**Form 990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning** 2/5/2018, and ending 6/30/2018

**B Check if applicable:**
- C Name of organization: LET'S WIN PANCREATIC CANCER FOUNDATION

- D Employer identification number: 82-4411042

**Address change**
- Number and street (or P.O. box if not delivered to street address): 422 EAST 72ND STREET

- Room/suite: STE 9D

**Name change**
- City or town: New York

- State: NY

- Zip code: 10021

**Initial return**
- Foreign country name: 

- Foreign province/state/county: 

- Foreign postal code: 

**Final return/terminated**
- Application pending: 

**Amended return**
- F Name and address of principal officer:
  - Cynthia P. Gavin 422 East 72nd Street Ste 9D, New York, NY 10021

- G Gross receipts $: 234,072

**H(a) Is this a group return for a subordinates?** No

**H(b) Are all subordinates included?** Yes

**Website:** [https://letswinpc.org/](https://letswinpc.org/)

**K Form of organization:** Corporation

**L Year of formation:** 2018

**M State of legal domicile:** DE

### Part I Summary

1. Briefly describe the organization's mission or most significant activities:
   - Let's Win! Pancreatic Cancer Foundation is a web-based platform that enables doctors, scientists, and patients to share fast-breaking information on potentially life-saving pancreatic cancer treatments & clinical trials.

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a).

4. Number of independent voting members of the governing body (Part VI, line 1b).

5. Total number of individuals employed in calendar year 2017 (Part V, line 2a).

6. Total number of volunteers (estimate if necessary).

7a. Total unrelated business revenue from Part VIII, column (C), line 12.

7b. Net unrelated business taxable income from Form 990-T, line 34.

**Revenue**

8. Contributions and grants (Part VIII, line 1h).

9. Program service revenue (Part VIII, line 2g).

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1oc, and 11e).

12. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13. Grants and similar amounts paid (Part IX, column (A), lines 1–3).

14. Benefits paid to or for members (Part IX, column (A), line 4).

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10).

16a. Professional fundraising fees (Part IX, column (A), line 11e).

17. Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e).

18. Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).


**Expenses**

20. Total assets (Part X, line 16).

21. Total liabilities (Part X, line 26).

22. Net assets or fund balances. Subtract line 21 from line 20.

**Part II Signature Block**

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

**Sign Here**

- Signature of officer: [Signature]

- Type or print name and title: EXECUTIVE DIRECTOR

- Date: 7/23/19

**Paid Preparer Use Only**

Print/Type preparer's name: Maryann Hanley

Preparer's signature: Maryann Hanley

Date: 6/9/2019

Check if self-employed: Yes

PTIN: P01703139

**For Paperwork Reduction Act Notice, see the separate instructions.** X Yes No