

# Return of Organization Exempt From Income Tax

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

For the **2006** calendar year, or tax year beginning **07/01, 2006**, and ending **06/30/2007**

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>PANCREATIC CANCER ACTION NETWORK, INC.</b>	<b>D Employer identification number</b> <b>33-0841281</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b> <b>(310) 725-0025</b>	
	<b>2141 ROSECRANS AVENUE</b>	<b>7000</b>	<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
	City or town, state or country, and ZIP + 4 <b>EL SEGUNDO, CA 90245</b>		H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			
<b>G Website:</b> ▶ <b>WWW.PANCAN.ORG</b>				
<b>J Organization type</b> (check only one) <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check here</b> <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.				
<b>L Gross receipts:</b> Add lines 6b, 8b, 9b, and 10b to line 12 ▶ <b>8,993,638.</b>				

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>7,078,335.</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>7,078,335.</b> noncash \$ )	<b>1e</b>		<b>7,078,335.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>954.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>116,864.</b>
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )	<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>992,770.</b>	<b>8a</b>		
	<b>968,317.</b>	<b>8b</b>		
	<b>24,453.</b>	<b>8c</b>		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>		<b>24,453.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <b>3,947,203.</b> of STMT 1 contributions reported on line 1b)	<b>9a</b>	<b>644,907.</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>644,907.</b>	
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances	STMT 3	<b>10a</b>	<b>158,808.</b>	
	<b>b</b> Less: cost of goods sold	STMT 4	<b>10b</b>	<b>76,958.</b>
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		<b>81,850.</b>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>1,000.</b>	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>7,303,456.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>4,972,556.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>311,872.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>481,960.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		<b>5,766,388.</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>1,537,068.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,580,260.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	STMT 5	<b>20</b>	<b>40,006.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>3,157,334.</b>

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>PANCREATIC CANCER ACTION NETWORK, INC.</b>	Employer identification number <b>33-0841281</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2141 ROSECRANS AVENUE, NO. 7000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EL SEGUNDO, CA 90245</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JULIE FLESHMAN**  
Telephone No. ▶ **310-725-0025** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>2a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>1,008,125.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,008,125.	1,008,125.	STMT 6	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	169,945.	126,301.	21,822.	21,822.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	2,024,590.	1,735,767.	99,366.	189,457.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	NONE			
<b>28</b> Employee benefits not included on lines 25a - 27	98,779.	74,298.	14,617.	9,864.
<b>29</b> Payroll taxes	190,759.	161,803.	10,285.	18,671.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	21,814.	18,474.	1,262.	2,078.
<b>32</b> Legal fees	5,453.	4,618.	315.	520.
<b>33</b> Supplies	40,287.	34,223.	1,856.	4,208.
<b>34</b> Telephone	35,022.	30,243.	1,633.	3,146.
<b>35</b> Postage and shipping	178,197.	130,499.	15,956.	31,742.
<b>36</b> Occupancy	234,067.	204,195.	8,275.	21,597.
<b>37</b> Equipment rental and maintenance	14,690.	12,604.	609.	1,477.
<b>38</b> Printing and publications	217,212.	186,714.	4,374.	26,124.
<b>39</b> Travel	125,285.	118,612.	5,272.	1,401.
<b>40</b> Conferences, conventions, and meetings	512,175.	497,397.	14,754.	24.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	65,790.	44,553.	17,188.	4,049.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <u>STMT 8</u>	824,198.	584,130.	94,288.	145,780.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	5,766,388.	4,972,556.	311,872.	481,960.

**Joint Costs.** Check  if you are following SOP 98-2.

Do any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? <b>▶SEE STATEMENT 9</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a PATIENT SUPPORT - A CALL CENTER WITH PATIENT INFORMATION, CLINICAL TRIAL ACCESS AND DECISION MAKING TOOLS FOR PATIENTS, THEIR FAMILIES AND THE HEALTH CARE PROFESSION. ALSO PROVIDES FOLLOW UP INFORMATION FOR ALL ASPECTS OF PANCREATIC CANCER, FREE OF CHARGE.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>1,625,471.</b>
<b>b EDUCATION - BENEFICIAL INFORMATION PROGRAMS FOR PATIENTS, CAREGIVERS AND THE MEDICAL COMMUNITY</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>1,085,736.</b>
<b>c RESEARCH ADVOCACY - SUPPORT OF EVENTS THAT RAISE AWARENESS OF THE NEED TO INCREASE FUNDING FOR PANCREATIC CANCER RESEARCH. ALSO TO BUILD STRONG RELATIONSHIPS WITH THE MEDICAL AND SCIENTIFIC COMMUNITY TO ENSURE THAT DOCTORS, RESEARCHERS AND SCIENTISTS ARE STUDYING PANCREATIC CANCER.</b>  (Grants and allocations \$ <b>1,008,125.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>2,261,349.</b>
<b>d</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	<b>4,972,556.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

