EISNER AMPER

EISNERAMPER LLP
111 WOOD AVENUE SOUTH, SUITE 600
ISELIN, NJ 08830-2700
T 732-243-7000
F 732-951-7400
www.eisneramper.com

NOVEMBER 7, 2019

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

DEAR MR. CORNWELL,

ENCLOSED ARE THE FOLLOWING INCOME TAX RETURNS PREPARED ON BEHALF OF CHEERFUL HEART MISSION INC. FOR THE YEAR ENDED DECEMBER 31, 2018.

2018 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2018 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION FORM
2018 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2018 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2018 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
2018 SCHEDULE F - STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES
2018 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ

THE ORIGINAL OF EACH OF THE ABOVE MENTIONED RETURNS SHOULD BE DATED AND SIGNED IN ACCORDANCE WITH THE FOLLOWING INSTRUCTIONS INCLUDED WITH THE COPY OF THE RETURN. THIS COPY IS FOR YOUR USE AND SHOULD BE RETAINED FOR YOUR FILES.

THESE RETURN(S) WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURN(S) BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURN(S), PLEASE CONTACT US BEFORE FILING THEM.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY,

MICHAEL AVERSA EISNERAMPER LLP

Pulal alversa

ENCLOSURES



EISNER AMPER

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111 WOOD AVENUE SOUTH, SUITE 600
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CHEERFUL HEART MISSION INC. INSTRUCTIONS FOR FILING FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2018

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

EISNERAMPER LLP 111 WOOD AVE SO STE 600 ISELIN NJ 08830-2700

OR FAX TO: 732-951-7500 ATTN: TAX RETURN PROCESSING DEPARTMENT

OR EMAIL TO: NJEFILE@EISNERAMPER.COM

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2019. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

Olvid	INO.	1343-101	

	I For colondar year 2019, or fiscal year beginning		, 20	
	For calendar year 2018, or fiscal year beginning			
Department of the Treasury	Do not send to the IRS			2018
Name of exempt organization	► Go to www.irs.gov/Form8879E	O for the latest information.	Employer iden	tification number
. •				
Name and title of officer	ART MISSION INC.		47-101	.0 / / 4
	MELI DDECIDENT			
	IWELL,	re Only)		
	,	• • • • • • • • • • • • • • • • • • • •		
check the box on line leave line 1b, 2b, 3b,	e return for which you are using this Form 8879-E 1a, 2a, 3a, 4a, or 5a, below, and the amount on 4b, or 5b, whichever is applicable, blank (do not low. Do not complete more than one line in Part I.	that line for the return being enter -0-). But, if you enter	ng filed with this f	orm was blank, ther
1a Form 990 check 2a Form 990-EZ che	eck here b Total revenue, if any (Form	m 990-EZ, line 9)	2b _	
3a Form 1120-POL		-POL, line 22)		
4a Form 990-PF ch		· · · · · · · · · · · · · · · · · · ·		
5a Form 8868 chec	k here b Balance Due (Form 8868, line	e 3C)	эв _	
Part II Declara	tion and Signature Authorization of Officer			
are true, correct, and	electronic return and accompanying schedules and complete. I further declare that the amount in Pa nic return. I consent to allow my intermediate serv	irt I above is the amount she	own on the copy of or electronic return	the originator (ERO)
to send the organizate the transmission, (b) authorize the U.S. Trefinancial institution acreturn, and the finance Agent at 1-888-353-2 involved in the processolve issues related electronic return and the company of the organization of the organi	ion's return to the IRS and to receive from the IRS the reason for any delay in processing the return of the reason for any delay in processing the return of the easury and its designated Financial Agent to initial account indicated in the tax preparation software for its institution to debit the entry to this account. To 1537 no later than 2 business days prior to the paysing of the electronic payment of taxes to receive to the payment. I have selected a personal identification in applicable, the organization's consent to electrone box only EISNERAMPER LLP ERO firm name zation's tax year 2018 electronically filed return. It is a state agency (ies) regulating charities as part my PIN on the return's disclosure consent screen. of the organization, I will enter my PIN as my signated within this return that a copy of the return is State program, I will enter my PIN on the return's	(a) an acknowledgement of or refund, and (c) the date of the an electronic funds without payment of the organization revoke a payment, I must yment (settlement) date. I are confidential information netification number (PIN) as monic funds withdrawal. to enter my PIN I have indicated within this of the IRS Fed/State programature on the organization's being filed with a state age	f any refund. If app drawal (direct debit on's federal taxes contact the U.S. To also authorize the ecessary to answer by signature for the 8 5 2 2 2 Enter five numbers, by do not enter all zeros as return that a cop ram, I also authorize	blicable, I t) entry to the owed on this reasury Financial financial institutions or inquiries and organization's as my signature ut y of the return is the the aforementioned
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to send the organizate the transmission, (b) authorize the U.S. Tr financial institution acreturn, and the finance Agent at 1-888-353-2 involved in the processolve issues related electronic return and officer's PIN: check I authorize on the organ being filed with ERO to enter the IRS Fed/ Officer's signature Part III Certificate ERO's EFIN/PIN. Entinumber (EFIN) followindicated above. I co	the reason for any delay in processing the return of easury and its designated Financial Agent to initial account indicated in the tax preparation software for ital institution to debit the entry to this account. To 1537 no later than 2 business days prior to the paysing of the electronic payment of taxes to receive to the payment. I have selected a personal identification's consent to electronic payment to electronic payment to electronic payment to electronic payment. The ERO firm name EXAMPER LLP ERO firm name Zation's tax year 2018 electronically filed return. If the a state agency (ies) regulating charities as part only PIN on the return's disclosure consent screen. Of the organization, I will enter my PIN as my signated within this return that a copy of the return is State program, I will enter my PIN on the return's extend within this return that a copy of the return's extend and Authentication The reference of the organization is accordanced by your five-digit self-selected PIN. The numeric entry is my PIN, which is my signature of the organization and but the properties of the payment in accordance of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN, which is my signature of the numeric entry is my PIN of the numer	(a) an acknowledgement of prefund, and (c) the date of the an electronic funds without payment of the organization revoke a payment, I must yment (settlement) date. It are confidential information notification number (PIN) as monic funds withdrawal. To enter my PIN If I have indicated within this of the IRS Fed/State programature on the organization's being filed with a state age disclosure consent screen. Date In the 2018 electronically fee with the requirements of I	f any refund. If app drawal (direct debit on's federal taxes contact the U.S. To also authorize the ecessary to answer by signature for the 8 5 2 2 2 Enter five numbers, by do not enter all zeros is return that a cop ram, I also authorize tax year 2018 electory (ies) regulating	policable, I a) entry to the owed on this reasury Financial financial institutions in inquiries and organization's as my signature as the aforementioned ectronically filed return is entry and all zeros organization nized e-File (MeF)

