EXTENDED TO NOVEMBER 15, 2019 29 4 9 3 0 0 4 1 0 5 0 1

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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 F	or the	2018 calendar year, or tax year beginning and c	ending				
Bo	heck if	C Name of organization		D Employer identific	cation number		
	Address change	SAME S SOFERMENOES FOUNDATION					
X	Name change	Doing business as		46-2	162732		
	Initial return		Room/suite	E Telephone number			
	Final return/	2002 23RD ST.		402-	563- <u>4673</u>		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	407,857.		
	Armande return	COLUMBUS, NE 68601		H(a) Is this a group re	itum		
	Applica tion	Le vame and address of bunchar outcet. PVIV INVIOLITY	for subordinates?Yes X No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ctuded? Yes No		
		mpt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o	ог 📗 5 27	If "No," attach a	list. (see instructions)		
		x ► WWW.SAMMYSSUPERHEROES.ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 2013 N	State of legal domicile: NE		
) Pa		Summary					
	1 8	Briefly describe the organization's mission or most significant activities: RAISI	AWAF	RENESS OF AL	r Chirdhood		
Governance	(CANCERS AND FUND LIFE-SAVING RESEARCH.					
Ĕ	2 (Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.		
Š	1 8	lumber of voting members of the governing body (Part VI, line 1a)		3	11		
9	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	11		
	5 1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	3		
Activities	6 1	Total number of volunteers (estimate if necessary)		6	225		
2 🗓	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
LULU AC	ы	Net unrelated business taxable income from Form 990-T, line 38		70	0.		
		Contributions and grants (Part VIII, line 1h)	1	Prior Year	Current Year		
_ 1	8 (Contributions and grants (Part VIII, line 1h)	181.	377,149.	248,919.		
· [6]	9 1	Program service revenue (Part VIII, line 2g)	Ğ . _	0.	0.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)N(1) 2 2 7019		0.	0.		
	11 (Other revenue (Part VIII, column (A), lines 5, ed, ec, ec, loc, and 110)	## -	56,523.	117,806.		
ses		otal revenue - add lines 8 through 11 (must equal Part VIII commonwine 12	<u></u>	433,672.	366,725.		
		Prants and similar amounts paid (Part IX, column (A) Hineo 1-8)	·····- _	130,000.	200,000.		
5		Benefits paid to or for members (Part IX, column (A), lino 4)		94,465.	125 (13		
2 8	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	├-	94,465.	125,613.		
7 8	16a i	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25)	67 -	<u> </u>	<u> </u>		
몺				62,223.	82,556.		
ا _ ز		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		286,688.			
<u>6</u> 1		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	146,984.	-41,444.		
$\vec{y}^{\frac{-\kappa}{2}}$	-	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year		
ets or	. سا	Politica de Maria V. Francis	F	350,259.	318,873.		
SSB	l .	Total assets (Part X, line 16)		3,128.	13,186.		
7 25		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	····· ⊢	347,131.	305,687.		
		Signature Block			333,331,3		
lind		tites of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	v knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			,,,,,		
300,	, 0000	\$ \$1400 \ (\days		11-14	-19		
Sign Date							
Her		ERIN NAHORNY, PRESIDENT					
Type or print name and title							
,		Print/Type preparer's name Preparer's signature ,	I.	Date Check	PTIN		
Paid	d	DEYNA C. ROUSE		11/14/19 self-employ	№ №00363036		
Preparer Firm's name LUTZ AND COMPANY, P.C. Firm's Ein 47-06258:							
Use	Only	Firm's address 13616 CALIFORNIA ST. STE 300					
•		○ OMAHA, NE 68154-5336		Phone no. 4 0	2-496-8800		
May	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		
	01 12-3		ons.		Form 990 (2018)		

	rt III Statement of Program Service Accomplishments	2132	Page Z
Га			
_	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission RAISE AWARENESS OF ALL CHILDHOOD CANCERS AND FUND LIFE-SAVING		
	RESEARCH.		
	NAD DIA COLO		
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
	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	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by	v exnenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of		nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$)
	RAISE AWARENESS OF ALL CHILDHOOD CANCERS AND FUND LIFE-SAVING	RESEA	RCH.
			
			
	4 246		
4b	(Code) (Expenses \$	OMMED	—— '
	PROVIDE OUTREACH AND FAMILY SUPPORT THROUGH PARTNERSHIPS WITH	OTHER	
	CHARITABLE ORGANIZATIONS.		
	200 000		
4c	(Code) (Expenses \$ 200,000 including grants of \$ 200,000) (Revenue \$)
	FUND CANCER RESEARCH PROJECTS.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>	
40	Total program service expenses > 271.781.		

