basis for d (business/inves only-see inst	stment use	(d) Rece perio		(e) Convention	(f) Me	hod	(g) Depreciation deduction
19a	3-year property		4								
b	5-year property	Statement	#567								5,560
c	7-year property										
d	10-year property										
e	15-year property									_	
f	20-year property										
g						25 y	rs.		S	/L	
	Residential rental					27.5	yrs.	MM	S	/L	
	property					27.5	yrs.	MM	s	/L	
i	Nonresidential rea	ıl				39 y	rs.	MM	s	/L	
•	property	••						MM	s	/L	
	Section	C - Assets Plac	ced in Service	During 20	17 Tax Ye	ar Usi	ng ti	ne Alternativ	ve Dep	recia	tion System
20 a				_		1	<u> </u>			/L	
<u>20a</u> b	12-year					12 y	rs.			/	
	40-year					40 y	_	MM		/L	
_		ary (See instr	Luctions)	I		<u> </u>			`		<u>L</u>
										21	T
21	Listed property. E			· · · · · · · · · · · · · · · · · · ·	•••••	· · · ·	••• and #	ne 21 Enter		 	
22	Total. Add amour									22	8,073
	here and on the a								•••		<u> </u>
23	For assets shown										
	portion of the basi	is attributable to se	ection 263A cost	s		• • •	23				

For Paperwork Reduction Act Notice, see separate instructions.

Form 887	9-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization			OMB No. 1545-1878
		For calendar year 2017, or fiscal year beginning, and ending			
Department of the T	reasury	Do not send to the IRS. Keep for your records.			2017
Internal Revenue Se	•	Go to www.irs.gov/Form8879EO for the latest information.			
Name of exempt org	ganization		Emp	loyer identification	number
National F	ancreat	ic Cancer Foundati	27.	-0217794	
Name and title of off	ficer				
Rhonda Hat	field,	Executive Director			
Part I T	ype of R	eturn and Return Information (Whole Dollars Only)			
check the box of leave line 1b, 2	on line 1a, 2 2b, 3b, 4b, c line below. [form wa eturn, th	as blank, then hen enter -0- or 1b	437,845
2a Form 990-8	EZ check he	ere b Total revenue, if any (Form 990-EZ, line 9)	•••	••••2b	
3a Form 1120	-POL check		•••	3b	
4a Form 990-F			••	••••4b	
5a Form 8868	check here	b Balance Due (Form 8868, line 3c)	• • •	5b	
		on and Signature Authorization of Officer I declare that I am an officer of the above organization and that I have examined a co			
are true, correct organization's of to send the org the transmission authorize the U financial institut return, and the Agent at 1-888 involved in the resolve issues	ct, and comp electronic re ganization's on, (b) the re J.S. Treasur tition accoun financial ins 3-353-4537 r processing related to th rn and, if ap	nic return and accompanying schedules and statements and to the best of my knowled blete. I further declare that the amount in Part I above is the amount shown on the cop- terum. I consent to allow my intermediate service provider, transmitter, or electronic retur return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or re- eason for any delay in processing the return or refund, and (c) the date of any refund. y and its designated Financial Agent to initiate an electronic funds withdrawal (direct d t indicated in the tax preparation software for payment of the organization's federal tax stitution to debit the entry to this account. To revoke a payment, I must contact the U.S to later than 2 business days prior to the payment (settlement) date. I also authorize the of the electronic payment of taxes to receive confidential information necessary to an the payment. I have selected a personal identification number (PIN) as my signature for plicable, the organization's consent to electronic funds withdrawal. box only	y of the urn orig ason fo If appli ebit) er ces owe 5. Treas ne finar swer in	e inator (ERO) or rejection of cable, I ntry to the ed on this sury Financial ncial institutions quiries and	
X I autho	orize <u>Lib</u>	erty Tax Service to enter my PIN 65218 ERO firm name Enter five numbers, to o not enter all zeros	out	s my signature	
being	filed with a	n's tax year 2017 electronically filed return. If I have indicated within this return that a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth PIN on the return's disclosure consent screen.	copy of norize t	the return is the aforemention	ned
If I hav	ve indicated	e organization, I will enter my PIN as my signature on the organization's tax year 2017 within this return that a copy of the return is being filed with a state agency(ies) regula program, I will enter my PIN on the return's disclosure consent screen.	electro	onically filed retr narities as part o	urn. Sf
Officer's signature	►	Date	▶ 1	<u>1-13-2018</u>	
		tion and Authentication			
ERO's EFIN/P	N. Enter vo	our six-digit electronic filing identification			
			50021		
				Do not enter	ali zeros
indicated abov	ve. I confirm	meric entry is my PIN, which is my signature on the 2017 electronically filed return for that I am submitting this return in accordance with the requirements of Pub. 4163, M IRS <i>e-file</i> Providers for Business Returns.	the org oderniz	anization ed e-File (MeF)
ERO's signature	•	Date	▶ 1	11-14-2018	
ERO's signature		Date			
		ERO Must Retain This Form - See Instructions			
		Do Not Submit This Form to the IRS Unless Requested T	o Do	So	
For Danamie	rk Poduošie	on Act Notice, see instructions.	_		Form 8879-EO (2017)
•		11 ALL INVIDE, 300 III30 UDUVIIS.			
EEA					

