



**CHEERFUL HEART MISSION INC.**

**TAX RETURN**

**FOR THE YEAR ENDED DECEMBER 31, 2020**

**(CLIENT COPY)**



**EISNERAMPER**

CHEERFUL HEART MISSION INC.  
6 UPPER POND ROAD  
PARSIPPANY, NJ 07054

CHEERFUL HEART MISSION INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURN,  
AS FOLLOWS...

2020 FORM 990-PF  
2020 NEW JERSEY LONG-FORM REGISTRATION/VERIFICATION STATEMENT (FILED ONLINE ON  
NJDCA PORTAL)

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING  
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU  
HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

EISNER ADVISORY GROUP LLC



# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

**FOR THE YEAR ENDING**  
DECEMBER 31, 2020

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**PREPARED FOR:**

CHEERFUL HEART MISSION INC.  
6 UPPER POND ROAD  
PARSIPPANY, NJ 07054

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**PREPARED BY:**

EISNER ADVISORY GROUP LLC  
111 WOOD AVENUE SOUTH  
ISELIN, NJ 08830-2700

EFILE FAX: 732-951-7500  
EFILE EMAIL: NJEFILE@EISNERAMPER.COM

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**AMOUNT DUE OR REFUND:**

NO AMOUNT IS DUE

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**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$120,926. THIS MAY BE APPLIED TO TAX YEAR 2021 AND SUBSEQUENT YEARS.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

**2020**▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**CHEERFUL HEART MISSION INC.****47-1010774**

Name and title of officer or person subject to tax

**JOHN H CORNWELL****PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> .....
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> ..... <b>0.</b>
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> .....
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> .....
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> .....

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **EISNER ADVISORY GROUP LLC** to enter my PIN **12345**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**22503554321****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>CHEERFUL HEART MISSION INC.</b>		A Employer identification number <b>47-1010774</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>6 UPPER POND ROAD</b>	Room/suite	B Telephone number <b>973-632-9912</b>
City or town, state or province, country, and ZIP or foreign postal code <b>PARSIPPANY, NJ 07054</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return  <input type="checkbox"/> Address change         </div> <div> <input type="checkbox"/> Initial return of a former public charity  <input type="checkbox"/> Amended return  <input type="checkbox"/> Name change         </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/>
H Check type of organization: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation  <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust         </div> <div> <input type="checkbox"/> Other taxable private foundation         </div> </div>		2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>96,119.</b>	J Accounting method: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Cash         <input checked="" type="checkbox"/> Accrual         </div> <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received .....	225,872.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....				
	4 Dividends and interest from securities .....				
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....				
	b Gross sales price for all assets on line 6a .....				
	7 Capital gain net income (from Part IV, line 2) .....		0.		
	8 Net short-term capital gain .....				
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....					
