(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	be or Name of exempt organization or other filer, see instructions. Taxpayer identification nur					ion number (TIN)
print	nt STUDENTS RUN AMERICA 95-443050					430502
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box 5252 CREBS AVENUE	k, see instruct	ions.	•		
return. See instructior		a foreign addı	ress, see instructions.			
Enter th	e Return Code for the return that this application is for	(file a separat	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Tele If the If thi box 1 I th 2 If 2	request an automatic 6-month extension of time until he organization named above. The extension is for the o ↓ or ↓ X tax year beginning JUL 1, 2020 the tax year entered in line 1 is for less than 12 months Change in accounting period	ess in the Uni git Group Exe and atta <u>MAS</u> organization's , an	Fax No. Fax No. ited States, check this box mption Number (GEN) .ch a list with the names and TINs of X 16, 2022 . to file return for: d ending JUN 30, 2021 on: Initial return	If this is fo f all memb	r the whole ers the exte npt organiz	group, check this
	this application is for Forms 990-BL, 990-PF, 990-T, 472 ny nonrefundable credits. See instructions.	20, or 6069, e	enter the tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 60			3b	\$	0.
	stimated tax payments made. Include any prior year over alance due. Subtract line 3b from line 3a. Include your			30	Ψ	<u> </u>
	-			3c	\$	0.
	sing EFTPS (Electronic Federal Tax Payment System). S 1: If you are going to make an electronic funds withdraw				Ŧ	
instruct	, , ,		•			8868 (Rev. 1-2020)

			** PUBLIC DISCLOSURE COPY			OMB No. 1545-0047
Forr	" g	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			0000
			Do not enter social security numbers on this form as it	-		Open to Public
Depai Intern	tment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	latest	information.	Inspection
AF	or th	e 2020 calend	ar year, or tax year beginning $ { m JUL}1,2020$ and endir	ng J	UN 30, 2021	
B C	heck if oplicab	le: C Name of	forganization		D Employer identific	ation number
	Addre	ss STUD	ENTS RUN AMERICA			
	Name Chang	pe Doing bi	usiness as		95-443050	2
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room CREBS AVENUE	n/suite	E Telephone number 818-654-3	360
	⊥returr termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,230,212.
	Amer returr	ded TARZ	ANA, CA 91356		H(a) Is this a group ret	um
	Appli dion		nd address of principal officer: MARSHA CHARNEY		for subordinates?	Yes X No
Pending SAME AS C ABOVE H(b) Are all subordinates included?						Iuded? Yes No
	I Tax-exempt status: X 501(c)(3) 501(c) ()					
					H(c) Group exemption	
	orm o I rt I	f organization: Summary	X Corporation Trust Association Other ►	_ Year	of formation: 1993 M	State of legal domicile: CA
Га				0.17		CECONDADY
e	1		e the organization's mission or most significant activities: CHALLEN			SECONDARY
Governance	•		S TO STAY IN SCHOOL AND EXPERIENCE TH			
ern	2		x if the organization discontinued its operations or disposed of		1.1	
30V	3		ting members of the governing body (Part VI, line 1a)			<u>23</u> 21
	4		lependent voting members of the governing body (Part VI, line 1b)			
Activities &	5		of individuals employed in calendar year 2020 (Part V, line 2a)			30
ivit	6		of volunteers (estimate if necessary)			650
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
	_				Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		2,258,815.	1,608,559.
ent	9	•	ce revenue (Part VIII, line 2g)		91,270.	38,377.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		27,858.	55,529.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,377,943.	1,702,465.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		59,000.	52,000.
	14		to or for members (Part IX, column (A), line 4)	·	0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		418,085.	441,994.
sue			undraising fees (Part IX, column (A), line 11e)	-	0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25) 52,824 .	_	1 000 015	000 241
ш	17		es (Part IX, column (A), lines 11a·11d, 11f·24e)		1,899,915.	878,341.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,377,000.	1,372,335.
	19	Revenue less	expenses. Subtract line 18 from line 12		943.	330,130.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
sset 3alaı	20	Total assets (F			1,502,059.	1,896,544.
at A:	21		(Part X, line 26)		123,516.	196,984.
			fund balances. Subtract line 21 from line 20		1,378,543.	1,699,560.
	rt II					
			I declare that I have examined this return, including accompanying schedules and s			knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.	
		I N			1	

