

Return of Organization Exempt From Income Tax

2017

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 private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to 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:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization LETS WIN PANCREATIC CANCER FOUNDATION
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
422 EAST 72ND STREET STE 9D
 City or town State ZIP code
New York NY 10021
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 82-4411042

E Telephone number (917) 334-6089

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 subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: https://letswinpc.org/

K Form of organization: Corporation Trust Association Other

L Year of formation: 2018 M State of legal domicile: DE

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2 Check this box <input type="checkbox"/> 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)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	234,072
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	234,072
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	23,197
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	92,788
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	115,985
19 Revenue less expenses. Subtract line 18 from line 12	0	118,087	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	0	167,395
	22 Net assets or fund balances. Subtract line 21 from line 20	0	49,308
		0	118,087

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: Cynthia P. Gavin Date 7/23/19
 Signature of officer
CYNTHIA GAVIN EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Maryann Hanley Preparer's signature: Maryann Hanley Date: 6/9/2019 Check if self-employed PTIN: P01703139
 Firm's name: Cronin, Hanley & VanZile, LLC Firm's EIN: 47-2130068
 Firm's address: 17 Kiel Ave, Kinnelon, NJ 07405 Phone no.: 973-492-3069

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA Form 990 (2017)