Form 990-EZ Return of Organization Exempt From Income Tax Under section SIG: 527: of 9747(3) of the Internal Revenue Code (except private found atoms) 2020 Decemption 2020 Desameter of the Traver reference of the Traver refere		•		Return of Organ	Short I		a Tax		OMB No. 1545-0047
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* Go to www.rs.gov/Form990E2 for instructions and the latest information. Inspection A For the 2020 calendar year, or tax year beginning 7 /01 .2020. and ending 6/30 .2021 .2021 B cross of angement C Demoter stretutions and the latest information. Demoter stretution number 26-4655624 B have dates E THE RUN INC Point and the latest information. C Constructions and the latest information. Demoter stretution number 26-4655624 C Accounting Method: Q Cash _ Account Other (specify) * H H Check = 01 (the organization is not required to latest checked as RF orm 990.522. Y assempt statis (back only are) - Q (90(K) _ (90(K) _ (00(K) _				Do not enter social sec	urity numbers o	on this form, as it may be	made public	. F	On an ta Datalla
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Website: * www.letmerun_org required to attach Schedule B Y Tar-exempt status (nex m)r ano - X 301(x) 0 101(x) - (insert no.) 447(3x)(x) or 152 required to attach Schedule B K Form of organization: X 0 Corporation Trust Association Other	Ē	Applica	ation pending				ſ		×emption ►
J Tax-exempt status (check only one) — (x) 501(c)(3) = 501(c)(1) = (insert no.) — (4947(a)(1) or — (527) (Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation — Trust — Association — Other Association — Other L Add lines 50, 6c, and 7 to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total essels (Part II, column (B)) are \$550,000 or more, file Form 990 instead of Form 990-EZ. • \$ 153,035. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) (x) Check if the organization used Schedule O to response to any question in this Part L. 1 137,891. 2 Program service revenue including overnment fees and contracts. 2 8,365. 3 Membership dues and assessments. 4 6,779. 5 Gross amount from sale of assets other than inventory. 5a 5a 6 Gaming and fundraising events: (not including \$ of contributions 5cc 6 Gaming and fundraising events: (not including \$ of contributions 6b c Less: direct expenses from gaming and fundraising events: (not including \$ of contributions 6cd 7 a Gross income from fundraising events: (not including \$ of contributions 6cd	G	Acco	unting Method	I: 🔀 Cash 🗌 Accrual Other (s	specify) 🕨		H Check	► if the	organization is not
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11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 12 147,896. 13 Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance. 14 5,250. 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule O). 16 60,000. 17 Total expenses. Add lines 10 through 16. 17 213,146. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 -60,111. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 234,552.		-							153,035.
Section12Salaries, other compensation, and employee benefits12147,896.13Professional fees and other payments to independent contractors.131414Occupancy, rent, utilities, and maintenance145,250.15Printing, publications, postage, and shipping.151516Other expenses (describe in Schedule O).See Schedule O1660,000.17Total expenses. Add lines 10 through 1617213,146.18Excess or (deficit) for the year (subtract line 17 from line 9)18-60,111.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year19294,663.20Other changes in net assets or fund balances (explain in Schedule O).2021234,552.									
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	Ne								231 552
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orm 990-EZ (2020) LET M		ructions for Part II)		20	-465	6224 Pa
Check if the organiz	ation used Sche	dule O to respond to any qu	estion in this Part II	<u></u>	<u></u>	<u></u>
				A) Beginning of yea		(B) End of year
				418,385	-	403,3
3 Land and buildings		See Schedule	<u> </u>	3,621	. 23	1,2
5 Total accote				63,362	. 24	70,0
6 Total liabilities (describe	in Schedule ())	See Schedule	e 0	485,368	. 25	474,6
7 Net assets or fund balar	nces (line 27 of c	column (B) must agree with	line 21)	<u>190,705</u> 294,663	20	240,0
		complishments (see the inst		294,003	. 27	Expenses
Check if the organ	nization used Sch	nedule O to respond to any o	question in this Part III.	Х	(Real	uired for section 50
at is the organization's primary exe	mpt purpose? See	Schedule O			(c)(3)) and 501(c)(4)
escribe the organization's pr	ogram service ac	ccomplishments for each of manner, describe the servio ach program title.	its three largest progra	m services, as		hizations; optional hers.)
enefited, and other relevant	information for ea	ach program title.	ces provided, the hume	ber of persons		
<u>8 See Schedule O</u>						
(Grants \$) If thi	s amount includes foreign g	rants, check here	····· ►	28 a	124,9
9						
(Grants \$		s amount includes foreign g	rants check here	<u>-</u>	29 a	
(Grants Ş) 11 U II	s arriount includes foreign g			29 a	
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(Grants \$	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>	s amount includes foreign g	rants_check_here	-	30 a	
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		es 28a through 31a)			32	124,9
2 Total brodram service e	xpenses (add lln	125 ZOA HIIUUUH 3TAL				
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Check if the organ	s, Directors, T	Trustees, and Key Emp	bloyees (list each one ever question in this Part IV.	n if not compensated — s	ee the i	nstructions for Part IV)
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Forn	1 990-EZ (2020) LET ME RUN INC 26	-4656224		P	age 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		e S		0
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule Ó		33		Х
54	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	-	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities				
	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		Х
	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Sc $\frac{1}{2}$ Was the organization spacing EQ1(a)(4), EQ1(a)(5), or EQ1(a)(6) promination subject to postion EQ2(a) patients		35 b		
(: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notic reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	e,	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.			
	Did the organization file Form 1120-POL for this year?		37 b		Х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		38 a		Х
ł	j If 'Yes,' complete Schedule L, Part II, and enter the total amount involved	0.			
39	Section 501(c)(7) organizations. Enter:				
	a Initiation fees and capital contributions included on line 9	0.			
ł	Gross receipts, included on line 9, for public use of club facilities	0.			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ►	0.			
ł	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 e benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has r				
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		Х
C	s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	0.			
,	by the organization	0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax				37
41	shelter transaction? If 'Yes,' complete Form 8886-T.		40 e		Х
41	List the states with which a copy of this return is filed <u>None</u>				
42 a	a The organization's				
	books are in care of <u>EMILY BATTLE</u> Telephone no.	► <u>(704)</u> €	<u>551-</u>	<u>812</u>	1
	Located at ► PO Box 12091 CHARLOTTE NC ZIP + 4	► <u>28220</u>			
ł	• At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	2 L		Yes	No
	If 'Yes,' enter the name of the foreign country >	····· 2	42 b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
c	t any time during the calendar year, did the organization maintain an office outside the United States?		42 c		Х
	If 'Yes,' enter the name of the foreign country ►	L			
				_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		•		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	43			N/A
				Yes	No