Form **990** (2018)

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Form 990 (2018) SAMMY 'S SUPERHEROES FOUNDATION
Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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_		_X
4	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		_X_
5	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		X
6	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	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?	_		7,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	^	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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	1.10		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		<u>_x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Ţ	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
20-	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	
о 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
£ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	Tee, complete concede if I are it are it and a manufacture in the it are			

Form 990 (2018)

Part IV | 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 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 Schedule J 24a 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 X Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b 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 Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes." complete Schedule R. Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 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 e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit. any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7<u>e</u> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <u>7g</u> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8.88 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a ıa 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 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 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 1 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11		3,535	****
	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.	2007/45		
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		3 N	
_	officer, director, trustee, or key employee?	2	X	3X ** XXX
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>	W.	NA V
а	The governing body?	8a	X	*/**** **
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		38 ₈ 2.3	203
12a		12a	X	V 2018/24/20
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	Que.	<u> </u>	*`\$\$\\$\$
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	.xxxxxxx
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	\$34.:	S.	/333
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	**** (*)	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	200 3	100 E	\$%\\ a
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		********
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		-	
18	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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ERIN NAHORNY - (402) 606-9598			
	2002 23RD ST., COLUMBUS, NE 68601			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 r	or any related	orga	anıza	tion	COF	mpe	nsat			T
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation	amount of
	week	\vdash	1		I	1	T	from	from related	other
	(list any hours for	liect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 6 6	e Ste			sate		(W-2/1099-MISC)	(***27 1033-141100)	organization
	organizations	Individual trustee or director	Institutional trustee		a k	mpe		(2, 100000)		and related
	below	ag I	nga	 as	를	estco	<u>=</u>			organizations
	line)	횰	Insti	Officer	Key employee	Highest compensated employee	Form			
(1) AMY WILLIAMS	3.00							_	_	
MEMBER AT LARGE		X	ļ			<u> </u>		0.	0.	0.
(2) ERIN NAHORNY	20.00									
PRESIDENT		X		X		<u> </u>	<u> </u>	0.	0.	0.
(3) SAM LARSEN	2.00						ŀ			
VICE PRESIDENT		X	<u> </u>	Х			-	0.	0.	0.
(4) MEGAN VALORZ	3.00									
CO-TREASURER	2 00	X	-	X		-		0.	0.	0.
(5) NATHAN KARGES	3.00			,,				_		
CO-TREASURER		X	ļ	X		┢	-	0.	0.	0.
(6) ERICA MCMAHON	2.00							•		
MEMBER AT LARGE	1 00	X	-		ļ			0.	0.	0.
(7) DANA WRIGHT	1.00									_
MEMBER AT LARGE	- 2 00	X			_	├		0.	0.	0.
(8) MEGAN CIMPL	3.00								_	
SECRETARY	1 00	X	-	X		-		0.	0.	0.
(9) TODD MOSS	1.00									
MEMBER AT LARGE	1 00	Х	\vdash			<u> </u>		0.	0.	0.
(10) BRANDI FLEMING	1.00	٠,						_	_	_
MEMBER AT LARGE	2 00	X	-					0.	0.	0.
(11) AMANDA POLACEK	2.00	.							0.	_
MEMBER AT LARGE	40.00	X						0.	U .	0.
(12) JEREMY STANISLAV	40.00			х				71 606	^	2 217
EXECUTIVE DIR.	 	_	-	^			-	71,686.	0.	2,217.
			-							
		\vdash								
		1				-				
					<u> </u>	1	\vdash			
		1				1				
		L			l					

Individual trustee or director

Institutional trustee

(C)

Position

(do not check more than one box, unless person is both an

officer and a director/trustee)

Key employee

(D)

from

the

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

1b Sub-total

d Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

compensation from the organization

(A)

