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

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	9 07 (	he organization	•						Employe	w identifica	don number ,
		I Pancreatic	27 0217794								
Pai	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	ctions.
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 throug	jh 11, ch	eck only	one box.	)	
1											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Ø	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10 11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.									
e	a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualify persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f 9		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box									
following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?										(11g(i)	
h		(iii) A 35% c	controlled entity	erson described in (i) a of a person described ation about the suppo	o (i) ni t	(ii) above anization	 :? (s).				11g(ii) 11g(iii)
-	Nam	e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) is the organization in col. (i) organized in the U.S.?		(vil) Amount of support
				<u> </u>	Yes	No	Yes	No	Yes	No	
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		y Act and Pape or 990-EZ.	wwark Reduction A	ct Notice, see the Instruct	tions for	C	iet. No. 1126	15F	Sched	lule A (Form	n 990 or 990-EZ) 2009

Pa	Support Schedule for Org (Complete only if you chec	janizations l	Described in on line 5, 7,	Sections 17 or 8 of Part I	O(b)(1)(A)(iv)	and 170(b)(1	)(A)(vi)		
Sec	tion A. Public Support				; <u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·			
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					6498.66	6496.66		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3					6496.66	6496.66		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			}					
_6_	Public support. Subtract line 5 from line 4.						6496.66		
Sec	tion B. Total Support						,		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4				l	6496.66	6496.66		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0	0		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	0		
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					0	<u> </u>		
11	Total support. Add lines 7 through 10 .	L	<u> </u>		L	<del> </del>			
12	Gross receipts from related activities, etc.					12	6496.66		
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
Sec	tion C. Computation of Public Su					,	<del></del>		
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	<u>%</u> %		
15	Public support percentage from 2008 Schedule A, Part II, line 14								
16a	331/4 % support test—2009. If the organization did not check the box on line 13, and line 14 is 331/4 % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
þ	33% % support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17æ	10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
b 10	10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicity supported organization								
18	Friedrich der in the organization or	HOLCHECK & DE	JA OH SHEE 13, TO	e, 100, 176, 01	ITD, CHOCK UIS				

Schedule A (Form 990 or 990-EZ) 2009

0425874015 Jan. 13, 2011 LTR 2695C 0 R 27-0217794 200912 67 00020720

NATIONAL PANCREATIC CANCER FOUNDATION 3962 S DELAWARE ST ENGLEWOOD CO 80110



## **DECLARATION**

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

National Director

Title