(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

A	FOR TI	ne Zu 19 caien	iar year, or tax year beginning	, 2019, and endir		,					
В	Check i	if applicable:	C		D Emplo	yer identi	fication number				
	X Address change THERE GOES MY HERO				27-	27-0524309					
		ame change	30 EAST PADONIA ROAD, SUITE 207		E Telephone number (443) 339-4376						
	\vdash		TIMONIUM, MD 21093	1							
		itial return		(44	13) 33	39-43/6					
	Fir	nal return/terminated									
	Ar	mended return		G Gross receipts \$ 249,027.							
	Ap	pplication pending	F Name and address of principal officer: ERIK S. SAUER		H(a) Is this a group ret						
			SAME AS C ABOVE		H(b) Are all subordinate If "No," attach a li	? Yes No					
ī	Tax-	exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947	n no, attach a n	3t. (3CC 1113	a delions)					
J			TPS://THEREGOESMYHERO.ORG/	H(c) Group exemption	H(c) Group exemption number ►						
K		n of organization:	X Corporation Trust Association Other	L Year of format	ion: 2010 M State of legal domicile: MD						
-	rt I			Lear or lonnar	ion. 2010 iii	otate of te	sgar domicire. 1115				
Fe	1	Summar Briefly descri	y oo the examization's mission or most significant activiti	OC:TO DROWED	E CHDDODT A	ID AC	CTCTANCE TO				
	'		Briefly describe the organization's mission or most significant activities:TO PROVIDE SUPPORT AND ASSISTANCE TO								
9		LEUKEMIA PATIENTS AND THEIR FAMILIES THROUGH SWABBING EVENTS, AND MEALS DELIVER									
Governance		TO FAMILIES OF PATIENTS.									
err		O	x If the organization discontinued its operations		are then 250/ of its						
Š	2		ting members of the governing body (Part VI, line 1a).				16				
∘ಶ	4		dependent voting members of the governing body (Part				16				
68	=		of individuals employed in calendar year 2019 (Part V,	100			3				
ŧ	2		of volunteers (estimate if necessary)				60				
Activities &	7.		d business revenue from Part VIII, column (C), line 12				0.				
⋖			business taxable income from Form 990-T, line 39				0.				
	D	Net unrelated	business taxable income from Form 950-1, fine 55		Prior Yea		Current Year				
		Contributions	and grants (Part VIII, line 1h)								
e	8						214,818.				
ē	10	the second secon	ice revenue (Part VIII, line 2g)								
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11				-3,809.				
-	11						211,009.				
	12		- add lines 8 through 11 (must equal Part VIII, column								
	13		milar amounts paid (Part IX, column (A), lines 1-3)				31,322.				
	14	•	to or for members (Part IX, column (A), line 4)								
	15	Salaries, oth	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				113,266.				
96	16a	Professional	fundraising fees (Part IX, column (A), line 11e)								
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) ▶	8,342.							
찣	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)				38,974.				
			es. Add lines 13-17 (must equal Part IX, column (A), lin								
	18						183,562.				
	19	Revenue less expenses. Subtract line 18 from line 12					27,447.				
9 04					Beginning of Curr		End of Year				
Assets	20		Part X, line 16)		99,	185.	117,676.				
88	21		s (Part X, line 26)			171.	1,215.				
Pet	22	Net assets or	fund balances. Subtract line 21 from line 20		89,	014.	116,461.				
Pa	art II	Signatur	e Block								
Und	er pena	200200	clare that I have examined this return, including accompanying schedules rer (other than officer) is based on all information of which preparer has a	and statements, and to	the best of my knowledg	e and beli	ef, it is true, correct, and				
com	plete. D	Declaration of prepared	rer (other than officer) is based on all information of which preparer has a	ny knowledge.							