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 F	or the	e 2018	calendar year, or tax year beginning	, 2018	3, and ending			, 20
В.			C Name of organization			D Employer ide	ntification	number
	Check if a		CHEERFUL HEART MISSION	N INC.		47-101	0774	
	Addre chang		Doing business as					
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone nu	mber	
	Initial	return	6 UPPER POND ROAD			(973) 63	2-991	2
	Final termi	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code			•	_
	Amer	nded	PARSIPPANY, NJ 07054			G Gross receipt	s \$	214,248.
		cation	F Name and address of principal officer:	JOHN H. CORNWELL		H(a) Is this a gro	up return for	Yes X No
	·	ŭ	794 WEST SHORE DRIVE,	KINNELON, NJ 07405		H(b) Are all subore		Yes No
ī	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," a	tach a list. (s	see instructions)
J	Websi	ite: 🕨	CHEERFULHEARTMISSION.OR			H(c) Group exem	ption numbe	er 🕨
K	Form	of organ	nization: X Corporation Trust	Association Other >	L Year of	formation: 2014 M	State of le	egal domicile: NJ
P	art I	Su	ımmary	<u> </u>	'			
	1	Briefly	y describe the organization's mission o	r most significant activities: SEE S	SCHEDULE ()		
ě		,	Ü					
and								
ern	2	Check	this box if the organization d	iscontinued its operations or dispos	sed of more tha	n 25% of its net asset	 S.	
Governance	3		per of voting members of the governing				3	8.
	4		per of independent voting members of t				4	8.
ijes	5		number of individuals employed in cale				5	0.
Activities &	6		number of volunteers (estimate if necess				6	60.
Aci	7a		unrelated business revenue from Part V				7a	0.
	1		nrelated business taxable income from				7b	
_	_	110t ui	Treated business taxable moone from	1 6111 330 1, 1110 00 1, 1, 1, 1		Prior Year	110	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)		•	329,35	6.	214,248.
ηne	9		am service revenue (Part VIII, line 2g)		F F	327,00	0.	0.
Revenue	10		tment income (Part VIII, column (A), line				0.	0.
Re	11		revenue (Part VIII, column (A), lines 5,				0.	0.
	12				Г	329,35		214,248.
_	13		revenue - add lines 8 through 11 (must s and similar amounts paid (Part IX, colu			341,88		129,612.
	14		its paid to or for members (Part IX, colu		r	311,00	0.	0.
	4.5				T I	57,20		78,670.
Expenses	15		es, other compensation, employee bene			37,20	0.	0.
oen	IDA		ssional fundraising fees (Part IX, column				-	<u> </u>
Ä	47		fundraising expenses (Part IX, column (I			45,94	10	47,236.
			expenses (Part IX, column (A), lines 11		r	445,03		255,518.
	18		expenses. Add lines 13-17 (must equal			-115,68		-41,270.
_ s	19	Reven	nue less expenses. Subtract line 18 from	1 line 12		Beginning of Current		
ts o		-	(D) (V II) (O)		-	86 , 48		39,659.
Sse	20		assets (Part X, line 16)		T T	19,29		13,742.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)		r	67,18		25,917.
			ssets or fund balances. Subtract line 21	from line 20	<u> </u>	07,10	, , .	25,917.
	rt II		gnature Block		dulas and atatam		f l	dedee and halist it is
true	e, corre	ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	n officer) is based on all information of w	hich preparer has	any knowledge.	I IIIy KIIOW	neuge and belief, it is
Sig	ın		Signature of officer			Date		
He		'	9	DDECTI	יחיזאיזרי	Date		
			JOHN H. CORNWELL Type or print name and title	PRESII	ARIN I			
		<u> </u>	Type or print name and title Type preparer's name	Preparer's signature	Date		DTINI	
Paid	t		• • •	i reparers signature	Date	Check	if PTIN	01240272
	parer		HAEL AVERSA			self-employ		01249373
	Only		s name ►EISNERAMPER LLP	mn (00 tont to	20 0000	Firm's EIN		
			saddress ▶111 WOOD AVE SO S			1 110110 110.		3-7000
			iscuss this return with the preparer		3)		<u> [</u>]	X Yes No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.				Form 990 (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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.