Sign Here	Signature of officer MARSHA CHARNEY, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer	Print/Type preparer's namePreparer's signatureDateJUAN P. LOPEZ, CPAJUAN P. LOPEZ, CPA02/18	Check PTIN /22 generation P01367411 Firm's EIN ► 81-2737245
Use Only	Firm's address 3500 WEST OLIVE AVENUE, SUITE 680	Phone no. 818 - 840 - 7075
May the I	AS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)

12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) STUDENTS RUN AMERICA	95-4430502	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔲
1	Briefly describe the organization's mission: <u>CHALLENGE UNDERSERVED SECONDARY STUDENTS TO STAY IN SCHO</u> <u>EXPERIENCE THE BENEFITS OF GOAL-SETTING, CHARACTER DEVEN</u>	LOPMENT, ADUL	r
	MENTORING AND IMPROVED HEALTH BY PROVIDING THEM WITH A 1	LIFE-CHANGING	
	EXPERIENCE: COMPLETING THE LA MARATHON.		
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	XNo
	If "Yes," describe these new services on Schedule O.		T
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	· · · · ·	ld
4a	(Code:) (Expenses \$ 1,256,514. including grants of \$ 52,000.) (Rev STUDENTS RUN LA (SRLA) CREATES A SAFE, SUPPORTIVE COMMUN	enue \$ 38,	377.)
	STUDENTS RUN LA (SRLA) CREATES A SAFE, SUPPORTIVE COMMUN	NITY AT 185+	,
	PUBLIC SCHOOLS, WELCOMING MORE THAN 2,500 STUDENTS TO TH	RAIN ALONGSID	Ε
	THEIR TEACHERS TO COMPLETE THE LOS ANGELES MARATHON. TH		
	TRANSFORMATIVE EXPERIENCE, SRLA STUDENTS DISCOVER THEIR		
	LEARN HOW TO SET AND ACHIEVE PERSONAL AND ACADEMIC GOALS		
	THE RESILIENCY TO OVERCOME LIFE'S OBSTACLES. EACH YEAR,		OME
	ACTIVE TEN OR MORE HOURS A WEEK; MORE THAN 95% OF THE ST		
	ATTEMPT THE MARATHON COMPLETE THE 26.2-MILE COURSE; MORI		
	THE SENIORS IN SRLA GRADUATE FROM HIGH SCHOOL; MORE THAN	N 90% OF THES	Ε
	GRADUATES HAVE PLANS TO ATTEND COLLEGE, WITH MORE THAN '	75% OF THEM	
	BEING AMONG THE FIRST GENERATION OF THEIR FAMILIES TO GO		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,256,514.	/	
		Form 9	90 (2020)
020000	2 12-23-20		- (2020)
032002	3		

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 Form 990 (2020)
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 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	Х	
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 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,		77	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
e		11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L	Schedule D, Parts XI and XII	12a	<u></u>	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	i-ta		
0	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		x
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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."			
	complete Schedule G, Part III	19		x
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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Form	990 (2020) STUDENTS RUN AMERICA 95-443 t IV Checklist of Required Schedules (continued)	0502	Р	age 4
1 41	Checkinst of hequired Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
• •	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
~~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>34</u> 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		- 23
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a		3		
b		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2020) STUDENTS RUN AMERICA 95-4430	502	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9		9a		
a b		9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form 990	(2020)
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STUDENTS RUN AMERICA

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Yes No

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 on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

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Form 990 (2020)	STUDENTS RUN AMERICA	95-4430502	Page 7			
Part VII Compensa	ition of Officers, Directors, Trustees, Key Employees, I					
Employees, and Independent Contractors						
Check if Sche	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						

Report compensation for the calendar year ending with or wi • 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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032007 12-23-20