Name and title

3	bit the Organization list any former officer, director, of trustee, key employee, of highest compensated employee of		3.7							
	line 1a? If "Yes," complete Schedule J for such individual	3	X							
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	,	x							
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services									
	rendered to the organization? If "Yes," complete Schedule J for such person	5	X							
Sec	ction B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compe	nsation fro	m							
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
	(A) (B)	(C)								
	Name and business address NONE Description of services	Compens	ation							
2	Total number of independent contractors (including but not limited to those listed above) who received more than		•							
	\$100,000 of compensation from the organization									
		Form 99	30 (2018							
3200	DR 12 21 18		,=,-							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a b Membership dues 1b 94,174 Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 154,745 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 248,919 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue THE PROOF STATES AND THE PARTY OF THE PARTY 33**46**00 w **3346**0. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 94,174. of including \$ contributions reported on line 1c) See a 111,958. Part IV, line 18 28,320. b Less direct expenses 83,638 83,638 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 16,773 and allowances 12,812 b Less cost of goods sold 3,961 3,961 Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 19,355 19,355 11 a LICENSE PLATE INITIATI <u>5,08</u>0. 900099 5,080. **b** SIDEKICKS INCOME 2,635 900099 2,635 JUNIOR BOARD INCOME 900099 3,137. <u>3,137</u> All other revenue 30,207. Total. Add lines 11a-11d

Total revenue. See instructions

366,725

34,168

Form 990 (2018) SAMMY 'S SUPERHEROES FOUNDATION 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 response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 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	200,000.	200,000.						
2	Grants and other assistance to domestic								
	individuals See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	71,686.	25,090.	14,337.	32,259.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	20 100	10 710		45 631				
7	Other salaries and wages	39,180.	13,713.	7,836.	17,631.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	C 200	2 102	1 252	2 020				
9	Other employee benefits	6,266.	2,193.	1,253.	2,820. 3,817.				
10	Payroll taxes	8,481.	2,968.	1,696.	3,81/.				
11	Fees for services (non-employees).								
a	Management	4,178.		4,178.					
b	Legal	4,623.		4,623.					
د	Accounting	4,023.		4,023.					
d	Lobbying Professional fundraising services. See Part IV, line 17								
e f	Investment management fees		5 - 5 - 7 10 - 7 5 - 7 5 - 7 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANNESTO COM					
g	Other (If line 11g amount exceeds 10% of line 25,				<u> </u>				
9	column (A) amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates			<u> </u>					
22	Depreciation, depletion, and amortization	1,704.	596.	341.	767.				
23	Insurance	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.^ √.0 = 200 took took accounces of seem	3/30/37/43/30 N / V / V / V / V / V / V / V / V / V /	0 7.25 X., (32.00000000 /20.00 /20.00				
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 0.)		1.0 400		7.000				
а	MARKETING & COMMUNITY S	23,543.	16,480.	<u> </u>	7,063.				
þ	LICENSE PLATE EXPENSE	19,600.	4 040	2 024	19,600.				
C	OPERATIONS	14,120.	4,942.	2,824.	6,354.				
d	AWARENESS EXPENSE	4,246.	4,246.	0 722	256				
	All other expensesAdd lang 1 through 246	10,542.	1,553. 271,781.	8,733. 45,821.	256.				
25	Total functional expenses. Add lines 1 through 24e	408,169.	271,781.	45,841.	90,567.				
26	Joint costs. Complete this line only if the organization			1					
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								
	II following SOP 98-2 (ASC 938-720)	<u> </u>	<u> </u>	<u> </u>	Form 990 (2018)				

SAMMY'S SUPERHEROES FOUNDATION

,	• 1	Check if Schedule O contains a response or not	e to an	/ line in this Part Y	 		
		Check is obsteadile of contains a response of not	o to any	III UIIO I CILA	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			336,814.	1	310,968.
	2	Savings and temporary cash investments				2	101/111
	3	Pledges and grants receivable, net			3,782.	3	6.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	4/10/40/4/4/4/	,			
		trustees, key employees, and highest compensa		, , , ,			
		Part II of Schedule L		, , ,	. 16/26/27/10/276/27	5	
	6	Loans and other receivables from other disqualif	31 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Žŵá	1 8 8 8 8 8 8 8 1 1 1 1 1 1 1 1 1 1 1 1		
		section 4958(f)(1)), persons described in section	•	•			
		employers and sponsoring organizations of sect				387 35 3835.	
S.		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	-		61.	7	0.
Ä	8	Inventories for sale or use			6,109.	8	6,109.
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other				3"	
		basis Complete Part VI of Schedule D	10a	9,037.			
	ь	Less accumulated depreciation	10b	7,247.	3,493.	10c	1,790.
	11	Investments - publicly traded securities	-		11		
	12	Investments - other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 34	4)	350,259.	16	318,873.
	17	Accounts payable and accrued expenses			200.	17	1,586.
	18	Grants payable			1	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F	Part IV o	of Schedule D		21	
es	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and o	disqualified persons		**************************************	
iab.		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela		·		23	
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	17-24)	Complete Part X of	2 222		11 600
		Schedule D			2,928.	25	11,600.
	26	Total liabilities. Add lines 17 through 25		. . .	3,128.	26	13,186.
.		Organizations that follow SFAS 117 (ASC 958		chere ▶ X and			
Se	07	complete lines 27 through 29, and lines 33 an	ia 34.		347,131.	27	305,687.
lan	27	Unrestricted net assets			347,131.	28	303,007.
Ba	28	Temporarily restricted net assets				29	
ב	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A:	ور مده) shock boro	[4] [4 × #30] [3 × 5 \$10 5	29 %	55 A 50 38 N 10 38 A 50 78 A
Ē		and complete lines 30 through 34.	3C 3 36	, check here			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			jaz - Skatenicion Chitada	30	
sse	30 31 <i>₄</i>	Paid-in or capital surplus, or land, building, or eq	uunmen	t fund		31 /	
ţ	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances	200, 0	3 2	347,131.	33	305,687.
	34	Total liabilities and net assets/fund balances		77	350,259.	34	318,873.
	14					1	Form 990 (2018)