	Tomit, visit www.ns.gov/c mc providers/c mc							
	6-Month Extension of Time. Only subm		· · · /					
-	ions required to file an income tax return other			0-C filers), partnerships	, RE	MICs, a	and trusts	
nust use F	orm 7004 to request an extension of time to	file income	tax returns.					
	<u></u>			Enter filer's identifyir	ng nu	mber, se	e instructions	
Type or	Name of exempt organization or other filer, see in	nstructions.		Employer identification no	number (EIN) or			
Type or								
orint	CHEERFUL HEART MISSION INC.			47-101077	774			
File by the lue date for	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number							
iling your	6 UPPER POND ROAD							
eturn. See	City, town or post office, state, and ZIP code. Fo	r a foreign ad	Idress, see instructions.	•				
nstructions.	PARSIPPANY, NJ 07054							
	aturn Cada for the vature that this application	in for /file	a concrete application f	or oook roturn)			0 1	
inter the K	eturn Code for the return that this application	i is ioi (ille	a separate application i	or each return)	• •		. —	
Application		Return	Application				Return	
s For		Code	Is For				Code	
	or Form 990-EZ	01	Form 990-T (corporate	tion)			07	
		02	 	11011)			08	
Form 990-E		+	Form 1041-A	an individual)			 	
	(individual)	03	Form 4720 (other tha	in individual)			09	
Form 990-PF			Form 5227				10	
	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
-orm 990-1	(trust other than above)	06	Form 8870				12	
	JOHN H. CORNWEL							
• The bool	s are in the care of ► 794 WEST SHORE	DRIVE K.	INNELON NJ 07405					
Telephor	ne No. ► 973 632-9912 ganization does not have an office or place of		Fax No. ▶					
If this is	for a Group Return, enter the organization's fo	our digit Gro	oup Exemption Number	(GEN)		$_$. If th	nis is	
or the who	le group, check this box ▶ 🔃 . I	If it is for pa	art of the group, check	this box $ ightharpoonup$ [and att	ach	
	ne names and EINs of all members the extens							
1 I requ	est an automatic 6-month extension of time u	ntil	11/15, 20	19 , to file the exemp	t org	janizati	on return	
for the	e organization named above. The extension is	s for the org	ganization's return for:					
► X	calendar year 20 <u>18</u> or							
▶	tax year beginning	, 20	, and ending	,	20			
	. , , , , , , , , , , , , , , , , , , ,				_			
2 If the	tax year entered in line 1 is for less than 12 n	nonths, ched	ck reason: Initial r	eturn Final retur	n			
	Change in accounting period							
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720	0. or 6069, enter the	tentative tax, less any				
	fundable credits. See instructions.	.,	,,		За	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	ated tax payments made. Include any prior yea				3b	\$	0.	
	ce due. Subtract line 3b from line 3a. Include					—		
	ronic Federal Tax Payment System). See instru				3с	•	0.	
-	ou are going to make an electronic funds withdrawa		uit) with this Form 8868 se	ee Form 8453-FO and Form		_		
nstructions.	a are gening to make an electronic funds withdrawe	ar (direct deb	,	oo i siiii o-oo-eo ana i on	., 50	5 20 10	or payment	
	Act and Paperwork Reduction Act Notice, see inst	ructions			Forr	n 8868	(Rev. 1-2019)	
	upo:				. 011		(