	Form 990 (2020) STUDENTS RUN AMERICA 95-4430502 Page 8					'age 8							
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss per nd a di	more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	n		(F) stimate nount other	of
	(list any hours for related organizations below line)	ndividual trustee or director	In stitutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		f org an	npensa rom th ganizat d relat anizati	ie tion ted
(18) KRISTINE MICHIE DIRECTOR	5.00	x			×			0.		0.			0.
(19) VERONICA PEREZ DIRECTOR	5.00	x						0.		0.			0.
(20) LARRY RAWSON	5.00	x						0.					
DIRECTOR (21) MURPHY REINSCHREIBER	5.00									0.			0.
DIRECTOR (22) MARK SHINDERMAN	5.00	X						0.		0.			0.
DIRECTOR (23) HELEN YNIGUEZ	5.00	X						0.		0.			0.
DIRECTOR		X						0.		0.			0.
		-											
1b Subtotal			L		L			37,186.		0.		2,9	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0. 37,186.		0. 0.		2,9	0. 85.
2 Total number of individuals (including but ne compensation from the organization ►	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	phest compensated emp	loyee on	1		Yes	No
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su											3		X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a											4		X
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors											5		X
 Complete this table for your five highest con the organization. Report compensation for t 										ensat	tion fr	ст	
(A) Name and business			ONE					(B) Description of s		С		C) ensatio	'n
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	niteo	d to f	thos (ted	above) who received me	ore than				
											Form	990 (2020)

032008 12-23-20

Pa	πν										
			Check if Schedule O c	conta	ins a respo	nse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s s	1	2	Federated campaigns		1a						
ant	•		Membership dues								
Ω ^E			Fundraising events								
ifts I											
s, G			Government grants (contri				103,692.				
Sii			All other contributions, gifts,								
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included			1,	504,867.				
li ci		g	Noncash contributions included in I				684,170.				
and		h	Total. Add lines 1a-1f				►	1,608,559.			
							Business Code				
e	2	а	RACE FEES				611710	38,377.	38,377.		
° zi		b									
Sei		с									
am		d									
Program Service Revenue		е									
Ţ,		f	All other program service	reven	ue						
		g	Total. Add lines 2a-2f				>	38,377.			
	3		Investment income (includ	ling d	lividends, ir	ntere	st, and				
			other similar amounts)				►	22,223.			22,223.
	4		Income from investment o	of tax-	exempt bo	nd p	roceeds				
	5		Royalties	· · · · · · · · · ·	<u></u>						
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	·							
	7	а	Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a -	561,05	3.					
		b	Less: cost or other basis			-					
Revenue			and sales expenses	7b :	<u>527,74</u>	$\frac{1}{c}$					
eve		C.	Gain or (loss)	7c	33,30	0.	L	22 206			22 206
er R			Net gain or (loss)			·····	►	33,306.			33,306.
Othe	8	а	Gross income from fundraisin								
0			including \$								
			contributions reported on								
		I -	Part IV, line 18			8a 8b					
			Less: direct expenses Net income or (loss) from t								
			Gross income from gamin		•		>				
	y	a	Part IV, line 19			0					
		h	Less: direct expenses			9a 9b					
			Net income or (loss) from				>				
			Gross sales of inventory, le	-	-	, 					
		ŭ	and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from :								
				- 4.00		<u>,</u>	Business Code				
sno	11	а									
Due		b									
scellaneo <u>Revenue</u>		с									
Miscellaneous Revenue		d	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					1,702,465.	38,377.	0.	55,529.
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Form 990 (2020)

STUDENTS RUN AMERICA Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	42,000.	42,000.		
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,	52,985.	42,387.	5,299.	5,299
6	trustees, and key employees	52,505.	=2,507.	5,255.	5,255
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	345,059.	276,047.	34,506.	34,506
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,487.	9,991.	1,248.	1,248
D	Payroll taxes	31,463.	25,170.	3,146.	3,147
1	Fees for services (nonemployees):				
а	Management				
b	Legal	15 550	10.000		
С	Accounting	15,750.	12,600.	2,362.	788
	Lobbying				
	Professional fundraising services. See Part IV, line 17	2,623.	2 008	204	131
	Investment management fees	2,023.	2,098.	394.	T 2 1
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	22,521.	18,017.	3,378.	1,126
2	Advertising and promotion	3,169.	10,017.	5,5701	3,169
2 3	Office expenses	41,063.	33,531.	5,532.	2,000
4	Information technology	,			_,
5	Royalties				
6	Occupancy				
7	Travel	3,034.	2,579.	303.	152
в	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	28,760.	24,446.	4,314.	
)	Interest				
1	Payments to affiliates		1		
2	Depreciation, depletion, and amortization	1,457.	1,238.	146.	73
3		23,692.	20,138.	2,369.	1,185
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SHOES AND CLOTHES	477,619.	477,619.		
	RACE COSTS	182,430.	182,430.		
c	RACE ENTRY FEES	76,223.	76,223.		
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,372,335.	1,256,514.	62,997.	52,824
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2020)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