				(A)		(B)
				Beginning of year		End of year
Assets	45	Cash - non-interest-bearing		244,521.	45	238,899.
	46	Savings and temporary cash investments		931,981.	46	2,548,103.
	47a	47a	Accounts receivable			NONE
		47b	Less: allowance for doubtful accounts	21,728.	47c	NONE
	48a	48a	Pledges receivable	441,667.		
		48b	Less: allowance for doubtful accounts	40,000.	48c	441,667.
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)				
		51a				
		51b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		31,191.	52	24,782.
	53	Prepaid expenses and deferred charges		143,252.	53	381,443.
	54a	STMT 10	Investments - publicly-traded securities	577,249.	54a	621,574.
			b Investments - other securities (attach schedule)		54b	
	55a	55a	Investments - land, buildings, and equipment: basis			
		55b	Less: accumulated depreciation (attach schedule)		55c	
	56	Investments - other (attach schedule)			56	
57a	57a	Land, buildings, and equipment: basis	412,744.			
	57b	Less: accumulated depreciation (attach schedule)	187,085.	57c	225,659.	
58	Other assets, including program-related investments (describe STMT 11)		17,568.	58	18,613.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58		2,199,716.	59	4,500,740.	
Liabilities	60	Accounts payable and accrued expenses		269,227.	60	438,614.
	61	Grants payable		298,332.	61	862,332.
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
		b Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe STMT 12)		51,897.	65	42,460.
66	<b>Total liabilities.</b> Add lines 60 through 65		619,456.	66	1,343,406.	
Net assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		1,530,260.	67	2,657,575.
	68	Temporarily restricted		50,000.	68	378,476.
	69	Permanently restricted			69	121,283.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21))		1,580,260.	73	3,157,334.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		2,199,716.	74	4,500,740.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	7,311,049.
	Amounts included on line a but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	40,006.
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	40,006.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	7,271,043.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	32,413.
<b>2</b>	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	32,413.
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	7,303,456.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	5,733,975.
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	5,733,975.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	32,413.
<b>2</b>	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	32,413.
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	5,766,388.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 13		164,250.	4,695.	1,000.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ... 7
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ...
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ...
d Does the organization have a written conflict of interest policy? ...

Table with 3 columns: Question, Yes, No. Rows 75a-75d with 'X' marks in Yes/No columns.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains '-0-' in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change ...
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If "Yes," enter the name of the organization ... and check whether it is [ ] exempt or [ ] nonexempt
a Enter direct and indirect political expenditures. (See line 81 instructions.) ... 81a NONE
b Did the organization file Form 1120-POL for this year? ... 81b

Table with 3 columns: Question, Yes, No. Rows 76-81b with 'X' marks in Yes/No columns.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b	4,500.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
89 b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
90 a	List the states with which a copy of this return is filed	CA,	
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	37	
91 a	The books are in care of	JULIE FLESHMAN	Telephone no. 310-725-0025
	Located at	2141 ROSECRANS AVENUE EL SEGUNDO, CA	ZIP + 4 90245
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c Yes No X

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ▶

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue: a, b MISC REVENUE, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 102: ALLOWS THE PUBLIC ACCESS TO ITEMS THAT PROMOTE AWARENESS OF PANCREATIC CANCER.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . Yes No X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . Yes No X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
<b>106</b> Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
<b>Totals</b>					

				Yes	No
<b>107</b> Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
<b>Totals</b>					

		Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer _____	Date _____
	Type or print name and title _____	

<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 _____	EIN _____	Phone no. _____	

**RSM MCGLADREY INC**  
**ONE SOUTH WACKER DRIVE, SUITE 800**  
**CHICAGO, IL 60606-3392**  
 EIN **41-1944416**  
 Phone no. **312-634-3400**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information - (See separate instructions.)**