-orm	1990 (2018) SAMMY'S SUPERHEROES FOUNDATION	46-21	<u> </u>	Pag	<u>ge 12</u>
Pa	rt 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	36	6,7	<u>25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	40	8,1	69.
3	Revenue less expenses Subtract line 2 from line 1	3	-4	1,4	44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34	7,1	31.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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))	10	30	5,6	<u>87.</u>
₽a	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	- 1372.		
	separate basis, consolidated basis, or both.		\$25.X		
	Separate basis Consolidated basis Both consolidated and separate basis		Ž.Ž	142	
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 audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				le Xi
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			K¥X
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a	L	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	l	L

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization CAMPAL CUREDUEDOEC ECIDIDATION Employer identification number

		SAMM	Y'S SUPERH	EROES FOUNDA	TION			4	6-2162732					
Pa	rt I.	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part) Se	ee instructions	3						
he	organi	zation is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box)			^					
1		A church, convention of chi	urches, or associatio	n of churches described	l ın sectio	n 170(b)(1	I)(A)(i).	_	$\leq V$					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))												
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II)												
6		A federal, state, or local gov	ernment or governm	nental unit described in s	section 17	'0(b)(1)(A)	(v).							
7	\mathbf{x}	An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in					
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	tH)									
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college					
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of	the colleg	e or					
		university.												
10		An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	hip fees, a	nd gross receipts from					
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	t from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganızatıon	after June 30, 1975.					
		See section 509(a)(2). (Cor	nplete Part III)											
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See :	section 50)9(a)(4).							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ons of, or to ca	arry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2)	See section 5	509(a)(3). C	Check the box in					
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	iplete lines	s 12e, 12f, and	d 12g						
а		Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	janization(s), t	ypically by	giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the dire	ctors or truste	es of the s	upporting					
	_	organization You must c	•											
þ		Type II. A supporting orga	· ·				_		_					
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported					
	_	organization(s) You mus	•											
С		Type III functionally inte	-	-				lly integrate	ed with,					
	_	its supported organization	, , ,	•	•	•	•							
d		Type III non-functionally												
		that is not functionally int	-		•		-	an attent	iveness					
		requirement (see instructi	·	•										
е		Check this box if the orga					ı Type I, Type	II, Type III						
		functionally integrated, or	* *	nally integrated supporti	ng organiz	zation								
f		r the number of supported of	3											
<u>g</u>		ide the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other					
	•	organization	(,,,	(described on lines 1-10	Yes	No	support (see in	-	support (see instructions)					
				above (see instructions))	163	140								
						_								
	_						-							
					_									

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.)