STUDENTS RUN AMERICA

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

				(A) Beginning of year		(b) End of year
1	Cash - non-interest-bearing			16,735.	1	48,719.
2	Savings and temporary cash investments	404,451.	2	237,132.		
3	Pledges and grants receivable, net	129,500.	3	101,750.		
4	Accounts receivable, net			•	4	
5	Loans and other receivables from any current or				-	
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualif				-	
	under section 4958(f)(1)), and persons described				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	140,839.
9				51,518.	9	140,839. 5,341.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	51,077.			
b	Less: accumulated depreciation		51,077. 35,666.	4,278.	10c	15,411.
11	Investments - publicly traded securities			895,577.	11	<u>15,411.</u> 1,347,352.
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equa	1,502,059.	16	1,896,544.		
17	Accounts payable and accrued expenses		17			
18	Grants payable	51,500.	18	51,000.		
19	Deferred revenue		19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or form	er officer,	director,			
	trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
	controlled entity or family member of any of thes	e persons			22	
23	Secured mortgages and notes payable to unrela	ted third p	arties		23	
24	Unsecured notes and loans payable to unrelated	I third parti	ies	72,016.	24	145,984.
25	Other liabilities (including federal income tax, page	yables to re	elated third			
	parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
	of Schedule D		····· -	100 516	25	106.004
26				123,516.	26	196,984.
	Organizations that follow FASB ASC 958, che	ck here 🖡				
	and complete lines 27, 28, 32, and 33.			1 1 2 0 6 0 0		1 520 040
27	Net assets without donor restrictions	1,139,600.	27	1,530,248. 169,312.		
28	Net assets with donor restrictions	238,943.	28	169,312.		
	Organizations that do not follow FASB ASC 9	58, check	here 🕨 🛄			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds		29			
30	Paid-in or capital surplus, or land, building, or eq		30			
31	Retained earnings, endowment, accumulated inc	,		1 270 5/2	31	
32	Total net assets or fund balances			1,378,543.	32	1,699,560.
33	Total liabilities and net assets/fund balances			1,502,059.	33	1,896,544.

(B)

(A)

1,896,544. Form 990 (2020)

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Form	990 (2020) STUDENTS RUN AMERICA	95-44	30502	Pad	_{ge} 12
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	1,702	2,4	65.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,372	2,3	35.
3	Revenue less expenses. Subtract line 2 from line 1	3	33(),1	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,378	3,5	43.
5	Net unrealized gains (losses) on investments	5	- 9	9,1	13.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,699	9,5	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2020)

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SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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
	2020
	Open to Public Inspection
Emp	loyer identification number

Name of the	organization
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		ENTS RUN A						5-4430502
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The organ 1 2 3 4	nization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state:	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Forn anization described in se	l in sectio n 990 or 99 ection 170	n 170(b)(1 90-EZ).) 9(b)(1)(A)(ii	ii).	(iii). Enter	the hospital's name,
5 6 7 X 8 9	 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 							
10	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Col An organization organized a	npt functions, subjec ness taxable income mplete Part III.)	t to certain exceptions; a (less section 511 tax) fro	and (2) no i om busines	more than sses acqui	33 1/3% of its red by the org	s support fr	rom gross investment
12 a b c d	 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 							
e 🗌	_ Check this box if the orga functionally integrated, or					турет, турет	і, туре ш	
f Ent	er the number of supported o	organizations						
g Pro	vide the following information (i) Name of supported organization	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990 EZ) 2020 STUDENTS RUN AMERICA