12 Total. Add lines 1 through 11 .....	225,872.	0.	0.		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	0.	0.	0.	0.
	14 Other employee salaries and wages .....	78,724.	0.	0.	0.
	15 Pension plans, employee benefits .....				
	16a Legal fees .....				
	b Accounting fees <b>STMT 1</b> .....	2,770.	0.	0.	0.
	c Other professional fees .....				
	17 Interest .....				
	18 Taxes .....				
	19 Depreciation and depletion .....	51.	0.	0.	
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....				
	22 Printing and publications .....				
	23 Other expenses <b>STMT 2</b> .....	161,497.	0.	0.	129,288.
	24 Total operating and administrative expenses. Add lines 13 through 23 .....	243,042.	0.	0.	129,288.
	25 Contributions, gifts, grants paid .....	0.			0.
26 Total expenses and disbursements. Add lines 24 and 25 .....	243,042.	0.	0.	129,288.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-17,170.				
b Net investment income (if negative, enter -0-) .....		0.			
c Adjusted net income (if negative, enter -0-) .....			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing .....		103,215.	93,764.	93,764.
	2	Savings and temporary cash investments .....				
	3	Accounts receivable ▶ .....				
		Less: allowance for doubtful accounts ▶ .....				
	4	Pledges receivable ▶ .....				
		Less: allowance for doubtful accounts ▶ .....				
	5	Grants receivable .....				
	6	Receivables due from officers, directors, trustees, and other disqualified persons .....				
	7	Other notes and loans receivable ▶ .....				
		Less: allowance for doubtful accounts ▶ .....				
	8	Inventories for sale or use .....				
	9	Prepaid expenses and deferred charges .....				
	10a	Investments - U.S. and state government obligations .....				
	b	Investments - corporate stock .....				
	c	Investments - corporate bonds .....				
	11	Investments - land, buildings, and equipment: basis ..... ▶	4,325.			
	Less: accumulated depreciation ..... ▶	1,970.		2,355.	2,355.	
12	Investments - mortgage loans .....					
13	Investments - other .....					
14	Land, buildings, and equipment: basis ..... ▶					
	Less: accumulated depreciation ..... ▶					
15	Other assets (describe ..... )					
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....			103,215.	96,119.	96,119.
Liabilities	17	Accounts payable and accrued expenses .....		11,566.	21,640.	
	18	Grants payable .....				
	19	Deferred revenue .....				
	20	Loans from officers, directors, trustees, and other disqualified persons .....				
	21	Mortgages and other notes payable .....				
	22	Other liabilities (describe ..... )				
23	<b>Total liabilities</b> (add lines 17 through 22) .....			11,566.	21,640.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ..... <input type="checkbox"/> and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions .....				
	25	Net assets with donor restrictions .....				
	Foundations that do not follow FASB ASC 958, check here ..... <input checked="" type="checkbox"/> and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds .....	0.	0.		
	27	Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.		
	28	Retained earnings, accumulated income, endowment, or other funds ...	91,649.	74,479.		
	29	<b>Total net assets or fund balances</b> .....	91,649.	74,479.		
30	<b>Total liabilities and net assets/fund balances</b> .....			103,215.	96,119.	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	91,649.
2	Enter amount from Part I, line 27a .....	2	-17,170.
3	Other increases not included in line 2 (itemize) ▶ .....	3	0.
4	Add lines 1, 2, and 3 .....	4	74,479.
5	Decreases not included in line 2 (itemize) ▶ .....	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	74,479.

