Form <b>99</b>	υ

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2015

Open to Public

#### Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

Depar	tment o	f the Treasury		nter social security numbers on t		-	•				Open to Public
Interna	nternal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.										Inspection
A I	For th	he 2015 calendar year, or tax year beginning 12-01, 2015, and ending 11									2016
B	Check if	if applicable: C Name of organization 30-DAYS FOUNDATION									oyer identification no.
<u> </u>	Address	change		27-39	971655						
1	lame cl	hange	Number and street (or P.O. b	ox if mail is not delivered to street address)			Room/sui	ite		E Teleph	none number
<u> </u>	nitial ret	turn	8014 OLSON MEM	ORIAL HWY			195				
E F	inal ret	urn/terminated	City or town, state or province	e, country, and ZIP or foreign postal code							188,124
A	Amended return GOLDEN VALLEY, MN 55427										receipts \$
<u> </u>	Applicati	ion pending	F Name and address of principa	al officer: MICK STERLING							
			Same as C abov	e			H(a)	Is this a gr subordinat	oup ret es?	turn for	Yes 🛛 No
1 1	Tax-exempt status: 🛛 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527 H(b) Are all subordina									tes included	d? 🗌 Yes 🗌 No
٦ ۱	Vebsite	e:► N/A					H(c)	If "No Group exe	o," attao mption	ch a list. (se i number	ee instructions) ▶
ĸ	Form of	organization: X	Corporation Trust As	sociation Other ►	LY	ear of formation: 2	010	M State	of lega	al domicile:	MN
Pa	rt I	Summar			I						
	1			sion or most significant activities:	WE CE	LEBRATE THE	SIMP	LE AC	то	F KINE	NESS FOR
		-	-	NCIAL AND PERSONAL CRIS							
Ce				SERVICE PROVIDED THAT							
Activities & Governance				ALL DONATIONS HAPPEN W			11001	<u> </u>			
ver	2			n discontinued its operations or disp			f its net	assets			
ß	3								3	1	5
<del>م</del> و	4			rs of the governing body (Part VI, li					4		5
ties	5			n calendar year 2015 (Part V, line 2					5		0
ť									6		
Ac	6		r of volunteers (estimate if	necessary)					-		40
	7a								7a	_	0
		Net unrelated	d business taxable incom	e from Form 990-T, line 34		•••••			7b		0
						-	Pr	ior Year			Current Year
a)	8			e1h)				119	,19	4	188,124
Revenue	9	0		e 2g)						_	0
eve	10			A), lines 3, 4, and 7d)							0
Ř	11			nes 5, 6d, 8c, 9c, 10c, and 11e) .						_	0
	12		· · · · · · · · · · · · · · · · · · ·	(must equal Part VIII, column (A), li				119	,19	4	188,124
	13		• •	IX, column (A), lines 1-3)				100	,04	6	147,084
	14	Benefits paid	to or for members (Part I	X, column (A), line 4)	• • • •						0
s	15			e benefits (Part IX, column (A), line	,	• • • • • • _		7	,75	0	6,840
nse	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)							0
Expenses			sing expenses (Part IX, co		:	20,312					
ш	17	Other expense	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)				11	,39	8	30,930
	18	Total expens	es. Add lines 13-17 (mus	t equal Part IX, column (A), line 25)				119	,19	4	184,854
	19	Revenue less	s expenses. Subtract line	18 from line 12							3,270
or						I	Beginning	of Curren	t Year		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)					5	,11	3	3,996
t As nd B	21	Total liabilitie	es (Part X, line 26)								0
Para	22	Net assets o	r fund balances. Subtrac	t line 21 from line 20				5	,11	3	3,996
Pa	rt II	Signatu	re Block								
				n, including accompanying schedules and sta			owledge an	d belief, it	is		
true, c	orrect, a	and complete. Decla	aration of preparer (other than offi	cer) is based on all information of which prepa	arer has any	knowledge.					
		MICK	STERLING								
Sig	n		e of officer						Dat	e	
Her	е	MICK	STERLING, FOUND	ER AND DIRECTOR							
			print name and title								
		Print/Type pre	parer's name	Preparer's signature	[	Date		heck	if	PTIN	
Pai	d	Tyler J			0	3-06-2017		elf-employ			622175
	a pare			ax Solutions LLC	P	C 00 2017	Firm's Ell		u	1010	<u>, 221</u> , 7
	<b>-</b>		00100 10					· ·			