Form 990 (2018) Page 2

P	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission:	
	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.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$106,114. including grants of \$56,880) (Revenue \$) PROGRAM: EDUCATION	
	THE MISSION SUPPORTS EDUCATIONAL ACTIVITIES WITH BOOKS, SCHOOL	
	SUPPLIES, AND TEACHER SUPPORT. IN JANUARY 2018, THE MISSION	
	CONDUCTED TWO MUSIC EDUCATION SCHOOLS. THESE SCHOOLS PROVIDED	
	BASIC MUSIC EDUCATION TO 100 CHILDREN IN LOMA DE CABRERA, THE	
	DOMINICAN REPUBLIC AND 100 IN TILORI, HAITI. IN ADDITION,	
	APPROXIMATELY 200 CHILDREN WERE PROVIDED GENERAL EDUCATION SUPPORT	
	IN THE LOCAL SCHOOLS. A CONTINUING, WEEKLY EDUCATION PROGRAM WAS	
	ESTABLISHED IN LOMA DE CABRERA IN 2016.	
4b	Code:)(Expenses \$ 79,516. including grants of \$ 36,441.)(Revenue \$) PROGRAM: HEALTH / SANITATION / LATRINES THE MISSION'S GOAL IS TO BUILD A LATRINE FOR EVERY HOME IN THE IMPOVERISHED VILLAGE OF LAMIELLE, HAITI. BECAUSE THERE IS NO SANITATION IN THE VILLAGE, DISEASE IS A SIGNIFICANT PUBLIC HEALTH PROBLEM. BY THE FIRST QUARTER OF 2021, THE MISSION WILL CONSTRUCT A TOTAL OF 850 LATRINES.	
10	(Code:) (Expenses for any including greats of for access) (Poyonus for any including greats of for access) (Poyonus for any including greats of for access) (Poyonus for acc	
4C	(Code:) (Expenses \$55,777. including grants of \$36,291.) (Revenue \$) 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 2018.	
_		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ▶ 241,407.	

Form 990 (2018)

Part IV Page 3

art	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├		
		7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.			23
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			\ \ _{\\\}
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			_
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Σ
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
I	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
[Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	olid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Σ
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Σ
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a		X
	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Σ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	21	
		4.5		Σ
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		37	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
а	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>L_</u>	Х
_		Form	990	(201
1.000				

Form 990 (2018) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.5
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
33	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		7	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		٠,	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
	Enter the growth an appointed in Day 2 of Form 4000. Enter 2 % out and Park 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		
.ISA	repertable gaining (gaintaing) withings to prize williers: [] [] [] [] [] [] [] [] [] [990	(2018)

Page 5 Form 990 (2018)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Х
	and services provided to the payor?	7a		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			3.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O · · · · · ·	14b		
15	Is the organization 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?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

CHEERFUL HEART MISSION INC. 47-1010774 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 13 X 14 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\triangleright \frac{\text{NJ}}{}$. 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records
John H. Cornwell 794 West shore drive kinnelon, NJ 07405

973-632-9912 20

Form **990** (2018)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than one is both an tor/trustee) Former Highest compensated		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
TOWN II. GODNEID I	20.00					۵				
(1)JOHN H. CORNWELL CHAIRMAN, PRESIDENT, TRUSTEE	20.00	X		Х				0.	0.	0.
(2)CAROL D. CORNWELL	14.00	Λ		Λ				0.	0.	0.
VP, SECRETARY, TRUSTEE	0.	X		Х				0.	0.	0.
(3)J. STEPHEN CORNWELL	1.00	21		21				0.	0.	
TREASURER, TRUSTEE	0.	X		Х				0.	0.	0.
(4)LEAH K. C. RAYMOND	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(5)PAMELA L. ALBERTO, D.M.D.	4.00									
TRUSTEE	0.	Х						0.		0.
(6)JANET P. TRACY, R.N., PH.D.	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)ARTHUR L. SHEPPELL, M.D.	4.00									
TRUSTEE	0.	X						0.	0.	0.
(8)GREG J. WROCLAWSKI, M.E.E.E.	5.00									_
TRUSTEE	0.	X						0.	0.	0.
(9)										
(40)										
(10)										
(11)										
()										
(12)										
<u>(13)</u>										
(14)										

Form **990** (2018)

JSA.