	F	ederal Supporting S	tatements	2017 PG01
Name(s) as shown on return		nan Dourd-ti		FEIN
National H	ancreatic Ca	ncer Foundati		27-0217794
		Form 4562 - Line	19b	Statement #567
Basis 3,000 1,800	RP 5 5 5	<u>СV</u> НҮ НҮ	Method 200 DB 200 DB	Deduction 4,600 360
3,000	5	НҮ	200 DB	<u> </u>
Total				5,560

* Item of dur	 Item was disposed of during current year. 					Depre	Depreciation Detail Listing Management & General	ail Listing meral					2017 PAGE 1	
Name(s	Name(s) as shown on return										Social sec 27	I Social security number/EIN 27-0217794		
N CN	Description	Date Date Co	st	Basis	Business	Section	Borus	Depreciable Life	Method	Rate	Prior	Current	Accumulated	AMT
	territore Berlinson	A0012016	85.7	Adjustment	percentage	1/9	depreciation	1,852 5	200 DB HY	32	370	593 593	963	593
- 0	сомрисет Едитриенс 2004 Мивtang GT	01152016	6,000		100.00			6,000 5	200 DB HY	32	1,200	1,920	3,120	1,920
	2010 Dodge Ram	05012017	23,000		100.00			23,000 5	200 DB HY	20		4,600	4,600	4,600
	Car Trailer	07012017	1,800		100.00			1,800 5	200 DB HY	20		360	360	360
	Horst Trailer	03012010	0 0 0		0 0 0			n 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 N				
	Totals		35,652					35,652			1,570	8,073	9,643	8,073
	Land Amount Net Depreciable Cost	t t	35,652					CY 1 TOTA	CY 179 and CY Bonus TOTAL CY Depr including 179/bonus	onus acluding	179/bonus	8,073	ST ADJ:	

		Next Year's De	preciation W	/orksheet			
			or your records)			2017	7
	sahown on retur					Tax ID N	umber 0217794
Form	Multi-Form		Date	Basis	Method		Deduction
MGT	1	Computer Equipment	08012016		м	5	356
MGT	1	2004 Mustang GT	01152016		м	5	1,152
MGT	1	2010 Dodge Ram	05012017		М	5	7,360
MGT	1	Car Trailer	07012017		М	5	576
MGT	1	Horst Trailer	03012017	3,000	М	5	960
							10 404
		TOTAL					10,404
	1					1	
	1						
					1		
					1		