Use Only	Firm's address	PO Box 289	Phone no.	
		Silver Lake MN 55381	320-327-8409	
May the IRS	discuss this return with	the preparer shown above? (see instructions)	 	

Form	n 990 (2015) <b>30-DAYS FOUNDATION</b> 27-397165	5 Page <b>2</b>
	Int III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	🗌
1	Briefly describe the organization's mission:	
	WE CELEBRATE THE SIMPLE ACT OF KINDNESS FOR PEOPLE IN REAL LIFE FINANCIAL AND PERSONAL	CRISIS
	BY PROVIDING ONE TIME FINANCIAL GRANTS MADE PAYABLE ONLY TO THE SERVICE PROVIDED THAT N	
	PAYMENT TO ASSIST THE PERSON REQUESTING HELP FROM US. ALL DONATIONS HAPPEN WITHIN 30 DA	AYS.
	Did the experimetion we deutely only significant any even consistent during the way which ways not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	v No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	x No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a		88,124)
	30 DAY FOUNDATION HELPS PEOPLE WHO NEED IMMEDIATE SHORT TERM FINANCIAL AID. BY PAYING A	
	UTILITY BILL OR OTHER COSTS DIRECTLY FOR THE CLIENT, 30 DAY FOUNDATION ENABLES PEOPLE 3	0
	CONTINUE FUNCTIONING SMOOTHLY THROUGH A FINANCIAL CRISIS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses  148,141	
EEA	Fc	rm <b>990</b> (2015)

	990 (2015) <b>30-DAYS FOUNDATION 27-39716</b>	55	P	Page 3
Pa	rt 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	Х	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		37
~	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	~		v
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1		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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	0		
3	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ŭ		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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, Part VI	11a		Х
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		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
	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	45		v
16	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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			- 21
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		~~	<u> </u>
	If "Yes," complete Schedule G, Part III	19		Х
EEA			<b>990</b> (2	2015)

Form **990** (2015)

Form	990 (2015) <b>30-DAYS FOUNDATION</b>	27-39716	55	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?		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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	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 and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
•	to defease 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		2.10		
250	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ZJa		<u></u>
b	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		25h		v
00		••••	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or				37
	disqualified persons? If "Yes," complete Schedule L, Part II		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity 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, or key employee? If "Yes," complete Schedule L, Part IV		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schedule L, Part IV		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part I		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
•	or IV, and Part V, line 1		34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
			35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		550		
30			26		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	••••	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				3.7
	Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<b>.</b>	
	19? Note. All Form 990 filers are required to complete Schedule O	<u></u>	38	X	<u> </u>

	990 (2015) <b>30-DAYS FOUNDATION</b>	27-3971655	P	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • • • • • • • • • • • • • • •		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	<mark>1</mark> c		
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 returm 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	•••••		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
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		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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		Х
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).			
а	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?	<b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	<b>7</b> 0		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ			
h	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	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?			
	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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2015) <b>30-DAYS FOUNDATION 27-39</b>	71655		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	or a "No	)"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ons.			
	Check if Schedule O contains a response or note to any line in this Part VI				.X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
-	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct				37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· · –	-		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	· ·   !			X
6 7-	Did the organization have members or stockholders?		>		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				v
L	one or more members of the governing body?	7	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>"</b>		Х
8	stockholders, or persons other than the governing body?	••••	'b		Λ
0	the year by the following:				
а	The governing body?	8	a	Х	
b	Each committee with authority to act on behalf of the governing body?		b b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			21	
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		,		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•••	-		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	Da		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10	bЫ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	2a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1:	2b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	12	2c		
13	Did the organization have a written whistleblower policy?	1	3		Х
14	Did the organization have a written document retention and destruction policy?	1	4		Х
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	1	5a		Х
b	Other officers or key employees of the organization	1	5b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	10	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	10	6b		Х
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <b>MN</b>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)				
	available for public inspection. Indicate how you made these available. Check all that apply.				
40	Image: Construction of the second				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
20	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	MICK STERLING (952)334-9996, 3109 DOUGLAS DRIVE, MINNEAPOLIS, MN 55422				