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b		Х
c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i>	44 d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b		Х
ΒΔΔ	orm QQ	0.F7 (20201

Form 990-EZ (2020) LET ME RUN INC			26-465	56224		age 4
46 Did the organization engage, directly or indirectly	ctly, in political campai	gn activities on behalf o	of or in opposition to		Yes	No
candidates for public office? If 'Yes,' complete				46		Х
Part VI Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	e the table	s	
Check if the organization used S	Schedule O to resp	ond to any questio	n in this Part VI…			
47 Did the organization engage in lobbying activities complete Schedule C, Part II				47	Yes	No X
48 Is the organization a school as described in se						X
49 a Did the organization make any transfers to an	exempt non-charitable	e related organization?		49a		Х
 b If 'Yes,' was the related organization a section 50 Complete this table for the organization's five high employees) who each received more than \$100,00 	nest compensated emplo	yees (other than officers,	directors, trustees, and l			
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	d amour pensatic	nt of on
None						
 f Total number of other employees paid over \$1 51 Complete this table for the organization's five high compensation from the organization. If there is 	nest compensated indepe	endent contractors who ea	ach received more than \$	5100,000 of		
(a) Name and business address of each independent co	ontractor	(b) Type	of service	(c) Comp	ensation	n
None						
 d Total number of other independent contractors 52 Did the organization complete Schedule A? No completed Schedule A 	ote: All section 501(c)(3) organizations must a	ttach a	► X Yes	 , Г	No
Under penalties of perjury, I declare that I have examined this return, true, correct, and complete. Declaration of preparer (other than office	including accompanying sched	dules and statements, and to the	e best of my knowledge and be		·	