Section A. Public Support												
Cale	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 ")	139,270.	89,446.	195,875.	377,149.	248,919.	1,050,659.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to			-								
	the organization without charge			_								
4	Total. Add lines 1 through 3	139,270.	89,446.	195,875.	377,149.	248,919.	1,050,659.					
5	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 shown on line 11,											
	column (f)						286,680.					
	Public support. Subtract line 5 from line 4						763,979.					
Sec	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
7	Amounts from line 4	139,270.	89,446.	195,875.	377,149.	248,919.	1,050,659.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources											
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI)	462.	20.		98.	30,207.	<u>30,787.</u>					
11	Total support. Add lines 7 through 10						1,081,446.					
12	Gross receipts from related activities,	etc (see instruction	ons)			12	<u>577,923.</u>					
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3)						
<u> </u>	organization, check this box and stop											
	tion C. Computation of Publ						F0 64					
	Public support percentage for 2018 (I		•	olumn (f))		14	70.64 %					
	Public support percentage from 2017	•	•			15	67.01 %					
16a	33 1/3% support test - 2018. If the c	-			14 is 33 1/3% or n	nore, check this bo						
	stop here. The organization qualifies as a publicly supported organization											
D	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box											
4-	and stop here. The organization qualifies as a publicly supported organization											
1/a	a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization											
						t vi now the organ	ization					
	meets the "facts-and-circumstances"	_	•		•	17a and 1 45	100/ 07					
D	10% -facts-and-circumstances test	-										
	more, and if the organization meets the				•		·					
40	organization meets the "facts-and-circ						ͺ					
18	Private foundation. If the organization	n did not check a	DOX OF TIME 13, 16	a, 100, 1/a, or 1/b	o, cneck this box a	nu see instructions	<u> </u>					

Part III Support Schedule for	Organizations	Described in	Section 509(a)	(2)		Z/JZ rages
(Complete only if you checke	d the box on line 1	0 of Part I or if the	organization failed	to qualify under	Part II. If the organi	zation fails to
qualify under the tests listed	below, please com	plete Part II)				
Section A. Public Support				/		
alendar 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 per- formed, 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 bus-	1		/			
iness under section 513						
4 Tax revenues levied for the organ-			/			
ization's benefit and either paid to			/			
or expended on its behalf			/			
5 The value of services or facilities			/			
furnished by a governmental unit to	-		!' I			
the organization without charge						
6 Total. Add lines 1 through 5					_	_
7a Amounts included on lines 1, 2, and		/				
3 received from disqualified persons		<u> </u>				
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)	<u> </u>					
Section B. Total Support		·	· · · · · · · · · · · · · · · · · · ·			
alendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income		1 1			İ	
(less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 organization	's first, second, thu	d, fourth, or fifth ta	x year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						▶□
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2018	(line 8, column (f),	dıvıded by line 13,	column (f))		15	%
16 Public support percentage from 201	7 Schedule A, Par	t III, line 15∖			16	%
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 2	018 (line 10c, colu	mn (f), dıvıded by l	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If the	=	1				17 is not
more than 33 1/3%, check this box	-	- '				. ▶∟
b 33 1/3% support tests - 2017. If the	e organization did i	not check a box or	i line 14 or line 19a	, and line 16 is m	ore than 33 1/3%,	and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 but 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 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.
- 10a 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
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5a 5b 5c 6 7 7 8 9a 9b		
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5a 5b 5c 6 7' 8 9a 9c		
5a 5b 5c 6 7' 8 9a 9c		

K.	Supporting Organizations (continued)			,
		2,3%,0.84	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			<i>#</i> .38
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			23.0
٠.	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	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.	11c		
Sec	tion B. Type I Supporting Organizations		V	No.
	Did the diverters twisters or membership of one or more supported arganizations have the powerts	95-3-338	Yes	No
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 1	525.00	238.00.6
2	Did the organization operate for the benefit of any supported organization other than the supported	X80.23	<i>\$</i>	XX.64
-	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	/#08x**X	XXXX, 073002
Sec	tion 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	100 M	¥XX.	:28X
	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			100 XX
	the supported organization(s)	1 -	ŧ	
Sec	tion D. All Type III Supporting Organizations			
,			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		XXX	
	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	102778		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	,, <u>,, ,, ,, , , , , , , , , , , , , , </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			(1000) (2000)
	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	15 ×45 0	2000 De 3
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	5 7 3 3 4 5 8 3 5 1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2000 2000		#X.4
<u> </u>	supported organizations played in this regard	3		L
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	}-		
a	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations Complete line 3 below			
b	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	taictions	· 1	
с 2	Activities Test Answer (a) and (b) below.	[Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			3234
a	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,		1000 X	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	auarre c	1×. 100. 800
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	: XX XX	ŽXX.	X) X4
_	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	artiller	
3	Parent of Supported Organizations Answer (a) and (b) below.			<u> </u>
'a	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	YZZ:	24 <u>3</u>	<u> </u>
•	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h		