Form 990 (2018)

	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es, a	and H	lig	hest Compensat	ed Emplo	yees (c	ontinue	d)	Ť
	(A)	(B)				C)			(D)	(E)			(F)	_
	Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	than or is both or/truste	an	Reportable compensation from the	Reportable compensation from related organizations		amo	imated ount of other ensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	m the nization related nizations	
														_
														_
														_
														_
														_
 	Sub-total							_	. 0.		0.		0	_
С	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A					· · ·	>	0.		0.		0	
2	Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	re	eceived more than	\$100,000	of			_
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes No	
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	le 0	com 00?	pen <i>If</i>	sation <i>"Ye</i> s,	n a ;,"	and other compens complete Schedu	sation from	the	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	from	any	un	nrelated organization			5	Х	
	ction B. Independent Contractors		l -	'					ala and a second	46	2.000			_
1	Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompens	ation	•

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	214,248.				
	h	Total. Add lines 1a-1f		214,248.			
nue			Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f		0.			
	3	Investment income (including divider					
		and other similar amounts).	▶	0.			
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties	(ii) Personal	0.			
	6a b c d 7a	Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other	0.			
	С	and sales expenses Gain or (loss)					
	d	Net gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
0	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a	0.				
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.	· · · · · · · • · · · · • · · · · · · ·	0.			
		Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
	Ť	Miscellaneous Revenue	Business Code	5.			
	11a						
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		214,248.			

47-1010774

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	129,612.	129,612.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	72,000.	67,458.	4,542.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	6,670.	6,234.	436.	
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	0.			
c	Accounting	2,260.		2,260.	
c	Lobbying	0.			
e	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
Q	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,620.	1,521.	99.	
12	Advertising and promotion	2,052.			2,052.
13	Office expenses	4,986.	2,595.	1,956.	435.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	30,819.	30,784.	35.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
21	Payments to affiliates	0.		2.5	
	Depreciation, depletion, and amortization	365.	2 222	365.	
23	Insurance	5,131.	3,203.	1,928.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	2		2	
а	FOOD - VOLUNTEERS & STAFF	3.		3.	
b	·				
C					
C					
	All other expenses	055 510	041 407	11 604	0 400
	Total functional expenses. Add lines 1 through 24e	255,518.	241,407.	11,624.	2,487.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response of	r note	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			85,815.	1	39,356.
	2	Savings and temporary cash investments			0.		0.
	3	Savings and temporary cash investments Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and	forme	r officers directors		-	
		trustees, key employees, and highest co					
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (as	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	intary i Idule I	employees beneficiary	0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
⋖	9	Prepaid expenses and deferred charges			0.	<u> </u>	0.
	-	Land, buildings, and equipment: cost or	[
		other basis. Complete Part VI of Schedule D	10a	1,919.			
	b	Less: accumulated depreciation			669.	10c	303.
	11	Investments - publicly traded securities			0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.		
	13	Investments - program-related. See Part IV, line 11	0.		0.		
	14	Intangible assets	0.	14	0.		
	15	Other assets. See Part IV, line 11	0.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equal			86,484.	16	39,659.
	17	Accounts payable and accrued expenses			19,297.	17	13,742.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	ormer	officers, directors,			
Liabilities		trustees, key employees, highest compen					
iab		disqualified persons. Complete Part II of Schedule	L		0.		0.
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	0.		0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		' '			
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			19,297.	26	13,742.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	k here 🕨 💹 and			
auc	27	Unrestricted net assets				27	
Bal	28	l emporarily restricted net assets				28	
pq	29	Permanently restricted net assets		<u></u>		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here X and			
	30	Capital stock or trust principal, or current funds			0.	30	0.
Assets	31	Paid-in or capital surplus, or land, building, or equ			0.	31	0.
	32	Retained earnings, endowment, accumulated inco			67,187.	32	25,917.
Net	33	Total net assets or fund balances			67,187.	33	25,917.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	86,484.	34	39,659.
							Form 990 (2018)

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			14,2 55,5		
2	Total expenses (must equal Part IX, column (A), line 25)						
3							
4							
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))					17.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		🗀	2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ountai	nt?	2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