Sign Here	Signature of of	ficer		D	Date		
Here	EMILY BATTLE			Executive Director			
	Type or print n						
	Print/Type prepare	r's name	Preparer's signature	Date	Check if	PTIN	
Paid	Robert Ba	les	Robert Bales			P02160108	
Preparer	Firm's name ► Attolero, LLC						
Use Only	Firm's address ►	irm's address ► 2105 Water Ridge Parkway, Suite 570			Firm's EIN	81-5169849	
		Charlotte, NC 2	8217		Phone no. 70	4-641-2949	
May the IR	S discuss this r	eturn with the preparer sh	nown above? See instructions			… ► X Yes No	
BAA						Form 990-EZ (2020)	

SCHEDULE A (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.

OMB No.	1545-0047
20	20

				► Atta	ch to Form 990 or Form	n 990-EZ	<u>Z</u> .		Open to Public
Departi Interna	nent o I Reve	of the Treasury enue Service	► (Go to www.irs.gov/Fo	rm990 for instructions	and the	latest i	nformation.	Inspection
Name of the organization								Employer identific	ation number
		E RUN INC			·			26-465622	
	-			<u>, , , , , , , , , , , , , , , , , , , </u>	For lines 1 through 12,			1 /	ctions.
1 nie c	Ĕ.		•		hurches described in sec		2	,	
2					Schedule E (Form 990 or			ı y .	
3					ization described in sec			A)(iii).	
4									
5			ion operated for		ege or university owned				escribed in
6	\square	A federal, sta	ate, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(∨).	
7		An organization in section 17	on that normally r 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8		A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9			r a non-land-gra	nt college of agriculture	:tion 170(b)(1)(A)(ix) oper (see instructions). Enter	the nam			
10		from activities investment in	on that normall s related to its encome and unre	y receives (1) more t exempt functions, sub	han 33-1/3% of its supp bject to certain exceptio e income (less section	ort from ns; and	(2) no r	nore than 33-1/3% of i	ts support from gross
11		An organizati	on organized a	nd operated exclusive	ely to test for public safe	ety. See	sectior	n 509(a)(4).	
12		or more publi	icly supported o	rganizations describe	ely for the benefit of, to ed in section 509(a)(1) of upporting organization	or sectio	n 509(a)(2). See section 509(a	ut the purposes of one ()(3). Check the box in
а		Type I. A supp organization(s		on operated, supervise gularly appoint or elect	d, or controlled by its sup t a majority of the directo				g the supported on. You must
b		management	oporting organiz of the supporting t e Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or tion(s). You
С		Type III function organization(onally integrated s) (see instructi	. A supporting organizations). You must com	tion operated in connectio plete Part IV, Sections	n with, ar A, D, an	nd functio d E.	onally integrated with, its	supported
d		functionally in	ntegrated. The c	proanization generally	anization operated in cor must satisfy a distribu mat and D, and Part V.	nnection tion requ	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see
e		integrated, or	r Type III non-fu	inctionally integrated	en determination from supporting organizatior	۱.			e III functionally
				organizations n about the supported	d organization(s)				
		me of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in vour a	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