	edule A (Form 990 or 990 EZ) 2018 SAMMY 'S SUPERHEROES FOU	<u>INDAT</u>	ION 4	<u> 16-2162732 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust o	on Nov. 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	· · ·
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	*	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	1	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	· 8		,
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1000	ANN SOM STATES OF THE	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		,
	Fair market value of other non-exempt-use assets	1c	1	
d	Total (add lines 1a, 1b, and 1c)	1d	· · · ·	
	Discount claimed for blockage or other	200		\$3.54.2.538.385.2.454.280
`	factors (explain in detail in Part VI)	100		
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	XYYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
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-functional	lly integr	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990 EZ) 2018 SAMMY'S SUPERHEROES FOUNDATION 46-2162732 Page 7 Rart V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions Turken<u>u re</u> 3 Excess distributions carryover, if any, to 2018 NO 64 1 /2 1 a From 2013 4882 - CLASS **b** From 2014 × 83 c From 2015 d From 2016 4.<u>1998/2016 pr. 127</u> Briga" Light e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D, **3**\$85 a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 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 3 and 4c 8 Breakdown of line 7.

Schedule A (Form 990 or 990-EZ) 2018

india ji

a Excess from 2014

b Excess from 2015c Excess from 2016

d Excess from 2017

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 SAMMY'S SUPERHEROES FOUNDATION	46-2162732 Page 8
Part,VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, 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, Pa Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b, Part III, line 12, is 1 and 2, Part IV, Section C, rt V, Section B, line 1e, Part V.
	 	
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	·	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SAMMY'S SUPERHEROES FOUNDATION

Employer identification number 46-2162732

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	
	are the organization's property, subject to the organization's		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	I
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing con	servation easements during the year
-		dline of violations, and optovoing apparatu	ation comments during the year
7	Amount of expenses incurred in monitoring, inspecting, han > \$	dling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) abo	we esticfy the requirements of section 170	0/b\/4\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
0	and section 170(h)(4)(B)(ii)?	ive satisfy the requirements of section fro	Yes No
9	In Part XIII, describe how the organization reports conserval	tion easements in its revenue and expens	
3	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ation's mandar statements that describes	the organization a accounting for
Pai	t III Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets.
L	Complete if the organization answered "Yes" on Form	•	
	If the organization elected, as permitted under SFAS 116 (A		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that described		, p
h	If the organization elected, as permitted under SFAS 116 (A		at and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items	,	3
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	
~	the following amounts required to be reported under SFAS		g, p
а	Revenue included on Form 990, Part VIII, line 1	v so soo, islaming to those items.	▶ \$
	Assets included in Form 990, Part X		> \$

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

		SUPERHERO							Page 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	reasures, or	Other :	Simil	ar Asse	ts (contint	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ar	re a signi	ıfıcant	use of its	collection	ıtems
	(check all that apply)								
а	Public exhibition	d	Loan or exc	change programs	3				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further t	the organization's	s exemp	t purpo	ose in Parl	t XIII.	
5	During the year, did the organization solicit or	receive donations o	of art, historical trea	asures, or other s	ımılar as	sets		_	
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's c	ollection?				Yes	No.
Pa	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organization	on answered "Ye	s" on Fo	rm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part	t X, line 21							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	ns or other asset	s not inc	luded		_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table [.]			· · · · ·			
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
	Did the organization include an amount on Fo					7		Yes	Щ No
	If "Yes," explain the arrangement in Part XIII								
Pai	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on F						
	_	(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three	ears back	(e) Four	ears back
1a	Beginning of year balance			<u> </u>					
b	Contributions			<u> </u>					
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities			İ					
	and programs			<u> </u>					
f	Administrative expenses			ļ. <u>-</u>					
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	and administered	for the	organiz	zation		
	by.								<u>res No</u>
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	•		,				3b	
4	Describe in Part XIII the intended uses of the		wment funds	-					
Pai	t VI Land, Buildings, and Equipm		Don't N. Long and D. J.	0 F 000 D		- 10			
	Complete if the organization answered							400	_1
	Description of property	(a) Cost or ot		t or other (other)	(c) Accu		ea	(d) Book	value
		basis (investm	Dasis	(Other)	uebie	ciation			
	Land								
	Buildings							-	
_	Leasehold improvements			9 037		7 2	47	1	,790.
ď	Equipment			9,037.		7,2	* / •		, / 30 .
	Other	Tual Form 990 Part	Y column (R) line	100)				1	790.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 SAMMY 'S SUPE	INITERIOR TO	OHDHILLOH		-2162732 Page 3
Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11h See Form 99	0 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value		f valuation Cost or end	d-of-year market value
(1) Financial derivatives				-
(2) Closely-held equity interests				
(3) Other				
(A)			-	
(B)			<u>. </u>	
(C)				
(D)				
(E)				
(F)				
(G)				<u> </u>
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		767987535 5		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				
(a) Description of investment	(b) Book value	(c) Method of	f valuation Cost or end	d-of-year market value
(1)				
(2)				
(3)				<u> </u>
(4)			<u>-</u>	
(5)			·· · · · · · · · · · · · · · · · · · ·	
(6)				
(7)				
(8)				
(9)		5% + x021 2 2 2000	* 72.00.34.24.00 . No.000.4 . 400.34.3 /	V.A. 30060300004 (19990) 10 00.000
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				<u> </u>
Part IX Other Assets.				
Complete if the organization answered "Yes" o		line 11d See Form 99	0, Part X, line 15.	(h) Book value
· · · · · · · · · · · · · · · · · · ·	escription			(b) Book value
<u>(1)</u>		 		
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)		.		
(9)	45.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV,		orm 990, Part X, line 25	A TO L. DOLLADOSS, N. JAKKELÉY, JOSÉN MANYAN
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PAYROLL LIABILITIES		11,600	_ K25 %^45.68%~ 468%	7 - 45.05.05.246.946.7269.957.826.5