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2011456.	2512286.	2623147.	2258815.	1608559.	11014263.
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	10.000			1.0.000	1.0.000	
	the organization without charge	13,800.	13,800.	13,800.	13,800.	13,800.	69,000.
	Total. Add lines 1 through 3	2025256.	2526086.	2636947.	2272615.	1622359.	11083263.
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)						4362411.
	Public support. Subtract line 5 from line 4.						6720852.
	ction B. Total Support					[
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2025256.	2526086.	2636947.	2272615.	1022359.	11083263.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	24.100	20 500		0.6 61 17		140.016
	and income from similar sources	34,186.	30,500.	28,690.	26,617.	22,223.	142,216.
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.)						11005400
	Total support. Add lines 7 through 10						11225479.
	Gross receipts from related activities,	`	,			12	271,923.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	. —
800	organization, check this box and stor						
	ction C. Computation of Publi						59.87 %
	Public support percentage for 2020 (I		•			14	= 4 . 0.4
	Public support percentage from 2019					15	
108	33 1/3% support test - 2020. If the other have The experimentation qualifier						N V
L	stop here. The organization qualifies		-		line 15 is 22 1/20/		
ŭ	33 1/3% support test - 2019. If the c						
47-	and stop here. The organization qual				10 160 or 16b o		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
Ŀ	meets the facts-and-circumstances te	•	•		•	7a and line 15 is	
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-		• •		
IŎ	Private foundation. If the organization	IT UIU HOL CHECK A		a, 100, 17a, or 170			
					John) or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 STUDENTS RUN AMERICA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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-						
	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						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17 _			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2019. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			· · · · · · · · · · · · · · · · · · ·
03202	23 01-25-21		16	5	Sch	edule A (Form 990	0 or 990-EZ) 2020

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2020.05070 STUDENTS RUN AMERICA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

Yes No

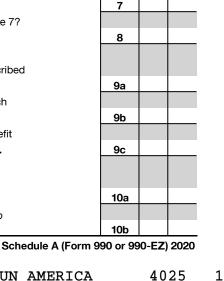
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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 disgualified 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 line 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.)

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Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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		
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			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Vaa	No

			res	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
3	By reason of the relationship described in line 2, above, 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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the met	thod that the organization used to	satisfy the Integral Part Te	est during the vear	(see instructions).
---------------------------------	------------------------------------	------------------------------	---------------------	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Yes No

Schedule A (Form 990 or 990-EZ) 2020 STUDENTS RUN AMERICA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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	ly integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 STUDENTS RUN AMERICA

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
-				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020 STUDENTS RUN AMERICA	95-4430502 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 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; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	al information.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

95-4430502

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Filers of:	Section:				
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

CA

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

STUDENTS RUN AMERICA

Name of organization

Employer identification number

95-4430502

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 63,480. Noncash Χ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 36,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 48,000. X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll X 60,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 217,818. Noncash X \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

95-4430502

STUDENTS RUN AMERICA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
7		\$40,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
8		\$73,892.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
9		\$254,000.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
10		\$ <u>50,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
11		\$40,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

95-4430502

STUDENTS RUN AMERICA

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Froperty (see instructions). Use duplicate copies of Part in	n additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	696 T-SHIRTS	_	
		\$3,480.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	4,000 PAIR OF BOMBAS SOCKS	_	
		\$48,000.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	3,000 GOODR SUNGLASSES	_	
		\$60,000.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	6,594 NIKE HATS, 1,475 NIKE SWEAT PANTS, 443 NIKE SHOES	_	
		\$217,818.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	4,248 NIKE FINISHER SWEATSHIRTS AND UNIFORMS	_	
		\$\$	05/14/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
]		_	
		\$	990-EZ, or 990-PF) (20

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ame of orgar	nization			Employer identification numbe
TUDENT	S RUN AMERICA			95-4430502
Part III E	xclusively religious, charitable, etc., contributi rom any one contributor. Complete columns (a) pompleting Part III, enter the total of exclusively religious, Jse duplicate copies of Part III if additional	through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	ry. For organizations	hat total more than \$1,000 for the ye
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
-		(e) Transfer of gift		
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift id ZIP + 4		insferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, ar	ad ZIP + 4	Relationship of tra	Insferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	I	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
3454 11-25-20		26	Schedule	B (Form 990, 990-EZ, or 990-PF) (20