				W	18	177	120				
Sign Here		Signatu	re of officer	Date	7	-					
		ERT	K S. SAUER		CHAIRMAN'	,					
			print name and title	V							
			reparer's name Preparer's signature	Date	Check	T if	PTIN				
			01.511	10/28/20	00	U"					
Pa			Benefile, em	10/20/20	20 self-emplo	yeu	P01607734				
Preparer Use Only		_ I i				0402170					
		Ily Firm's addr					Firm's EIN ► 03-0483170				
			BALTIMORE, MD 21212	******		Phone no. 410-323-0010					
Ma	y the	IRS discuss th	is return with the preparer shown above? (see instructi	ons)			. X Yes No				

Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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A	FOF	the 2019 calen	ar year, or tax year beginning , 2019, a	and ending	1		,			
В		if applicable:	C		D Empl	oyer ident	tification number			
	X	Address change	THERE GOES MY HERO	27	27-0524309					
		Name change	30 EAST PADONIA ROAD, SUITE 207	E Telep	E Telephone number					
		nitial return	TIMONIUM, MD 21093		(4	(443) 339-4376				
	F	inal return/terminated								
	T A	Amended return			G Gross	s receipts	\$ 249,027			
		Application pending	F Name and address of principal officer: ERIK S. SAUER	Н	(a) Is this a group ref					
			SAME AS C ABOVE	н	I(b) Are all subordinate if "No," attach a li	es include		No		
I	Tax	-exempt status:	X 501(c)(3) 501(c) ()	527	If "No," attach a l	st. (see in	structions)			
J			TPS://THEREGOESMYHERO.ORG/		(c) Group exemption	number 1	•			
K	For	m of organization:		ar of formation			egal domicile: MD	_		
_	art I	Summar		ar or formation	. 2010	State of I	egai domicile. MD	_		
	1	Briefly descri	be the organization's mission or most significant activities: TO P	POVIDE	SIIDDODT A	NID AC	STSTANCE TO	_		
40		LEUKEMIA	PATIENTS AND THEIR FAMILIES THROUGH SWA	BRING F	EVENTS AND	MFAT	SISTANCE TO			
క్ర		TO FAMIL			_					
Ē	TO FAMILIES OF PATIENTS.									
Ve	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.									
Ğ	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3		6		
•රි ග	4	Number of inc	dependent voting members of the governing body (Part VI, line 1	1b)		4	1			
iŧe	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a).			5		3		
Activities & Governance	0	Total number	of volunteers (estimate if necessary)			6	6			
ď		Not uprolated	d business revenue from Part VIII, column (C), line 12			7a	0			
	0	i Net unrelateu	business taxable income from Form 990-T, line 39				0	•		
	8	Contributions	and grants (Part VIII, line 1h)		Prior Yea	r	Current Year	_		
æ	9		ce revenue (Part VIII, line 2g)				214,818	•		
Je J	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)							
Revenue	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				2 000	_		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line				-3,809			
	13		milar amounts paid (Part IX, column (A), lines 1-3)				211,009	-		
	14		to or for members (Part IX, column (A), line 4)				31,322	•		
	15						112 266			
8	160		undraising fees (Part IX, column (A), line 11e)			+	113,266	•		
ens	104									
Expenses	þ		ng expenses (Part IX, column (D), line 25) ►8							
-	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)				38,974			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)				183,562			
	19	19 Revenue less expenses. Subtract line 18 from line 12					27,447			
ts or					Beginning of Curre	ent Year	End of Year			
alar	20	Total assets (Part X, line 16)		99,	185.	117,676			
Net Asset Fund Balan	21		(Part X, line 26)		10,	171.	1,215			
			fund balances. Subtract line 21 from line 20		89,	014.	116,461			
Pa	rt II	Signature	Block							
Unde	r pena	Ities of perjury, I de	lare that I have examined this return, including accompanying schedules and stateme er (other than officer) is based of all information of which preparer has any knowledge	nts, and to the	e best of my knowledg	e and belie	ef, it is true, correct, and			
COM	Jiete. D	reclaration of prepar	or (other than officer) is based on an information of which preparer has any knowledge	e. 			- A			
						10/2	1/20			
Sign Here		Signatur	nature of officer Date				(
			S. SAUER/		CHAIRMAN					
			print name and title					_		
		1 2	01:511	Date	Check	if	PTIN			
Paid				10/28/2020	Self-emplo	yed	P01607734	_		
	par	.1	C.E.A. SCHOLTES AND ASSOCIATES							
Use Only		Ily Firm's addres		Firm's EIN	▶ 03-	-0483170				
			BALTIMORE, MD 21212		Phone no.	410-	-323-0010			
May	the	IRS discuss thi	s return with the preparer shown above? (see instructions)				X Yes No	_		