

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.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending

B Check if applicable:	C	D Employer identification number		
<input checked="" type="checkbox"/> Address change	THERE GOES MY HERO 30 EAST PADONIA ROAD, SUITE 207 TIMONIUM, MD 21093	27-0524309		
<input type="checkbox"/> Name change		E Telephone number	(443) 339-4376	
<input type="checkbox"/> Initial return			G Gross receipts \$	249,027.
<input type="checkbox"/> Final return/terminated		F Name and address of principal officer: ERIK S. SAUER	H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		SAME AS C ABOVE	H(b) Are all subordinates included? If "No," attach a list. (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		H(c) Group exemption number ▶		
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: ▶	HTTPS://THEREGOESMYHERO.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: 2010	M State of legal domicile: MD	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE SUPPORT AND ASSISTANCE TO LEUKEMIA PATIENTS AND THEIR FAMILIES THROUGH SWABBING EVENTS, AND MEALS DELIVERED TO FAMILIES OF PATIENTS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3
	6	Total number of volunteers (estimate if necessary)	6	60
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		214,818.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,809.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		211,009.
	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)		113,266.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,342.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		38,974.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		183,562.	
	19 Revenue less expenses. Subtract line 18 from line 12		27,447.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	99,185.	117,676.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,171.	1,215.
			89,014.	116,461.

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	
	ERIK S. SAUER <small>Type or print name and title</small>	10/27/20 CHAIRMAN	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	CHRIS SCHOLTES, CPA	Chris Scholtes	10/28/2020
	Firm's name ▶ C.E.A. SCHOLTES AND ASSOCIATES	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ 106 TUNBRIDGE RD BALTIMORE, MD 21212	Firm's EIN ▶ 03-0483170	Phone no. 410-323-0010

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

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F Name and address of principal officer: ERIK S. SAUER SAME AS C ABOVE		G Gross receipts \$ 249,027.	
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		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? If "No," attach a list. (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Sign Here	Signature of officer	Date	10/27/20
	ERIK S. SAUER Type or print name and title	CHAIRMAN	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	CHRIS SCHOLTES, CPA		10/28/2020
	Firm's name ▶ C.E.A. SCHOLTES AND ASSOCIATES	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ 106 TUNBRIDGE RD BALTIMORE, MD 21212		P01607734
		Firm's EIN ▶ 03-0483170	Phone no. 410-323-0010

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