Form 990-PF (2020)

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b NONE				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }		2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....		{ ..... }		3

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

2 Reserved .....	2	
3 Reserved .....	3	
4 Reserved .....	4	
5 Reserved .....	5	
6 Reserved .....	6	
7 Reserved .....	7	
8 Reserved .....	8	

Form 990-PF (2020)

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	0.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a	0.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	0.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. NJ		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 3	X	

Form 990-PF (2020)

**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
Website address ► WWW.CHEERFULHEARTMISSION.ORG		
14 The books are in care of ► JOHN H. CORNWELL Telephone no. ► 973-632-9912		
Located at ► 794 WEST SHORE DRIVE, KINNELON, NJ ZIP+4 ► 07405		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes	X No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	
Organizations relying on a current notice regarding disaster assistance, check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020?	Yes	X No
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	X

Form 990-PF (2020)

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

N/A

Organizations relying on a current notice regarding disaster assistance, check here

▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

☐ Yes ☒ No**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(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 and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If 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 and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Form 990-PF (2020)

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 5	114,177.
2 SEE STATEMENT 6	56,632.
3 SEE STATEMENT 7	43,767.
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	0.

Form 990-PF (2020)

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities .....	<b>1a</b>	0.
<b>b</b>	Average of monthly cash balances .....	<b>1b</b>	98,490.
<b>c</b>	Fair market value of all other assets .....	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) .....	<b>1d</b>	98,490.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d .....	<b>3</b>	98,490.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	<b>4</b>	1,477.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	<b>5</b>	97,013.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 .....	<b>6</b>	4,851.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 .....	<b>1</b>	4,851.
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5 .....	<b>2a</b>	
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.) .....	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b .....	<b>2c</b>	0.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	4,851.
<b>4</b>	Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	4,851.
<b>6</b>	Deduction from distributable amount (see instructions) .....	<b>6</b>	0.
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	<b>7</b>	4,851.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	<b>1a</b>	129,288.
<b>b</b>	Program-related investments - total from Part IX-B .....	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) .....	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) .....	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	<b>4</b>	129,288.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	<b>6</b>	129,288.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2020)

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7 .....				4,851.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only .....			3,511.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015 .....				
<b>b</b> From 2016 .....				
<b>c</b> From 2017 .....				
<b>d</b> From 2018 .....				
<b>e</b> From 2019 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 129,288.				
<b>a</b> Applied to 2019, but not more than line 2a ...			3,511.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2020 distributable amount .....				4,851.
<b>e</b> Remaining amount distributed out of corpus	120,926.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	120,926.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....	120,926.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 ...				
<b>b</b> Excess from 2017 ...				
<b>c</b> Excess from 2018 ...				
<b>d</b> Excess from 2019 ...				
<b>e</b> Excess from 2020 ...	120,926.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**SEE STATEMENT 8**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year				
NONE				
<b>Total</b> .....			<b>3a</b>	0.
<b>b</b> Approved for future payment				
NONE				
<b>Total</b> .....			<b>3b</b>	0.




## Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash .....	<b>1a(1)</b>	<b>X</b>
	(2) Other assets .....	<b>1a(2)</b>	<b>X</b>
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization .....	<b>1b(1)</b>	<b>X</b>
	(2) Purchases of assets from a noncharitable exempt organization .....	<b>1b(2)</b>	<b>X</b>
	(3) Rental of facilities, equipment, or other assets .....	<b>1b(3)</b>	<b>X</b>
	(4) Reimbursement arrangements .....	<b>1b(4)</b>	<b>X</b>
	(5) Loans or loan guarantees .....	<b>1b(5)</b>	<b>X</b>
	(6) Performance of services or membership or fundraising solicitations .....	<b>1b(6)</b>	<b>X</b>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	<b>1c</b>	<b>X</b>
<b>d</b>	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 foundation. If the foundation 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.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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		

<b>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 taxpayer) is based on all information of which preparer has any knowledge.					<div>           May the IRS discuss this return with the preparer shown below? See instr.  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No         </div>	
	Signature of officer or trustee		Date		Title <b>PRESIDENT</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name  <b>DOUGLAS TAPP</b>		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN  <b>P00200641</b>
	Firm's name ► <b>EISNER ADVISORY GROUP LLC</b>					Firm's EIN ► <b>87-1353108</b>	
	Firm's address ► <b>111 WOOD AVENUE SOUTH ISELIN, NJ 08830-2700</b>					Phone no. <b>732-243-7000</b>	

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CHEERFUL HEART MISSION INC.</b>	Taxpayer identification number (TIN) <b>47-1010774</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6 UPPER POND ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PARSIPPANY, NJ 07054</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOHN H. CORNWELL**

- The books are in the care of ► **794 WEST SHORE DRIVE - KINNELON, NJ 07405**  
 Telephone No. ► **973-692-9912** 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☒ calendar year **2020** or  
 ► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

CHEERFUL HEART MISSION INC.

Employer identification number

47-1010774

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

- ☐ 501(c)( ) (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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**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).

Name of organization	Employer identification number
CHEERFUL HEART MISSION INC.	47-1010774

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN AND CAROL CORNWELL 794 WEST SHORE DRIVE KINNELON, NJ 07405	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GREAT PACIFIC FOUNDATION 1067 WEST CORDOVA STREET SUITE 1800 VANCOUVER, BC, CANADA V6C 1C7	\$ 41,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

47-1010774

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$	

Name of organization

Employer identification number

**CHEERFUL HEART MISSION INC.****47-1010774****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	2,770.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	2,770.	0.	0.	0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER EXPENSES	32,209.	0.	0.	0.
HEALTH - DENTAL CLINIC	28,811.	0.	0.	28,811.
HEALTH - SANITATION AND LATRINE	70,947.	0.	0.	70,947.
EDUCATION - SCHOOL SUPPORT	29,530.	0.	0.	29,530.
TO FORM 990-PF, PG 1, LN 23	161,497.	0.	0.	129,288.

## FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

## STATEMENT 3

NAME OF CONTRIBUTOR	ADDRESS
JOHN AND CAROL CORNWELL	794 WEST SHORE DRIVE KINNELON, NJ 07045
GREAT PACIFIC FOUNDATION	1067 WEST CORDOVA STREET SUITE 1800 VANCOUVER, BC, CANADA V6C 1C7

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN H. CORNWELL 6 UPPER POND ROAD PARSIPPANY, NJ 07054	CHAIRMAN, PRESIDENT 20.00	0.	0.	0.
CAROL D. CORNWELL 6 UPPER POND ROAD PARSIPPANY, NJ 07054	VP. SECRETARY 14.00	0.	0.	0.
J. STEPHEN CORNWELL 6 UPPER POND ROAD PARSIPPANY, NJ 07054	TREASURER 1.00	0.	0.	0.
LEAH K. C. RAYMOND 6 UPPER POND ROAD PARSIPPANY, NJ 07054	TRUSTEE 1.00	0.	0.	0.
PAMELA ALBERTO, D.M.D. 6 UPPER POND ROAD PARSIPPANY, NJ 07054	TRUSTEE 4.00	0.	0.	0.
JANET P. TRACY, R.N., PH.D. 6 UPPER POND ROAD PARSIPPANY, NJ 07054	TRUSTEE 5.00	0.	0.	0.
ARTHUR L. SHEPPELL, M.D. 6 UPPER POND ROAD PARSIPPANY, NJ 07054	TRUSTEE 4.00	0.	0.	0.
GREG J. WROCLAWSKI, M.E.E.E. 6 UPPER POND ROAD PARSIPPANY, NJ 07054	TRUSTEE 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

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FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 5
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ACTIVITY ONE

PROGRAM: HEALTH/SANITATION/LATRINES - THE MISSION'S GOAL IS TO BUILD A LATRINE FOR EVERY HOME IN IMPOVERISHED COMMUNITY OF LAGUA, HAITI. BY THE FIRST QUARTER OF 2021, THE MISSION WILL CONSTRUCT TOTAL OF 850 LATRINES.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	114,177.

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FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 6
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ACTIVITY TWO

PROGRAM: EDUCATION - THE MISSION SUPPORTS EDUCATIONAL ACTIVITIES WITH BOOKS, SCHOOL SUPPLIES, AND TEACHER SUPPORT. IN JANUARY 2019, THE MISSION CONDUCTED TWO MUSIC EDUCATION SCHOOLS. A CONTINUING WEEKLY EDUCATION PROGRAM WAS ESTABLISHED IN LOMA DE CABRERA IN 2016.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 2	56,632.

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FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 7
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ACTIVITY THREE

PROGRAM: HEALTH/DENTAL - THE MISSION PROVIDES FREE DENTAL CARE TO CHILDREN AND ADULTS IN NEED. OUR CLINICS IN THE DR AND HAITI PROVIDED DENTAL TREATMENT FOR 1,200 PATIENTS IN 2019.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 3	43,767.

FORM 990-PF

PART XV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 8

NAME OF MANAGER

JOHN H. CORNWELL  
CAROL D. CORNWELL

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

**FOR THE YEAR ENDING**

DECEMBER 31, 2020

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**PREPARED FOR:**

CHEERFUL HEART MISSION INC.  
6 UPPER POND ROAD  
PARSIPPANY, NJ 07054

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**PREPARED BY:**

EISNER ADVISORY GROUP LLC  
111 WOOD AVENUE SOUTH  
ISELIN, NJ 08830-2700

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**AMOUNT OF TAX:**

BALANCE DUE OF \$0

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN TO:**

WE WILL ELECTRONICALLY FILE YOUR NEW JERSEY RETURN ON NJ DCA  
PORTAL. PLEASE SIGN THE NEW JERSEY CERTIFICATION AND SEND IT TO US  
IMMEDIATELY.