Form 990 (20'	5) 30-DAYS FOUNDATION	27-3971655	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	pensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<b>1a</b> Complete organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or wit tax year.	hin the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	u organizatio	n comp	6112	aleu	any	cuire	III U		lusiee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per d a di	son i rector	han one s both a //trustee employee	n )	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICK_STERLING_	35.00			Х						
FOUNDER AND DIRECTOR         (2)				~					0 0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										
										E

	90 (201	5) 30-DAYS FOUNDATION	1								27-39716	55	P	age <b>8</b>
Part	VII	Section A. Officers, Directors, Trustees,	Key Employ	/ees,a	and I	High	est	Comp	ensa	ated Employees (	continued)			
						(0								
		(A)	(B)	do n	ot che	Pos eck m		nan one		(D)	(E)		(F)	
		Name and title	Average	box,	unless	s pers	on is	both an		Reportable	Reportable		stimated	
			hours per week (list any			a dire	ector/	'trustee)		compensation from	compensation from related	ar	nount of other	
			hours for	Individual trustee or director	Inst	Officer	Кеу	emp	Former		organizations	com	pensatio	n
			related	lirect	nstitutional trustee	Cer	Key employee	bloye	mer		(W-2/1099-MISC)		rom the	
			organizations below dotted	or	nal		ploye	e com		(W-2/1099-MISC)			anization d related	
			line)	Istee	trust		ee	ipen					anization	
					ee			Highest compensated employee						
									-					
(15)			L											
<u>(</u> 16)			L											
<u>(17)</u>														
<u>(18)</u>														
(19)														
(20)														
(21)														
(22)														
(00)														
(23)														
(24)														
(0.5)														
(25)														
1b	Subto	tal												
		tal							►					
с д		add lines 1b and 1c)							►					0
d 2		umber of individuals (including but not limited								) ( than \$100,000 of				0
2		ble compensation from the organization			Jve)	WIIC	160	eiveu	more		1			
	Tepona										<b>1</b>		Yes	No
3	Did the	organization list any former officer, director	or trustee ka	av omr	Nove	<u> </u>	r hic	host c	omn	ensated			163	
5		ee on line 1a? If "Yes," complete Schedule			-		-		•			3		Х
4		r individual listed on line 1a, is the sum of rep								· · · · · · · · · · · ·		3		Λ
4	-													
	-	ation and related organizations greater than												v
-		ial										4		X
5		•	•		•			-				5		v
Section		rices rendered to the organization? If "Yes," ndependent Contractors		lequie	J 10	i su	лр	erson			••••	5		X
1		te this table for your five highest compensate	d independer	nt cont	racto	ors t	hat r	eceive	n he	ore than \$100,000	of			
•		sation from the organization. Report compe												
	year.			5 Guioi	laal	you	CI							
	your.	(A)								(B)			(C)	
		Name and business address								Description of	services		ensatior	h
										2 comption of		00114		

2	Total number of independent contractors (including but not limited to t	hose listed above) who
	received more than \$100,000 of compensation from the organization	►

