Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

Part I Summary

Briefly describe the organization’s mission or most significant activities: TO PROVIDE ONE-ON-ONE SUPPORT TO ALL PEOPLE IMPACTED BY CANCER.

Activities & Governance

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

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

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

4. Total number of individuals employed in calendar year 2020 (Part V, line 2a)........ 5

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

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

7. Net unrelated business taxable income from Form 990-T, Part I, line 11........ 7b

Revenue

8. Contributions and grants (Part VIII, line 1h)........ 230,457.

9. Program service revenue (Part VIII, line 2g)........ 231,166.

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)........ -45,939.

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)........ 127,138.

12. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)........ 316,559.

Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)........ 368,589.

14. Benefits paid to or for members (Part IX, column (A), line 4)........ 336,476.

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)........ 111,300.

16a. Professional fundraising fees (Part IX, column (A), line 11e)........ 454,776.

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)........ 119,627.

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)........ 508,186.


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.

Signature of officer

DAVID ONSREJCAK
TREASURER

Print/Type preparer’s name

HOWARD S. KRANT

Preparer’s signature

Date

Check box if self-employed

PTIN

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.

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

Form 990 (2020)
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning __________ 2020 and ending ______ 2020.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

CANCER HOPE NETWORK INC

Taxpayer identification number

22-2647316

DAVID ONDREJCAK

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

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

1 a Form 990 check here ___ x b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 312,365.
2 a Form 990-EZ check here ___ 2b Total revenue, if any (Form 990-EZ, line 9) 2b
3 a Form 1120-POL check here ___ x b Total tax (Form 1120-POL, line 22) 3b
4 a Form 990-PF check here ___ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5 a Form 8868 check here ___ x b Balance due (Form 8868, line 3c) 5b
6 a Form 990-T check here ___ b Total tax (Form 990-T, Part III, line 4) 6b
7 a Form 4720 check here ___ x b Total tax (Form 4720, Part III, line 1) 7b

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

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

PIN: check one box only

x I authorize ADEPTUS PARTNERS LLC to enter my PIN 30222 as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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

Signature of officer or person subject to tax

[Signature]

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 26307701947.

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

ERO's signature

Date

ER0 Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.