CHE	HEERFUL HEART MISSION INC. 47-1010774								
Pai	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
Γhe	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	9-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated f section 170(b)(1)(A)(iv). (C		a college or universit	y owne	d or ope	rated by a governme	ental unit described in	
6		A federal, state, or local go		rnmantal unit describe	d in sact	ion 170/	h\/1\/ \\/\\/\\		
7	X	An organization that norma	•			•		om the general nublic	
•		described in section 170(b)	•	•	ipport in	om a go	verninental unit of in	om the general public	
8		A community trust describe		·	Part II)				
9		An agricultural research org	-				I in conjunction with a	land-grant college	
-		or university or a non-land-	=			-	-		
		university:		,	,		, ,,	J	
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f ent income and u n after June 30, 19	unctions - subject to on the subject to on the subject to one subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 %of its	
1 2		An organization organized an organization organization	•	•	•			corry out the number	
12		of one or more publicly su	•	•					
		Check the box in lines 12a t	-						
•		Type I. A supporting orga	•	* *	• •		·		
а		the supported organization	•	•					
		supporting organization.				ajointy of	the directors of truste	es of the	
b		Type II. A supporting org	-			with its	supported organizati	on(s) by having	
-		control or management of	•				• • •		
		organization(s). You must		=		, p			
С		Type III functionally integ	•		ited in c	onnectio	n with, and functional	lly integrated with,	
		its supported organization							
d		Type III non-functionally		•				ted organization(s)	
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness	
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.		
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	II, Type III	
		functionally integrated, or			porting o	organizat	ion.		
f		ter the number of supported							
g		ovide the following information			1			T	
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))	,	ment?	instructions)	instructions)	
					Yes	No			
A)									
В)									
·C\									
C)									
D)									
E)									
Γota	ıl								

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 2

	() () () () () () () () () ()
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					·	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	209,060.	243,808.	239,209.	178,436.	214,248.	1,084,761.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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	209,060.	243,808.	239,209.	178,436.	214,248.	1,084,761.
	shown on line 11, column (f)						960,337.
6	Public support. Subtract line 5 from line 4						124,424.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	209,060.	243,808.	239,209.	178,436.	214,248.	1,084,761.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,084,761.
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	· · · · · · · · · · · · · · · · · · ·		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) X
	tion C. Computation of Public Sup			4.4 1 (0)		4.4	
14	Public support percentage for 2018 (lin		,			14	<u>%</u>
15	Public support percentage from 2017					15	<u>%</u>
16a	331/3% support test - 2018. If the org						
h	box and stop here . The organization qu 33 1/3 % support test - 2017 . If the org	•		•			
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	-		-			
	10% or more, and if the organization	_					
b	Part VI how the organization meets to organization. 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization supported organization.	ne "facts-and-content of the content	ircumstances" te ganization did no the "facts-and facts-and-circum	est. The organized check a box circumstances stances test.	zation qualifies on line 13, 16 test, check the the organization	as a publicly su a, 16b, or 17a, nis box and sto n qualifies as a	upported▶ and line pp here. publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	▶□

Schedule A (Form 990 or 990-EZ) 2018 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,		, , , , , , , ,	1	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees				-		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u> </u>			<u> </u>	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	vear as a section	n 501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,					. 15	%
16	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2018 (lin		•				%
18	Investment income percentage from 2017	3chedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org	janization did n	ot check the box	on line 14, and	d line 15 is mo	re than 331/3%,	and line
	17 is not more than 331/3%, check this	s box and sto	p here. The org	anization qualifie	s as a publicly	supported organ	nization . 🕨 🔃
b	331/3% support tests - 2017. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16	is more than 331	/3 %, and
	line 18 is not more than $331/3\%$, check	this box and \boldsymbol{s}	top here. The or	ganization qualifi	es as a publicly	supported organ	nization 🕨 🔼
20	Private foundation If the organization	did not check	a hoy on line	14 10a or 10k	chack this h	ov and see inst	ructions -

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Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79. If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng by			
	1		
us ed			
	2		
er	3a		
nd he			
	3b		
B)	3c		
If	4a		
gn on			
	4b		
on ed B)			
	4c		
s," IN			
n; on	-		
dy	5a		
,	5b		
	5c		
to ed or			
	6		
or ty			
	7		
7?	8		
re ed			
	9a		
ch	9b		
fit	9c		
on ed			
to	10a		
	10b		
_	_	_	_

Schedule A (Form 990 or 990-EZ) 2018

	10 A (1 0111 000 01 000 EZ) 2010			age e
Part	Supporting Organizations (continued)		· ·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
L	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled antity of a person described in (a) or (b) above? If "Yes" to a, b, or a provide detail in Part VI	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	116		
30011	on B. Typo I dapporting diganizations		Yes	No
	Did the directors to store a manufacture of one or many annual annual annual and the second of			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	'		
JC011	on b. All Type in dapporting diganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	_		
2004		3		
	on E. Type III Functionally Integrated Supporting Organizations	.44	'amal	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance). The organization satisfied the Activities Test. Complete line 2 below.	suucu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See		
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.		
Section A - Adjusted Net Income	Section A - Adjusted Not Income				
		(A) Prior Year	(optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year		
		(A) FIIOI Teal	(optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see		
instructions).	, - 5	21 11 1			

Schedule A (Form 990 or 990-EZ) 2018

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	11		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			
-				

Schedule A (Form 990 or 990-EZ) 2018

Part V

Schedule A (Form 990 or 990-EZ) 2018 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

CHEERFUL HEART MISSION INC. 47-1010774 Organization type (check one): Filers of: Section: X 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** $\lfloor exttt{X}
floor$ 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 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization CHEERFUL HEART MISSION INC.