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

OMB No. 1545-0047

**2006**

Name of the organization

Employer identification number

**PANCREATIC CANCER ACTION NETWORK, INC.**

**33-0841281**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 15				
Total number of other employees paid over \$50,000 . . . ▶		3		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 16		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 17		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>141,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT 18	X	
e Transfer of any part of its income or assets? . . . . .		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .		X
b Did the organization make any taxable distributions under section 4966? . . . . .	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ► _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► _____		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ► _____		NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III - Functionally Integrated
  - Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	4,338,032.	1,421,880.	1,151,093.	999,472.	7,910,477.
Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	92,754.	2,446,148.	1,565,022.	869,164.	4,973,088.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	48,328.	27,456.	21,753.	10,529.	108,066.
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	2,050.				2,050.
23 Total of lines 15 through 22 . . . . .	4,481,164.	3,895,484.	2,737,868.	1,879,165.	12,993,681.
Line 23 minus line 17. . . . .	4,388,410.	1,449,336.	1,172,846.	1,010,001.	8,020,593.
Enter 1% of line 23 . . . . .	44,812.	38,955.	27,379.	18,792.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .					26a 160,412.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					26b 517,018.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					26c 8,020,593.
d Add: Amounts from column (e) for lines: 18 108,066. 19 . . . . .					26d 627,134.
22 2,050. 26b 517,018. . . . .					
e Public support (line 26c minus line 26d total) . . . . .					26e 7,393,459.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					26f 92.1810 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>NOT APPLICABLE</b> (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . .					27c
d Add: Line 27a total . . . . . and line 27b total . . . . .					27d
e Public support (line 27c total minus line 27d total) . . . . .					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . .					27f
Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.) **NOT APPLICABLE**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>		
-----			
-----			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
d Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	<b>33a</b>		
b Admissions policies?	<b>33b</b>		
c Employment of faculty or administrative staff?	<b>33c</b>		
d Scholarships or other financial assistance?	<b>33d</b>		
e Educational policies?	<b>33e</b>		
f Use of facilities?	<b>33f</b>		
g Athletic programs?	<b>33g</b>		
h Other extracurricular activities?	<b>33h</b>		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
34 a Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>	<b>41</b>		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .			
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 . . . . . \$1,000,000			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers . . . . .	X		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	X		
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	X		141,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
Total lobbying expenditures (Add lines c through h). . . . .			141,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 19**



**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		X
(ii) Other assets		X
<b>b</b> Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2006**

Name of organization

PANCREATIC CANCER ACTION NETWORK, INC.

Employer identification number

33-0841281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

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

**Special Rules -**

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

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

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

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

RM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
-----	-----
EVENING WITH THE STARS	1,732,783.
TEAM HOPE	2,214,420.
TOTAL	----- 3,947,203. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES
EVENING WITH THE STARS	184,303.	184,303.
TEAM HOPE	460,604.	460,604.
TOTALS	644,907.	644,907.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES

DESCRIPTION	AMOUNT
-----	-----
STORE SALES	158,808.
TOTAL	----- 158,808. =====

FORM 990, PART I - COST OF GOODS SOLD

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
STORE SALES				76,958.		76,958.
TOTALS				76,958.		76,958.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION -----	AMOUNT -----
NET UNREALIZED GAIN ON INVESTMENTS	40,006.
TOTAL	----- 40,006. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	AMOUNT
GRANTS PAID	
AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT STREET, 17TH FLOOR PHILADELPHIA, PA 19106-4404	695,000.
DOUGLAS HAWAHAN 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	62,625.
SUNIT HINGORANI 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	62,625.
CHRISTINE IZCOBUZIO-DONAHUE 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	62,625.
PINKU MUKHERJEE 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	62,625.
GLORIA SU 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	62,625.



FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR  
\*\*\*\*\*

RECIPIENT NAME AND ADDRESS  
-----

AMOUNT  
-----

TOTAL CONTRIBUTIONS PAID

1,008,125.  
\*\*\*\*\*

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
DEVELOPMENT	7,692.	6,563.	119.	1,010.
PROFESSIONAL SERVICES	345,043.	309,450.	12,229.	23,364.
INSURANCE	33,336.	28,360.	1,709.	3,267.
INFORMATION TECHNOLOGY	118,153.	93,381.	12,501.	12,271.
FINANCE CHARGES	110,203.	80,879.	20,690.	8,634.
DUES AND SUBSCRIPTIONS	18,884.	18,142.	275.	467.
MISCELLANEOUS	39,614.	34,072.	3,197.	2,345.
SPECIAL EVENTS	92,624.			92,624.
INTERNATIONAL AFFILIATES	10,000.		10,000.	
ADVERTISING	16,236.	13,283.	1,155.	1,798.
INVESTMENT FEES	32,413.		32,413.	
TOTALS	824,198.	584,130.	94,288.	145,780.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EDUCATE THE PUBLIC ABOUT PANCREATIC CANCER.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CORPORATE BONDS	296,563.
MUTUAL FUNDS - EQUITIES	103,200.
COMMON STOCKS	221,811.
	-----
TOTALS	621,574.
	=====