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**RETURN MUST BE MAILED ON OR BEFORE:**

N/A

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**SPECIAL INSTRUCTIONS:**



## **New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section

124 Halsey Street, 7th Floor, P.O. Box 45021  
Newark, NJ 07101 (973) 504-6215

### **Form CRI-200**

### **Short-Form Registration/Verification Statement**

Charitable organizations domiciled or doing business in the State of New Jersey, which receive gross contributions of \$25,000 or less per year, are required to submit an initial registration and to renew registration annually. In both circumstances this form may be used. In the event an organization receives gross contributions of less than \$10,000 per year and does not compensate anyone to solicit or perform fund-raising activities on its behalf, the organization is exempt from registration, but may still choose to register. The registration fee for charities with gross contributions between \$0 and \$25,000 is \$30, whether the fee is for an initial or renewal registration.

1. This statement is an Initial or Renewal Registration: **Renewal**
- 1b. This statement contains the facts and financial information for the fiscal year ending: **12/31/2020**
2. Federal ID Number: **471010774**                      2a. N.J. Charities Registration Number: **CH3826200**
3. Full legal name of the registering organization: **CHEERFUL HEART MISSION INC**  
In care of: **JOHN H. CORNWELL**
4. Mailing Address: **6 UPPER POND RD, PARSIPPANY, NJ 07054**
5. Physical Address: **6 UPPER POND RD**

**PARSIPPANY, NJ 07054**

**Same as Mailing Address: Yes**

6. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

Address: **6 UPPER POND RD, PARSIPPANY NJ 07054**

7. Organization's contact information:

Telephone: **(973)-632-9912**

Fax:

Email: **cornwelljh@cornwellcorp.com**

Website: **http://www.cheerfulheartmission.org**

IRS501C:

Tax Status: **Exempt**

IRS Ruling Year: **2014**

Date of Entity Formation: **5/30/2014**

NTEE Code: **S20 - Community, Neighborhood Development, Improvement (General)**

Charity type: **Human/Social Services**

State Entity: **NJ**

Type of Entity: **Foundation**

D.B.A.:

OLD D.B.A.:

Charity Formerly Known As:

Old Corporate Name:

8. a) Were all of the organization's functions, including fund-raising, conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions? **Yes**
- b) Is the organization a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey. Revised Statutes or Title 15A of the New Jersey Statutes, and solicitation of contributions is confined to the organization's membership and performed by members of the organization? **No**
- c) Does the organization solicit on behalf of a specified individual, and are all contributions, without any deductions what so ever, turned over to this beneficiary? **No**
- d) Is the organization a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws? **No**
- e) Is the organization a private foundation that raised less than \$25,000 in public contributions? **No**
9. Is the organization a chapter or local unit of a parent organization? **No**
- Parent Charity Name
- NJ Charity # of the Parent Organization
10. If not tax exempt, has the organization made application to the IRS? **No**
11. Has the organization's IRS tax-exempt status been revoked, changed or refused by the IRS during the fiscal year end being reported? **No**

12. Was the organization's legal name changed, or were any alternate names added or deleted during the fiscal year end being reported? **No**
13. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting? **No**

14. What is the charitable purpose or purposes for which the organization was formed: **A CHRISTIAN HUMANITARIAN ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF THE UNDERPRIVILEGED LIVING IN THE IMPOVERISHED BORDER REGION OF THE DOMINICAN REPUBLIC AND HAITI BY FUNDING AND MANAGING PROGRAMS FOCUSED ON HEALTH, EDUCATION, AND ECONOMIC DEVELOPMENT.**

- 14a. Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)? **Yes**

If "Yes," explain the purpose for which solicited funds are being raised: **DENTAL CLINIC (EXISTS), LATRINE PROJECT (EXISTS), SCHOOL SUPPORT (EXISTS), CLINIC SCHOOLS (EXISTS).**

- 14b. Does the organization solicit funds under any other name(s)? **No**

If "Yes," please attach to this registration a list of all other names used.