Form 99	90 (20	15) <b>30-DAYS</b>	FOUNDAT	ION				27-39716	555 Page 9
Part V	VIII	Statement of Revenu	ie						
		Check if Schedule O contair	is a respons	e or no	ote to any line in thi	is Part VIII			
			·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
Đ Đ Đ	c	Fundraising events		1c	188,124				
ar /	d	Related organizations		1d					
s, G Dinil	е	Government grants (contribution	ons)	1e					
r Sign	f	All other contributions, gifts, gr	ants,						
outi		and similar amounts not includ	led above	1f					
diti	g	Noncash contributions include	d in lines 1a	-1f: \$					
	h	Total. Add lines 1a-1f				188,124			
					Business Code				
nue	2a								
Program Service Revenue	b								
ice F	c								
Serv	d								
am	е								
rogr	f	All other program service rever							
₽.	g	Total. Add lines 2a-2f							
	3	Investment income (including d	vidends. inte	erest.					
		and other similar amounts) .							
	4	Income from investment of tax-	d proce	eds►					
	5	5 Royalties							
			(i) Rea	I	(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss) .							
		Gross amount from sales of assets other than inventory	(i) Securiti		(ii) Other				
	b	Less: cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)							
ne	8a	Gross income from fundraising							
Other Revenue		events (not including \$	188,1	24					
Re		of contributions reported on line							
ler		See Part IV, line 18		. а					
₹	b	Less: direct expenses		. b					
	c	Net income or (loss) from fund	aising even	ts.					
	9a	Gross income from gaming act	ivities.						
		See Part IV, line 19		. а					
	b	Less: direct expenses		. b					
	с	Net income or (loss) from gami	ng activities						
	10a	Gross sales of inventory, less							
		returns and allowances		. а					
	b	Less: cost of goods sold		. b					
		Net income or (loss) from sales			<u></u> . ►				
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d .							
		Total revenue. See instructions				188,124	0		D (