Employer identification number 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	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization CHEERFUL HEART MISSION INC.

Employer identification number 47-1010774

art II	Noncash Property	(see instructions). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	-------------------------	-------------------	--------------------	------------------------	---------------------------

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization CHEERFUL HEART MISSION INC. **Employer identification number** 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number CHEERFUL HEART MISSION INC. 47-1010774 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Assets included in Form 990, Part X......

Schedule D (Form 990) 2018

▶ \$

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets (continued)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, checl	c any of	the follow	ving that are a sig	nificant use	of its
	collection items (check all that app	ly):			_					
а	Public exhibition			d	Loan		ge progra			
b	Scholarly research			е	Other					
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey furth	er the or	ganization's exemp	t purpose in	Part
	XIII.									
5	During the year, did the organization	on solicit o	or receive o	donations o	f art, histo	orical trea	asures, or	other similar		_
	assets to be sold to raise funds rath			ained as pa	rt of the	organizati	on's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	_		es" on For	m 990, F	Part IV, li	ne 9, or r	eported an amou	nt on Form	
1a	Is the organization an agent, truste									_
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XII	II and comp	plete the fo	llowing tab	ole:				
								Amoun	t	
С	Beginning balance						С			
d	Additions during the year						d			
е	Distributions during the year						е			
f	Ending balance						f			
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement in the arrangemen	n Part XII	ii. Check n	ere ii the e	xpianation	nas beer	provided	on Part Alli		
Га	rt V Endowment Funds. Complete if the organiza	ation ans	wered "Ye	es" on For	m 990 F	Part IV/ li	ne 10			
	Complete ii the organiza		rrent year	(b) Pric			ears back	(d) Three years back	(e) Four years	hack
4.	Danis dan afaran balana		-		, you	(-, ,		(a) Three years back	(c) i oui youro	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
لہ	and losses									
d	Grants or scholarships Other expenditures for facilities									
е	-									
	and programs									
f	Administrative expenses End of year balance									
g 2	Provide the estimated percentage	of the cu	rront voor	and halanc	o (lino 1a	column (a)) hold ac			
a	Board designated or quasi-endown				e (iiile 19,	coluititi (a	a)) Helu as	•		
b	Permanent endowment	%		_						
С	Temporarily restricted endowment	<u> </u>	%							
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.						
3a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are held	and admir	nistered for the		
	organization by:								Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	•		•					3b	
4	Describe in Part XIII the intended u			tion's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	u pment. ation ans	swered "Y	es" on Fo	rm 990 l	Part IV	ine 11a :	See Form 990 Pa	art X. line 10).
	Description of property		(a) Cost or	other basis	(b) Cost	or other basis	s (c) Ac	cumulated (e	d) Book value	
	Land		(inves	tment)	(0	ther)	depr	eciation		
1a	Land									
b	Buildings						+			
C	Leasehold improvements					1,919	+	1,616.		303.
d	Equipment					1,919	•	Ι, ΟΙΟ.		503.
	Other		t equal For	n QQO Part	X colum	n (R) line	100.)			303.
1010	ii naa iiro ra uirougii re. (oolullii	i (u) IIIusi	ı oyuanı On	ıı əəu, rail	A, COIUIIII	י נטן, ווווכ	100.)			

Schedule D (Form 990) 2018 Page 3

	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	
(4) =:			Cost of end-of-year market va	ilue
	al derivatives			
	-riela equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Pa	rt X, line 15.
	(a) Des	scription		(b) Book value
				` '
(1)				. ,
(1) (2)				.,
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Liabilities. Complete if the organization answered			90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability		, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col.) Part X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Collaborate X 1. (1) Fede (2) (3)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Collett X) 1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,

Schedule D (Form 990) 2018 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	20	
е	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	investment expenses not included on Form 550, Fart VIII, line 751.1.1.1.1.	1	
b	Other (Describe in Part XIII.)	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