15. Does the organization have any offices in New Jersey in addition to the ones listed above?  
**No**

16. Has the organization used a commercial co-venture? **No**

- 16a. Please describe the purpose for which the funds are being raised.

- 16b. Please enter the names of all PFR's and Commercial co-ventures.

<b>PFR OR Conventure</b>	<b>Business Name</b>

17. Does the organization register or solicit in other states? **No**  
States:

<b>State</b>

- 17a. Has the organization ever been enjoined in any jurisdiction from soliciting contributions or has it been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets? **No**
- 17b. Has the organization's charity registration been denied, suspended or revoked by any jurisdiction or state?

No

- 17c. Has the organization voluntarily entered into an assurance of voluntary compliance agreement or any similar order or legal agreement with any jurisdiction, state or federal agency or officer? No

Enter the name, title, street address, telephone number and salary of each officer, director and trustee.

Name	Business Address	Telephone Number	Title	Salary
JOHN H. CORNWELL	6 UPPER POND ROAD	(973) 632-9912	CHAIRMAN, PRESIDENT	\$0.00
CAROL D. CORNWELL	6 UPPER POND ROAD	(973) 632-9912	VP. SECRETARY	\$0.00
J. STEPHEN CORNWELL	6 UPPER POND ROAD	(973) 632-9912	TREASURER	\$0.00
LEAH K. C. RAYMOND	6 UPPER POND ROAD	(973) 632-9912	TRUSTEE	\$0.00
PAMELA ALBERTO, D.M.D.	6 UPPER POND ROAD	(973) 632-9912	TRUSTEE	\$0.00
JANET P. TRACY, R.N., PH.D.	6 UPPER POND ROAD	(973) 632-9912	TRUSTEE	\$0.00
ARTHUR L. SHEPPELL, M.D.	6 UPPER POND ROAD	(973) 632-9912	TRUSTEE	\$0.00
GREG J. WROCLAWSKI, M.E.E.E.	6 UPPER POND ROAD	(973) 632-9912	TRUSTEE	\$0.00

18. Do you have any compensated employees? **No**

**Five most-highly compensated employees in the organization**

Name	Title	Street Address	Telephone	Salary
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19. Has any person listed in the response to question 16 been adjudged liable in any administrative or civil action, or been convicted in a criminal action involving theft, fraud or deceptive business practices?

**No**

**CRI-200 Short-Form Registration Verification Financial Statement**

**A. Revenue**

Line A1. Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:

A1a. Gross Direct Public Support ..... **\$0.00**

A1b. Gross Indirect Public Support (including donations from other charities)..**\$0.00**

A1c. Gross Fund Raising and Gaming Income ..... **\$0.00**

A1d. Gross Contributions ..... **\$0.00**

Line A2 Government Grants .....**\$0.00**

A3a. Program service revenue ..... **\$0.00**

A3b. Other Support .....**\$225,872.00**

Line A4. Total Gross Revenue ..... **\$225,872.00**

## **B. Expenses**

Line B1. Program Expenses..... **\$214,576.00**

Line B2.Management Expenses ..... **\$16,083.00**

Line B3. Fund-raising Expenses ..... **\$12,383.00**

Line B4. Affiliate Expenses ..... **\$0.00**

Line B5. Total Expenses (add lines B1, B2, B3 and B4) ..... **\$243,042.00**

## **C. Net Assets**

Line C1. Net Assets ..... **\$74,479.00**

Did you use a Professional Fund Raiser? **No**

Have Bylaws changed since last registration? **No**

Has IRS filing status changed since last reg? **No**

Has Charity Have Articles of inc. changed since last reg? **No**

Has Charity changed their name since last reg? **No**