Part IX

30-DAYS FOUNDATION

	Check if Schedule O contains a response or note to a	ny line in this Part IX		• • • • • • • • • • •	
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	147,084	147,084		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,840		6,840	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	6,884		2,819	4,065
12	Advertising and promotion	1,015			1,015
13	Office expenses	6,557		6,557	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,057	1,057		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	GOLF TOURNAMENT	15,232			15,232
b	FUEL	185		185	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	184,854	148,141	16,401	20,312
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X         (A)         (B)           I         Cash - non-intranst-bearing         5,113         1         3,996           I         Cash - non-intranst-bearing         5         1         3           I         Cash - non-intranst-bearing         3         1         3,996           I         Cash - non-intranst-bearing         4         1         3           I         Cash - non-intranst-bearing         4         1         1           I         Lass and other recolubables from current and forme officers, directors, trausable in an earticle in stepholes.         5         1           I         I on the stephole field in a s	Part	t X	Balance Sheet			
Beginning of year         End of year           1         Cash - non-interest-bearing         5,113         1         3,996           2         Savings and temporary cash investments         3         4         3           4         Accounts receivable, net         3         4         4         3           5         Laars and other receivables from current and former officers, directors, trustees, sear other receivables from current and former officers, directors, trustees, sear other receivables, not wind the receivables, and their receivables, not wind their section 4355(4)(1)(1)(1)(1) and contributing employees and approximations (socificating employees) and approximations (socificating employee) and approximations (socificating employee) and approximation (socificating employee) and approximations (socificating employee) and approximation (socificating employee) and approximations (socificat			Check if Schedule O contains a response or note to any line in this Part X			[
Sector       5,113       1       3,996         1       Cash-non-interest-bearing       5,113       1       3,996         2       Swings and tempory cash investments       3       3         3       Pledges and grants receivable, not       3         4       Accounts newhole, not       4         5       Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.       5         Comparizations of see intervision is seen 4960(20)(30), and combing employees and approximations (see intervision). Compate Part of Scholub L       5         6       Lans and other receivables in seen 4960(20)(30), and combing employees transficiary cognizations (see intervision). Compate Part of Scholub L       6         9       Prepaid expenses and deferred charges       9       6         10       Intervision and contrar receivable, net       10       10         11       Intervisions. Complete Part of Scholub D       10       10       10         11       Intervisions. Complete Part of Scholub D       10       10       10         12       Investments - publicity raded securities       11       11       11       11         13       Investments - publicity raded securities       10       10       10       10       11 <th></th> <th></th> <th></th> <th>(A)</th> <th></th> <th>(B)</th>				(A)		(B)
Sector       5,113       1       3,996         1       Cash-non-interest-bearing       5,113       1       3,996         2       Swings and tempory cash investments       3       3         3       Pledges and grants receivable, not       3         4       Accounts newhole, not       4         5       Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.       5         Comparizations of see intervision is seen 4960(20)(30), and combing employees and approximations (see intervision). Compate Part of Scholub L       5         6       Lans and other receivables in seen 4960(20)(30), and combing employees transficiary cognizations (see intervision). Compate Part of Scholub L       6         9       Prepaid expenses and deferred charges       9       6         10       Intervision and contrar receivable, net       10       10         11       Intervisions. Complete Part of Scholub D       10       10       10         11       Intervisions. Complete Part of Scholub D       10       10       10         12       Investments - publicity raded securities       11       11       11       11         13       Investments - publicity raded securities       10       10       10       10       11 <th></th> <th></th> <th></th> <th>Beginning of year</th> <th></th> <th>End of year</th>				Beginning of year		End of year
3       Pledges and grants receivable, net       3         4       Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.       4         6       Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.       5         Complete Part II of Schedule L       5         1       Complete Part II of Schedule L       6         7       Notes and loans receivable, not       7         8       Inventories for sale or use       8         9       Prepaid expensas and deferred charges       0         10       Land, buildings, and equipment cost or other thesis. Complete Part II of Schedule D       10a         11       Investments - publicly tradid securities       111         11       Investments - publicly tradid securities       114         11       Investments - program-telacd. See Part IV, line 11       12         16       Total assets. Add lines 1 through 15 (must equal line 34)       5, 113         11       Investments - publicly tradid securities       117         12       Loans and other payable and accound depensas       117         13       Investments - publicly tradid securities       114         14       Intragible assets.       116		1	Cash - non-interest-bearing		1	· · · · · · · · · · · · · · · · · · ·
3       Pledges and grants receivable, net       3         4       Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.       4         6       Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.       5         Complete Part II of Schedule L       5         1       Complete Part II of Schedule L       6         7       Notes and loans receivable, not       7         8       Inventories for sale or use       8         9       Prepaid expensas and deferred charges       0         10       Land, buildings, and equipment cost or other thesis. Complete Part II of Schedule D       10a         11       Investments - publicly tradid securities       111         11       Investments - publicly tradid securities       114         11       Investments - program-telacd. See Part IV, line 11       12         16       Total assets. Add lines 1 through 15 (must equal line 34)       5, 113         11       Investments - publicly tradid securities       117         12       Loans and other payable and accound depensas       117         13       Investments - publicly tradid securities       114         14       Intragible assets.       116		2	Savings and temporary cash investments		2	•