1.	(a) Description of hability	(b) Book value	868208		S. 747 2482888	5700074	& 7 4 2004
(1)	Federal income taxes						
(2)	PAYROLL LIABILITIES	11,600.					
(3)							
(4)							
(5)							
(6)							
(7)				\$ 200			
(8)							
(9)							
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25)	▶ 11,600.					

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

'Schedulé D (Form 990) 2018 SAMMY 'S SUPERHEROES	FOUNDATION 46-2162732 Pag
Part XI Reconciliation of Revenue per Audited Financia	al Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a
1 Total revenue, gains, and other support per audited financial stateme	nts 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	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIII)	2d
e 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	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIII)	4b
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I	
Part XII Reconciliation of Expenses per Audited Financ	
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a
Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIII)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
	4b
· · · · · · · · · · · · · · · · · · ·	1.1
c Add lines 4a and 4b	4c
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I	4c
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Part XIII Supplemental Information.	4c 4c 5 5
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI,
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' SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

Schedule G (Form 990 or 990-EZ) 2018

SAMMY'S	SUPERHEROES FO	JNDATI	ON		46-2162	732	
	Complete if the organization a			n Form 990, Part IV,	line 17 Form 990-E2	I filers are not	
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	e So f So g Sp or oral agreement with any individuals or entities (fundraisers)	licitation of i licitation of i ecial fundra idual (includ vith professi	non-g gover ising ling o onal f	overnment grants inment grants events fficers, directors, true fundraising services?	stees, orYes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	istody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			-	
Total Description of the second of the secon							
List all states in which the organization or licensing	on is registered or licensed to so	olicit contrib	utions	s or has been notified	d it is exempt from re	egistration	
	· -						
						· · · · · · · · · · · · · · · · · · ·	
		<u> </u>					
- II II II II II II II II II II II II II	 						

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

Schedule G (Form 990 or 990-EZ) 2018

		of fundraising event contributions and gre	oss income on Form 990)-EZ, lines 1 and 6b List	events with gross receip	ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GLOW GOLD			(add col (a) through
				RAFFLE	4	col (c))
ē			(event type)	(event type)	(total number)	
Revenue		Cross receipts	88,388.	57,325.	60,419.	206,132.
æ	1	Gross receipts	00,300.	31,323.	00,413.	200,132.
	2	Less Contributions	51,950.	,,	42,224.	94,174.
	3	Gross income (line 1 minus line 2)	36,438.	57,325.	18,195.	111,958.
	4	Cash prizes				
Š	5	Noncash prizes				
Direct Expenses	ے	Rent/facility costs				
×pe	6	nerioracility costs				
벙	7	Food and beverages				
<u>G</u> re	'	Toda and bovorages			-	
_	8	Entertainment				
	9	Other direct expenses	14,491.	1,205.	12,624.	28,320.
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		•	28,320.
	11	Net income summary Subtract line 10 from li			▶.	83,638.
Pa	iřt,l		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a	·			T
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
Revenue				bingo/progressive bingo		cor (a) through cor (c))
æ						
_	1	Gross revenue				
	2	Cash prizes				
ses	_	Oddit prized				
ben	3	Noncash prizes				
Ψ						
Direct Expenses	4	Rent/facility costs				
۵						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	<u>4' *\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
					_	
	7	Direct expense summary Add lines 2 through	n 5 in column (d)		•	
		Not coming income summers. Subtract line 7	from line 1 column (d)			
_	8	Net gaming income summary Subtract line 7	from line 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities			
		he organization licensed to conduct gaming a				Yes No
		No," explain		0.0.00		
_			 			
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain				