	organization fails to qualify u	under the tests lis	sted below, pleas	e complete Part II	ll.)		
Sec	tion A. Public Support		1	1	1		
Cale begi	ndar year (or fiscal year nning 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			1	1	<u>г </u>	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati stop here	on's first, second	, third, fourth, or t	fifth tax year as a	section 501(c)(3)	►
Sec	tion C. Computation of Pul	blic Support F	Percentage				
	Public support percentage for 20	•			•		%
15	Public support percentage from a	2019 Schedule A	, Part II, line 14.				%
16a	33-1/3% support test-2020. If the and stop here. The organization	ne organization d qualifies as a pu	id not check the blicly supported of	box on line 13, an organization	nd line 14 is 33-1/3	3% or more, check	this box ·····►
b	33-1/3% support test-2019. If th and stop here. The organization	e organization di qualifies as a pu	d not check a box blicly supported	x on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstance	s test, check this	box and stop here	e. Explain in Part \	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances'	and-circumstance test. The organiz	s test, check this ation qualifies as	box and stop here a publicly support	e. Explain in Part V ted organization	/I how the
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see ins	tructions 🕨

Schedule A (Form 990 or 990-EZ) 2020

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.)

Page 2	2
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Page 3

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

<u> .</u>	fails to qualify under the te	sis listed below, p	please complete P	-art II.)			
	tion A. Public Support	(-) 2016	(h) 0017	(0) 2010	(4) 0010	(-) 2022	
Calend 1	lar year (or fiscal year beginning in) ► Gifts, grants, contributions,	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	and membership fees received. (Do not include any 'unusual grants.')	289,180.	449,811.	464,763.	583,343.	137,891.	1,924,988.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax event purpose						
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade					8,365.	8,365.
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						<u> </u>
6	Total. Add lines 1 through 5	289,180.	449,811.	464,763.	583,343.	146,256.	1,933,353.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						1,933,353.
	tion B. Total Support	() 0010	4 > 0017	() 0010	(1) 0010	() 0000	(0 T + 1
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	289,180.	449,811.	464,763.	583,343.	146,256.	1,933,353.
	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	129.	37.	3,229.	3,218.	6,779.	13,392.
	Add lines 10a and 10b	129.	37.	3,229.	3,218.	6,779.	13,392.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	289,309.	449,848.	467,992.	586,561.	153,035.	1,946,745.
14	First 5 years. If the Form 990 is a organization, check this box and						▶∏
Sec	tion C. Computation of Pul						
_	Public support percentage for 20		-	ne 13, column (f)))	15	99.31 %
	Public support percentage from 2	•					0.00 %
	tion D. Computation of Inv						2.00
17	Investment income percentage for				ımn (f))		0.69 %
18	Investment income percentage fr			-			0.00 %
	33-1/3% support tests — 2020. If t is not more than 33-1/3%, check	he organization di	d not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, an	d line 17
b	33-1/3% support tests -2019. If t line 18 is not more than 33-1/3%	he organization di	d not check a box	k on line 14 or lin	e 19a, and line 16	is more than 33	-1/3%, and
20	Private foundation. If the organiz		•				
R۵۵	-		TEE 404031				90 or 990-F7) 2020

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

			Yes	No
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.	1		
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).	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.	2 3a		
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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	: 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.	4c		
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).	5a		
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?	5b		
С	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ</i>).	7		
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).	8		
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 .	9a		
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.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
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.	10a		
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.)	10a		

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Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a 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		
	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Saction B. Type I Supporting Organizations				

Section B. Type I Supporting Organizations

- 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? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.*

Section 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

Section D. All Type III Supporting Organizations

		Yes	110
1 Did the organization provide to each of its supported organizations, by the la organization's tax year, (i) a written notice describing the type and amount or year, (ii) a copy of the Form 990 that was most recently filed as of the date of t	of support provided during the prior tax		
organization's governing documents in effect on the date of notification, to the			
2 Were any of the organization's officers, directors, or trustees either (i) appoint organization(s) or (ii) serving on the governing body of a supported organization	nted or elected by the supported tion? If 'No.' explain in Part VI how		
the organization maintained a close and continuous working relationship with	h the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's sup voice in the organization's investment policies and in directing the use of the all times during the tax user? If <i>Vac</i> / describe in Part V the relationship describes and in directing the use of the arganization's during the tax user?	organization's income or assets at		
Il times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.			

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

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.