4       Accounts receivable, net       4         5       Loars and other receivables from current and former officers, directors, trustees, key emptyees, Complete Part II of Schedule L       5         6       Loars and other receivables from current and former officers, directors, trustees, key emptyees, and other section 4568(6)(8), and controlling emptyees and approximation generations of section 517(10) volumain emptyees therefore and approximation generations of section 517(10) volumain emptyees therefore and approximation of the intervention of section 517(10) volumain emptyees therefore and the receivable, net       6         7       Notes and loars receivable, net       7         9       Prepaid expenses and deferred charges       9         10a       10a       10c         11       Investments - publicly traded securities.       111         12       Investments - publicly traded securities.       111         13       Investments - publicly traded securities.       111         14       Intergible assets.       111         15       Intergible assets.       111         16       Total assets. Add lines 1 through 15 (must equal line 34)       5,11.3       16         16       Total assets. Add lines 1 through 15 (must equal line 34)       20       20       21         21       Lears and other payable and accrued expenses.       21       22       22		3			3	
S       Loars and other receivables from current and forme officers, directors, trustees, key empkyees, and highest compensated empkyees.       5         Gompter Part II of Schedule L       5         d       5         d       Loars and other receivables from other disquilled persons (as defined under section approximations (see instance) (SQR)(8); and controlling amplyyees and approximations (see instance). Complete Part II of Schedule L       6         7       Notes and loars mechable, net       7         8       Inventories for sale or use       9         9       Prepaid approxisa and dighted charges       9         10       Loars ind other receivable, net       7         11       Investments - public Vraded securities       111         12       Investments - public Vraded securities       111         13       Investments - public Vraded securities       114         14       Integlie assets       114         15       Other assets.See Part IV, line 11       12         16       Total sects.Add lines 11 frough FS (must equal line 24)       51.13       16         17       Accounts payable and accrued expenses       17       16         18       Grants payable and accrued expenses       17       22         21       Ecore or usuddal anitoms tat, payables to current and former					4	
gg       trustees, key employees, and highest compensated employees.       6         6       Loss and other reductible tion of the disqualified persons (as defined under section 43658(0)(10), persons described in section 43658(0)(10), persons described in section 43658(0)(10), and contributing employees and asponsoring organizations of section 571(6) voluming employees beneficiary organizations (see instructions). Complete Part II of Schedule L       6         7       Notes and loams reductible, in exclusion 4358(0)(10), exclusion (see instructions). Complete Part II of Schedule L       7         9       Prepaid expenses and deferred charges       9         9       Prepaid expenses and deferred information (see instructions). Complete Part II of Schedule D       10a         10       Lads, Complete Part IV of Schedule D       10a         11       Investments - publicity traded securities       111         12       Investments - publicity traded securities       111         13       Interspite sasets.       14         14       Interspite sasets.       14         15       Other sasets.       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       5, 113       16         17       Accounts payable an dacrued expenses       17       17         18       Grants payable sto current and former officers, directors, trustess, key employees, highest compensated employees, and d		5				
Second		-				
6       Loens and other receivables from other disqualified persons (as defined under section 4456()(1), persons datacified in section 4456(c)(3), and contributing employers and sponsoron or ganizations of section 510(c) volunkay employers beneficiary organizations (see instructions). Complete Part II of Schedule L       6         7       Notes and loans receivable, net       7         8       Inventiones for sale or use       8         9       Prepaid expenses and deferred charges       9         10       Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D       10a         11       Investments - publicly traded socurities       111         11       Investments - publicly traded socurities       112         14       Integrable assets       13         15       Total assets       13         16       Total assets. Sce Part IV, line 11       13         17       Notes and cost receivable, net       13         18       Grants payable and accrued expenses       17         18       Grants payable and accrued expenses       17         18       Grants payable and accrued expenses       17         19       22       22         21       Eacrow or custodial account hability. Complete Part IV of Schedule D       21         21       Eacrow or custodial account habi					5	
generation         49580((1)), persons described in section 4958((3)(0), and contributing employers and sponsoring organizations (de section 501(c)(0) voluntary employers beneficiary organizations (de section 501(c)(0) voluntary employers beneficiary organizations (de section 501(c)(0) voluntary employers and sponsoring organizations (de section 501(c)(0) voluntary employers in the sponsoring organization (de section 51(c)(0) voluntary employers in the sponsoring organization (de section 10) voluntary employers in the sponsoring organization (de section 10) voluntary employers in the sponsoring organization (de section 10) voluntary employers in the sponsoring organization (de sponsoring voluntary employers, and de sponsoring for the sponsoring to related third parties in the sponsoring for the sponsoring to related third parties in the sponsoring for the sponsoring to related third parties in the sponsoring for the sponsoring to related third parties in the sponsoring for the sponsoring to related third parties in the sponsoring for the sponsoring (de sponsoring volun		6	· · ·			