JSA 8E1271 1.000

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CHEERFUL HEART MISSION IN	<u>. </u>			47-10107	74
General Information o Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	answered "Yes" on
1 For grantmakers. Does the orga	nization mainta	ain records to s	substantiate the amount of	fits grants and other	
assistance, the grantees' eligibili				_	
grants or assistance?	,		,		X Yes No
grame or accionance.					
2 For grantmakers. Describe in	Part V the ora	anization's pr	acaduras for manitaring t	the use of its grants an	d other assistance
_	alt ville org	anization's pro	ocedures for informationing to	the use of its grants an	u otilei assistance
outside the United States.					
3 Activities per Region. (The follow					T
(a) Region	(b) Number of offices in	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
	the region	agents, and	fundraising, program services,	describe specific type of	and investments
	_	independent	investments, grants to recipients	service(s) in the region	in the region
		contractors in the region	located in the region)		
		tire region			
(1) CENTRAL AMERICA/CARIBBEAN	0.	12.	PROGRAM SERVICES	HEALTH AND EDUCATION	129,612.
(I) CENTRAL AMERICA/CARIBBEAN	0.	12.	PROGRAM SERVICES	HEALIH AND EDUCATION	129,012.
(0)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(')					
(9)					
(8)					
(0)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
1/					
(17)					
		1.0			100 (10
3a Subtotal		12.			129,612.
b Total from continuation					
sheets to Part I					
c Totals (add lines 3a and 3b)		12.			129,612.

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

CHEERFUL HEART MISSION INC. 47-1010774

Part II	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipient organie he IRS, or for which the grantee er total number of other organiz	or counsel has provi	ided a section 501(c)(3) e	quivalency lette	er		.		

CHEERFUL HEART MISSION INC. 47-1010774

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) HEALTH - DENTAL CLINIC	CENT. AMERICA/CARIBBEAN	1200.			36,291.	DENTAL CARE	воок
(2) HEALTH - SANITATION AND LATRINE PROJECT	CENT. AMERICA/CARIBBEAN	850.			36,441.	LATRINE CONS	воок
(3) EDUCATION - SCHOOL SUPPORT	CENT. AMERICA/CARIBBEAN	400.			56,880.	INSTR., BOOK	воок
_(4)							
(5)							
(6)							
_(7)							
_(8)							
_(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

rarı	roreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART III, LINE 1, 2 AND 3

DENTAL CLINIC - THE EXPENSES WERE RELATED TO THE MARCH 2018 DENTAL CLINIC WHERE 1,200 PEOPLE WERE TREATED.

LATRINE PROJECT - LATRINE PROJECT - THE EXPENSES ARE RELATED TO THE CONSTRUCTION OF 850 LATRINES THAT ARE PLANNED BY TO BE COMPLETED BY 2021.

SCHOOLS - THE EXPENSES WERE RELATED TO THE OPERATION AND SUPPORT OF LOCAL SCHOOLS INVOLVING 400 CHILDREN.

SCHEDULE F, PART I, LINE 2

THE ORGANIZATION'S BOARD MEMBERS AND OFFICERS TRAVEL TO HAITI AND THE DOMINICAN REPUBLIC SEVERAL TIMES EACH YEAR TO PERSONALLY MONITOR THE USE OF ASSISTANCE PROVIDED BY THE ORGANIZATION. ALSO, THE ORGANIZATION HAS A MANAGER LIVING IN THE AREA WHO SUPERVISES ALL PROJECTS, INCLUDING THE CONSTRUCTION OF THE LATRINES IN HAITI.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

47-1010774

Department of the Treasury Internal Revenue Service

CHEERFUL HEART MISSION INC.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number**

FORM 990, SECTION C, PART VI, LINE 19 THE MISSION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST.

FORM 990, PART I, LINE 1

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 OPPORTUNITY.

FORM 990, SECTION B, PART VI, LINE 11B FORM 990 IS DISTRIBUTED TO BOARD MEMBERS BEFORE THE RETURN'S DUE DATE AND IS SUBJECT TO DISCUSSION BY AND COMMENTS FROM THE MEMBERS.

FORM 990, PART III, LINE 4(D)

PROGRAM: PERMANENT FACILITIES

THE MISSION IS EXPLORING THE BENEFITS AND ECONOMICS OF ESTABLISHING PERMANENT HEALTH CLINICS AND SCHOOLS.

FORM 990, SECTION A, PART VI, LINE 2

JOHN H. CORNWELL AND CAROL D CORNWELL ARE SPOUSES. J. STEPHEN CORNWELL

AND LEAH K. C. RAYMOND ARE CHILDREN OF JOHN H. CORNWELL AND CAROL D.

CORNWELL. PAMELA L. ALBERTO AND GREG J. WROCLAWSKI ARE SPOUSES.

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization

CHEERFUL HEART MISSION INC.

Employer identification number

47-1010774

ATTACHMENT 1

FORM 990, PART X - OTHER FUNDS

ENDING

DESCRIPTION BOOK VALUE

OTHER FUNDS 25,917.

TOTALS 25,917.