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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	► Complete if the organ Part IV, line 6, 7, 8, 9, 10, ► A	I Financial Statements nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ttach to Form 990. D for instructions and the latest inform	b.	OMB No. 1546 202 Open to F Inspectio	O ublic
Name of the organization	ion STUDENTS RUN AMERIC	δ	Em	nployer identification $95-44305($	
Part I Organiza	ations Maintaining Donor Advised		or Accou		
	on answered "Yes" on Form 990, Part IV, line				
		(a) Donor advised funds	(b) Fu	nds and other accoun	ts
1 Total number at e	nd of year				
	of contributions to (during year)				
	of grants from (during year)				
	at end of year				
5 Did the organization	on inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds		
are the organization	on's property, subject to the organization's ex	xclusive legal control?		Yes	No.
6 Did the organization	on inform all grantees, donors, and donor ad	visors in writing that grant funds can be r	used only		
for charitable purp	poses and not for the benefit of the donor or	donor advisor, or for any other purpose o	conferring		
	vate benefit?				No.
Part II Conserv	vation Easements. Complete if the orga	anization answered "Yes" on Form 990, F	Part IV, line 7	7.	
Protection of	of natural habitat	, <u> </u>		y important land area iistoric structure	
Preservation 2 Complete lines 2a	n of open space I through 2d if the organization held a qualifie	Preservation of	a certified h	ation easement on the	
 Preservation Complete lines 2a day of the tax yea 	n of open space I through 2d if the organization held a qualifie r.	Preservation of ed conservation contribution in the form of	a certified h	istoric structure	
 Preservation Complete lines 2a day of the tax yea a Total number of c 	n of open space I through 2d if the organization held a qualifie r. onservation easements	Preservation of ed conservation contribution in the form of	a certified h	ation easement on the	
 Preservation Complete lines 2a day of the tax yea a Total number of c b Total acreage rest 	n of open space through 2d if the organization held a qualifie r. onservation easements pricted by conservation easements	Preservation of ed conservation contribution in the form of	a certified h	ation easement on the	
 Preservation Complete lines 2a day of the tax yea Total number of c Total acreage rest Number of conservation 	n of open space I through 2d if the organization held a qualifie r. onservation easements	Preservation of ed conservation contribution in the form of cture included in (a)	a certified h of a conserva 2a 2b 2c	ation easement on the	
 Preservation Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser 	n of open space through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired affi	Preservation of ed conservation contribution in the form of cture included in (a) ter 7/25/06, and not on a historic structu	a certified h of a conserva 2a 2b 2c re	ation easement on the	
 Preservation Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser listed in the Nation 	n of open space through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic struct	Preservation of ed conservation contribution in the form of cture included in (a) ter 7/25/06, and not on a historic structu	a certified h of a conserva 2a 2b 2c re 2d	ation easement on the Held at the End of the	
 Preservation Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser listed in the Nation 	n of open space through 2d if the organization held a qualifie r. onservation easements cricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired affi nal Register vation easements modified, transferred, relea	Preservation of ed conservation contribution in the form of cture included in (a) ter 7/25/06, and not on a historic structu	a certified h of a conserva 2a 2b 2c re 2d	ation easement on the Held at the End of the	
 Preservation Complete lines 2a day of the tax yea Total number of c Total acreage rest Number of conser Number of conser Number of conser Number of conser 	n of open space through 2d if the organization held a qualifie r. onservation easements cricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired affi nal Register vation easements modified, transferred, relea	Preservation of ed conservation contribution in the form of cture included in (a) ter 7/25/06, and not on a historic structu ased, extinguished, or terminated by the	a certified h of a conserva 2a 2b 2c re 2d	ation easement on the Held at the End of the	
 Preservation Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser listed in the Nation 3 Number of conser year 4 Number of states 	n of open space through 2d if the organization held a qualifie r. onservation easements cricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aff nal Register vation easements modified, transferred, relea	Preservation of ed conservation contribution in the form of cture included in (a) ter 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ement is located ►	a certified h of a conserva 2a 2b 2c re 2d	ation easement on the Held at the End of the	
 Preservation Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser listed in the Nation 3 Number of conser year 4 Number of states 5 Does the organiza violations, and en 	n of open space through 2d if the organization held a qualifie r. onservation easements tricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired affinal Register vation easements modified, transferred, releat where property subject to conservation ease where property subject to conservation ease tion have a written policy regarding the perior forcement of the conservation easements it h	Preservation of ed conservation contribution in the form of cture included in (a) ter 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located > odic monitoring, inspection, handling of nolds?	a certified h of a conserva 2a 2b 2c re 2d organizatior	tistoric structure	Tax Yea
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 Preservation Complete lines 2a day of the tax yea Total number of c Total acreage rest Number of conser Number of conser Number of conser Number of conser Number of states Does the organiza violations, and em Staff and voluntee \$ Amount of expense \$ 	n of open space through 2d if the organization held a qualifie r. onservation easements tricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired affinal Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the perior forcement of the conservation easements it her hours devoted to monitoring, inspecting, handling ses incurred in monitoring, inspecting, handling	Preservation of ed conservation contribution in the form of cture included in (a) ter 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located ▶	a certified h	Attion easement on the Held at the End of the End of the Held at the End of the	Tax Yea
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 Preservation Complete lines 2a day of the tax yea Total number of c Total acreage rest Number of conser listed in the Nation Number of conser year > Number of states Does the organiza violations, and ent Staff and voluntees \$ Mount of expenses \$ Does each conser and section 170(h 	n of open space through 2d if the organization held a qualifie r. onservation easements tricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired affinal Register vation easements modified, transferred, releat where property subject to conservation ease where property subject to conservation ease tion have a written policy regarding the perior forcement of the conservation easements it here ther hours devoted to monitoring, inspecting, handling ses incurred in monitoring, inspecting, handling vation easement reported on line 2(d) above u)(4)(B)(ii)?	Preservation of ed conservation contribution in the form of cture included in (a) ter 7/25/06, and not on a historic structu ased, extinguished, or terminated by the ment is located ▶ odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conservat satisfy the requirements of section 170(t	a certified h of a conserva 2a 2b 2c re 2d organization ervation easemer n)(4)(B)(i)	Ation easement on the Held at the End of the Held at the Held at the End of the Held at the End of the Held at the Held at the End of the Held at the End of the Held at the End of the Held at the End of the Held at the Held at the End of the Held at th	Tax Yea
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1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