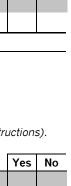
2a

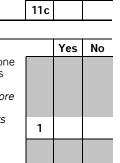
2b

3a

3h

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2

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	Vet short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross norme or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A ta	Aggregate fair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d T	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	/lultiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount				Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 E	Enter 0.85 of line 1.	2		
3 N	Ainimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
5 I	ncome 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-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2020

Section D – Distributions

BAA

Schedule A (Form 990 or 990-EZ) 2020

Section D – Distributions				Current Tear
1 Amounts paid to supported organizations to accomplish exempt p	ourposes		1	
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s of supported organization	S,	2	
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations		3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - provid	de details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ation is responsive (provide	details	8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.				
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2021. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

Current Year

Sche	dule	вВ
(Form	99 0 ,	990-EZ

Department of the Treasury

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2020

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

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information	ation.
Name of the organization		Employer identification number
LET ME RUN INC		26-4656224
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priv	vate 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	

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

- 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.

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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1	1	Page 2
Name of organization	Employer identification numb	er	
LET ME RUN INC	26-4656224		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>Feetures</u> 1210 25th Street PL SE	\$35,000.	Person X Payroll Noncash
	Hickory, NC 28602		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Blue Cross & Blue Shield 2301 Main Street Kansas City, MO 64108	\$ <u>10,000.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	The Charlotte Woman's Club PO Box 472249 Charlotte, NC 28247	\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1	1	Page 3
Name of organization	Employer identi	fication nu	mber
LET ME RUN INC	26-46562	224	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (a) No. from Part I (d) Date received (c) FMV (or estimate) (See instructions.) N/A (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) Part I (See instructions.) (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I BAA

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

	3 (Form 990, 990-EZ, or 990-PF) (2020)		1 1 Page 4				
Name of organ LET ME	nization RUN INC		Employer identification number $26-4656224$				
Part III		ne year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in	tions described in section 501(c)(7), (8), r. Complete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift						
Farti	N/A						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from		(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from	 (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gift					
	Transferee's name, addres		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
No. from Part I			(a) Description of now girl is new				
			+				
	(e) Transfer of gift						
			Relationship of transferor to transferee				
	L						
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number LET ME RUN INC 26-4656224

Form 990-EZ, Part I, Line 16 Other Expenses

Contract servicesCurriculum	6,260. 2,680.
Depreciation and amortization	5,371.
Insurance Marketing	6,693. 7,129.
Marketing.	7,820.
Online processing	378.
Other	14,280. 6,108.
Regional/Associate expenses	2,459.
Team supplies	294.
Training and materials	\$ <u>528.</u> 60,000.

Form 990-EZ, Part II, Line 24 **Other Assets**

	Beginnin	<u>g </u>	Ending
Intangible Assets	\$	0.\$	12,157.
OTHER ASSETS	5,17	7.	0.
Pledges and Grants Receivable	11,23	3.	11,533.
Prepaid Expenses and Deferred Charges	46,95	2.	46,338.
Total	\$ 63,36	2.\$	70,028.

Form 990-EZ, Part II, Line 26 Total Liabilities

	В	<u>eginning</u>	 Ending
Accounts Payable and Accrued Expenses Deferred Revenue		25,345. 11,860.	18,157. 5,700.
Unsecured Notes and Loans Payable		153,500.	216,240.
Total	\$	190,705.	\$ 240,097.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO INSPIRE BOYS THROUGH THE POWER OF RUNNING TO BE COURAGEOUS ENOUGH TO BE

THEMSELVES, TO BUILD HEALTHY RELATIONSHIPS, AND TO LIVE AN ACTIVE LIFESTYLE.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

LET ME RUN FALL/SPRING SEASON SERVED 3,423 PARTICIPANTS. 22% OF THOSE PARTICIPANTS

RECEIVED FINANCIAL ASSISTANCE THROUGH CONTRIBUTIONS AND TEAM SPONSORS. TOTAL

SCHOLARSHIP DISCOUNTS AWARDED WERE \$79,800.

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization	Employer identification number
LET ME RUN INC	26-4656224

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No