FORM 990, PART IV - OTHER ASSETS  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DEPOSITS	18,613.
TOTALS	----- 18,613. =====

FORM 990, PART IV - OTHER LIABILITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CAPITAL LEASE OBLIGATIONS	42,460.
TOTALS	----- 42,460. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JULIE FLESHMAN 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	PRESIDENT & CEO 40.00	164,250.	4,695.	1,000.
TIM ENNIS 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	IMMEDIATE PAST CHAIRMAN 2.00	NONE	NONE	NONE
TONI DACHIS 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	BOARD DIRECTOR 2.00	NONE	NONE	NONE
STEPHANIE R. DAVIS, ESQ. 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	SECRETARY 2.00	NONE	NONE	NONE
JASON KUHN 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	CHAIRMAN OF THE BOARD 3.00	NONE	NONE	NONE
MALISSA BLAKE LISCHIN 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	BOARD DIRECTOR 1.00	NONE	NONE	NONE
CYNTHIA STROUM	FOUNDING CHAIRMAN 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	BOARD DIRECTOR 2.00	NONE	NONE	NONE
PAMELA ACOSTA MARQUARDT 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245	BOARD DIRECTOR 1.00	NONE	NONE	NONE
JUDITH STEIN, ESQ. 2141 ROSECRANS AVENUE STE 7000 EL SEGUNDO, CA 90245				
GRAND TOTALS		164,250.	4,695.	1,000.



SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
ANGELA JOHNSON 2141 ROSECRANS AVE STE 7000 EL SEGUNDO, CA 90245	OUTREACH DIRECTOR 40.00	93,450.	3,982.	NONE
MICHELLE DUFF 2141 ROSECRANS AVE STE 7000 EL SEGUNDO, CA 90245	PALS DIRECTOR 40.00	93,396.	4,384.	NONE
LIZ THOMPSON 2141 ROSECRANS AVE STE 7000 EL SEGUNDO, CA 90245	RESEARCH DIRECTOR 40.00	121,669.	605.	NONE
MEGAN GORDON DON 2141 ROSECRANS AVE STE 7000 EL SEGUNDO, CA 90245	GOVT AFFAIRS DIRECT. 40.00	99,231.	1,003.	NONE
GEORGE HSING 2141 ROSECRANS AVE STE 7000 EL SEGUNDO, CA 90245	INFO TECH MANAGER 40.00	89,513.	4,951.	NONE
TOTAL COMPENSATION		497,259.	14,925.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

AACR 615 CHESTNUT ST. 17TH FLOOR PHILADELPHIA, PA 19106-4404	GRANT FUNDING	368,000.
BATESNEIMAND INC. 1025 VERMONT AVENUE NW STE. 830 WASHINGTON, DC 20005	BRAND MESSAGING & PR	75,179.
THE ASCO FOUNDATION 1900 DUKE STREET STE. 200 ALEXANDRIA, VA 22314	GRANT FUNDING	66,000.
SPECTRUM SCIENCE COMMUNICATIONS 2000 K STREET NW SECOND FLOOR WASHINGTON, DC 20006-1890	PR & COMMUNICATIONS	57,443.
		-----
	TOTAL COMPENSATION	566,622.
		=====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

BI 7630 BUSH LAKE ROAD MINNEAPOLIS, MN 55439	EVENT PLANNING	233,028.
MARINA GRAPHIC CENTER 12901 CERISE AVE. HAWTHORNE, CA 90250	PRINTING	226,526.
GRAND PRODUCTIONS 12645 TIARA STREET VALLEY VILLAGE, CA 91607	EVENT PRODUCTION	116,522.
JOHN HANCOCK PO BOX 894109 LOS ANGELES, CA 90189-4109	401 (K)	73,025.
KINTERA, INC. DEPT AT 952208 ATLANTA, GA 31192-2208	EVENT REGISTRATION	71,106.
	TOTAL COMPENSATION	----- 720,207. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE PART V, FORM 990

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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LEGISLATIVE CONTACT TO INCREASE RESEARCH IN PANCREATIC CANCER