			+
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

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Sche		S RUN AMERI						95-44	<u>3050</u> 2	2 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histori	cal Trea	asures, or	^r Other	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check an	y of the fo	llowing that	make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loa	an or exch	ange progra	ım					
b	Scholarly research	е	🗌 Oth	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how they t	further the	e organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histor	rical treasu	ures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the or	ganization	answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		2					_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	e:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
t Or	Ending balance								Yes		1
	Did the organization include an amount on Fo						ity?	L	_ res		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
		(a) Current year	(b) Prior		(c) Two year	I		/ears back	(e) Four	veare	hack
1a	Beginning of year balance	(a) Ourrent year		iyeai		3 Dack		Cars Dack		yours	Dauk
h	Contributions										
c c	Net investment earnings, gains, and losses										
d d	Grants or scholarships										
e	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. co	olumn (a))	held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that ar	e held and	d administer	ed for th	e organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment func	ds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr		(b) Cost o basis (c	I	• •	ccumulate preciation	ed	(d) Boo	k value	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				9,096.		13,6		1	5,41	
-	Other				L,981.		21,9	81.			0.
Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part J	X <u>, column (</u>	' <u>B), line 10</u>	c.)				1.	5,4:	11.

Schedule D (Form 990) 2020

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Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 STUDENTS RUN AMERICA			95-4	4430502	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s With Re	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,707	,152.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-9,113.			
b	Donated services and use of facilities	2b	13,800.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	<u>4</u> 1,702	<u>,687.</u>
3	Subtract line 2e from line 1			3	1,702	<u>,465.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,702	<u>,465.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	its With E	xpenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Takel company and the second state with all the second state to be second.					
2	Total expenses and losses per audited financial statements			1	1,386	,135.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,386	,135.
z a		2a	13,800.	1	1,386	,135.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,386	,135.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	1,386	<u>,135.</u>
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1		
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	13,800.	_1 2e	13	,800.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	13,800.			,800.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	13,800.	2e	13	,800.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	13,800.	2e	13	,800.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	13,800.	2e	13	,800.
a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	13,800.	2e	<u>13</u> 1,372	<u>,800.</u> ,335. 0.
a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	13,800.	2e 3	13	<u>,800.</u> ,335. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury	Comp		Attach to For				2020 Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization	S RUN AMERI	CA					Employer identification number $95 - 4430502$		
Part I General Information on Gran	ts and Assistance								
1 Does the organization maintain recor									
criteria used to award the grants or a							X Yes No		
2 Describe in Part IV the organization's									
Part II Grants and Other Assistance	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any		
recipient that received more th 1 (a) Name and address of organizatio or government		(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (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		
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET, NO 24 LOS ANGELES, CA 90012	0 95-4302067	501(C)(3)	10,000.	0.			PASSTHROUGH GRANT		
 2 Enter total number of section 501(c)(3 Enter total number of other organization 			l e line 1 table			l	<u> </u>		