832082 10-03-18

Sch	edule G (Form 990 or 990 EZ) 2018 SAMMY S SUPERHERUES FOUNDATION 46-2	<u> 164/32</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	L∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
b	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
• •			
	Name >		
	Address ►		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
ija	Does the organization have a contract with a trillo party from whom the organization receives gaining revenue.		
	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
D			
	of gaming revenue retained by the third party \$		
С	: If "Yes," enter name and address of the third party		
	.		
	Name		
	Address		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	rt III. lines 9.	9b. 10b.
٠, ټـ	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions	,	,,
	135, 136, 16, and 175, as applicable 7135 provide any additional information. God instructions	-	
			····

Schedule G (Form 990 or 990 EZ) Part IV Supplemental In	formation (continu	<u></u>		· 	46-2162/32 Page
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2018	Open to Public

OMB No 1545-0047

Employer identification number

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

SAMMY S SUPERHER(SAMMY 'S SI	SUPERHEROES and Assistance	S FOUNDATION	Ä				46-2162732
l o	ntain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	
	grants or assist	ance?	:	:				X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	anization's proc	sedures for monit	ribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Crante and Other Assistance to Domestic Organizations and Domestic Complete of the organization answered "Yes" on Form 900 Dart IV line 21 for any	funds in the United	States omplete if the oros	V" besewage doitestin	ted Obs mod or best	IV line 21 for any
_	ed more than \$1	5,000 Part II can	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	onal space is need				, mo 2, 10 any
1 (a) Name and address of organization or government	rganization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO IL 60637		36-2177139	501(C)(3)	200 000	O	CASH PAID		CANCER RESEARCH
	on 501(c)(3) ar	d government or		listed in the line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instructi	ions for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information DONEE ORGANIZATIONS ARE SELECTED BASED ON THEIR DEMONSTRATED COMMITMENT (d) Amount of non-cash assistance 35 (c) Amount of cash grant PART IV- ADDITIONAL SUPPLEMENTAL INFORMATION (b) Number of recipients TO CHILDHOOD CANCER RESEARCH INITIATIVES. (a) Type of grant or assistance 832102 11-02-18

Page 2

46-2162732

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

SAMMY'S SUPERHEROES FOUNDATION

Schedule I (Form 990) (2018)

Partill

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2018
Open to Public **
Inspection

Employer identification number Name of the organization 46-2162732 SAMMY'S SUPERHEROES FOUNDATION FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS ERIN NAHORNY AND MEGAN CIMPL ARE SISTERS. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - THE 990 DRAFT IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD TREASURER PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: POLICY & GOVERNANCE COMMITTEE OVERSEE AND REQUEST NEW OFFICERS/MEMBERS TO FILL OUT THE POLICY FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION WAS REVIEWED BY HIRING COMMITTEE WITH COMPARISON DATA AND THEY DISCUSSED WITH ACCOUNTANT. THE COMMITTEE USED DATA FROM THE NONPROFIT ASSOCIATION OF THE MIDLANDS. COMPENSATION WAS REVIEWED BY HIRING COMMITTEE WITH COMPARISON DATA AND THEY DISCUSSED WITH ACCOUNTANT. THE COMMITTEE USED DATA FROM THE NONPROFIT ASSOCIATION OF THE MIDLANDS. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

ARTICLES OF AMENDMENT SAMMY'S SUPERHEROES



Pursuant to the provisions of Section 21-1901 et. seg of the Business Nonprofit Corporation Act of Nebraska, these Articles of Amendment of the Articles of Incorporation of Sammy's Superheroes are hereby submitted as follows:

- The old name of the corporation is Sammy's Superheroes. The new name of the corporation is Sammy's Superheroes Foundation.
- The amendment so adopted revokes Article I of the Articles of Incorporation, in its antirety and substitutes therefor the following:

"ARTICLE I."

The name of this Corporation shall be Sammy's Superheroes Foundation."

The foregoing Amendment required approval from the Board of Directors and was unanimously adopted by a 12-0 vote of the directors on April 11, 2016, and by written consent, pursuant to the nonprofit's bylaws.

Approval by the members was not required as the nonprofit does not have members.

DATED: 9/5/17.

SAMMY'S SUPERHEROES **FOUNDATION** (formerly Sammy's Superheroes)

and the second of the second o