

Return of Organization Exempt From Income Tax

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

2021

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.

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20																			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> C CANCER HOPE NETWORK INC 2 NORTH ROAD A CHESTER, NJ 07930-2308 </td> <td style="width:30%; vertical-align: top;"> D Employer identification number 22-2647316 E Telephone number (908) 879-4039 </td> </tr> <tr> <td colspan="2"> G Gross receipts \$ 579,219. </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: SAME AS C ABOVE </td> </tr> <tr> <td colspan="2"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="2"> J Website: ▶ WWW.CANCERHOPENETWORK.ORG </td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> </tr> <tr> <td colspan="2"> L Year of formation: 1985 M State of legal domicile: NJ </td> </tr> <tr> <td colspan="2"> H(c) Group exemption number ▶ </td> </tr> </table>	C CANCER HOPE NETWORK INC 2 NORTH ROAD A CHESTER, NJ 07930-2308	D Employer identification number 22-2647316 E Telephone number (908) 879-4039	G Gross receipts \$ 579,219.		F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CANCERHOPENETWORK.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: NJ		H(c) Group exemption number ▶	
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE ONE-ON-ONE SUPPORT TO ALL PEOPLE IMPACTED BY CANCER.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	500
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	231,166.	298,022.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-45,939.	65,420.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,138.	154,035.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	312,365.	517,477.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	336,476.	443,057.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,562.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	118,300.	116,519.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	454,776.	559,576.
19		Revenue less expenses. Subtract line 18 from line 12	-142,411.	-42,099.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,709,032.	1,774,539.
	21	Total liabilities (Part X, line 26)	87,244.	75,225.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,621,788.	1,699,314.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DAVID ONDREJCAK	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	HOWARD S. KRANT				P00095649
	Firm's name	ADEPTUS PARTNERS LLC			Firm's EIN ▶ 20-1835208
	Firm's address	244 WEST 54TH STREET 9TH FLOOR NEW YORK, NY 10019			Phone no. 212-758-8050

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/22/21

Form 990 (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO PROVIDE ONE-ON-ONE SUPPORT TO ALL PEOPLE IMPACTED BY CANCER FROM DIAGNOSIS THROUGH
SURVIVORSHIP. SUPPORT IS PROVIDED BY TRAINING VOLUNTEERS WHO FACED A SIMILAR
EXPERIENCE WHO ARE MATCHED TO THOSE NEEDING SUPPORT.

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 422,582. including grants of \$ 145,688.) (Revenue \$ 77,878.)

CANCER HOPE NETWORK, INC INSTILLS HOPE IN CANCER PATIENTS AND THEIR LOVED ONES
THROUGH 1:1 PEER SUPPORT FROM SURVIVORS AND CAREGIVERS WHO HAVE FACED A SIMILAR
EXPERIENCE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 422,582.