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

Schedule I (Form 990) 2020

STUDENTS RUN AMERICA

Page 2

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DLLEGE SCHOLARSHIPS	96	42,000.	٥.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SCHOLARSHIPS ARE AWARDED TO GRADUATING HIGH SCHOOL SENIORS WHO HAVE TRAINED

FOR, AND PARTICIPATED IN, THE 2020 LOS ANGELES MARATHON. THE SCHOLARSHIPS

ARE AWARDED TO STUDENTS WHO HAVE SUBMITTED APPLICATIONS, MET CERTAIN

CRITERIA, AND HAVE BEEN SELECTED BY A GROUP OF OUTSIDE UNRELATED READERS.

THE SCHOLARSHIPS ARE PAID DIRECTLY TO THE COLLEGES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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



Employer identification number

95-4430502

STUDENTS	RUN	AMERICA		
onerty				

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	x		402 770.	WHOLESALE V		2	
6	Cars and other vehicles			102,770.			-	
7								
8	Boats and planes Intellectual property							
9		x	4	10 352	MARKET QUOT	ΔΠΤΟ	NG	
-	Securities - Publicly traded			10,552.			110	
10	Securities - Closely held stock Securities - Partnership, LLC, or							
11								
10	trust interests							
12	Securities - Miscellaneous							
13								
44	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	v	9	261 049		<u>א ד דדד</u>	7	
25	Other (<u>RACE ITEMS</u>)	X	9	201,040.	ESTIMATED V	ALUI	2	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	/ for which column (a) is cheo	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020 STUDENTS RUN AMERICA Part II Supplemental Information. Provide the information

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USED A BROKERAGE FIRM TO SELL THE SECURITIES THAT WERE

DONATED.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

OMB No. 1545-0047

STUDENTS RUN AMERICA

95-4430502

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOAL-SETTING, CHARACTER DEVELOPMENT, ADULT MENTORING AND IMPROVED

HEALTH BY PROVIDING THEM WITH A LIFE-CHANGING EXPERIENCE: COMPLETING

THE LA MARATHON.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS CAREFULLY REVIEWED BY THE EXECUTIVE DIRECTOR, WHO THEN PRESENTS

THE RETURN TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND ARE EXPECTED

TO RECUSE THEMSELVES FROM ANY MATTERS IN WHICH THERE MAY BE A CONFLICT OF

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR

BASED ON COMPARABLE SALARIES, PERFORMANCE AND THE FINANCIAL CONDITION OF

THE ORGANIZATION. THE EXECUTIVE DIRECTOR DETERMINES THE SALARY AND BENEFITS

OF OTHER EMPLOYEES WITH INPUT FROM THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART VII, SECTION A, LINE 2:

ERIC SPEARS IS NOT COMPENSATED FOR ANY OF THE WORK HE DOES AS AN SRLA

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization STUDENTS RU	N AMERIÇA		Page 2 Employer identification number 95-4430502
BOARD MEMBER. HE IS A PAR		S PAID FOR 7	THE SERVICES
HE PROVIDES TO SRLA, INCLU	UDING EDUCATING AND A	DVISING SRLA	A LEADERS IN
THE TRAINING OF THEIR STU	DENTS; RUNNING WITH,	AND ENCOURAG	GING, STUDENTS
AT ALL SRLA EVENTS; LIAIS	ING WITH CRITICAL RAC	E PARTNERS C	ON BEHALF OF
THE ORGANIZATION, AMONG O	THER RESPONSIBILITIES	5.	
2212 11-20-20		Sch	edule O (Form 990 or 990-EZ) 2020
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