sponsoring organizations of section \$01(c)(0) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       10a       Land. buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a         10a       Land. buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       11         13       Investments - publicly traded securities. See Part IV, line 11       13         14       11       13         15       Total assets. Sched lines 1 through 15 (must equal line 34)       5,113       16       3,996         16       Grants payable and accourd expenses       17       18       19       19       10         17       Deferred revenue       19       20       21       22       23       20       21       22       23       22       23       24       24       24       24       24       24       24       24       24       24       24       24       24       24       25 <t< th=""><th></th><th>•</th><td></td><td></td><td></td><td></td></t<>		•				
get and loars receivable.         6           7         Notes and loars receivable.net         7           8         Inventories for sale or use         9           9         Prepaid expenses and deferred charges         9           10a         Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D         10a           11         Investments - publicly traded securities         111           12         Investments - publicly traded securities         112           13         Investments - publicly traded securities         111           14         Interstmest - publicly traded securities         112           14         Interstmest - publicly traded securities         114           15         Other assets         144           16         Total assets. Add lines 1 through 15 (must equal line 34)         5,113           18         Grants payable and accured expenses         17           19         Deferred revenue         19           20         Tax-exempt bord liabilities         20           21         Excorw or custofiel accurut liability. Complete Part IV of Schedule D         21           22         Secured nortsgas and loars payable to unrelated third parties         23           23         Secured nortsgas and loares paya						
9       7       Notes and loans receivable, net       7         9       Prepaid expenses and deferred charges       9         10a       Lard, buildings, and equipment cost or difference brasis. Complete Part IV of Schedule D       10a         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       11         13       Investments - program-related. See Part IV, line 11       12         14       Intragible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 34)       5,113         16       Total assets. Add lines 1 through 15 (must equal line 34)       20         21       Excounts payable and accrued expenses       17         22       Carans payable and accrued expenses       18         23       Eccounts payable and accrued expenses       20         24       Loans and other payables to current and former officers, directors, trustees, key emptypees, highest compensated empkyees, and discus payable to unrelated third parties       23         24       Loans and other payables to unrelated third parties       24         24       U					6	
8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       9         10a       Land, building, and equipment cost or other basis. Complete Part VI of Schedule D       10a         11       Investments - publicly traded securities       111         12       Investments - other securities. See Part IV, line 11       12         13       Investments - other securities. See Part IV, line 11       13         14       Intargible assets       14         15       Other assets. Add lines 1 through 15 (must equal line 34)       5, 11.3       16       3, 996         17       Accounts payable and accrued expenses       17       3       3, 996         18       Grants payable and accrued expenses       17       3       3, 996         11       Investee payable and accrued expenses       17       3       3, 996         12       Loars and other payables to unrelated third parties       20       20       21         20       Tax-exempt bond liabilities       20       21       22       22         21       Ecorw or custodial account lability. Complete Part IV of Schedule D       21       23       24         22       Caser and other payables to unrelated third parties       23       24		7				
10a       Image: Second	ets					
10a       Image: Second	Ass					
other basis. Complete Part VI of Schedule D         10a         10b         10c           b         Less: accumulated depreciation         11bb         10c         10c           11         Investments - publicly traded securities.         111         112           12         Investments - program-related. See Part IV, line 11         12         13           14         Intragible assets.         144         15           16         Total assets. Add lines 11 through 15 (must equal line 34)         5,113         16         3,996           17         Accounts payable and accrued expenses         17         18         Grants payable         18           19         Deferred revenue         19         20         21         20           21         Escrow or custodial account liability. Complete Part IV of Schedule D         21         21           22         Loars and other payable to unrelated third parties         23         24         22           23         Secured mortgages and notes payable to unrelated third parties         24         22           24         Unsecured notes and loars payable to unrelated third parties         24         24           25         Other liabilities not included on lines 17-24). Complete Part X         25         25         26 <th></th> <th></th> <td></td> <td></td> <td>3</td> <td></td>					3	
b       Less: accumulated depreciation       10b       10c         11       Investments - publicly traded socurities       11       11         12       Investments - program-related. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. Add lines 11 through 15 (must equal line 34)       5,113         16       Total assets. Add lines 11 through 15 (must equal line 34)       5,113         17       Accounts payable and accrued expenses       17         18       Grants payable and accrued expenses       18         19       Deferred revenue       19         20       Tax-exempt bond liability. Complete Part IV of Schedule D       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, furustes, key employees, highest compensated employees, and disqualified persors. Complete Part IV of Schedule D       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17-24). Complete Part X <td< th=""><th></th><th>IVa</th><td></td><td></td><td></td><td></td></td<>		IVa				
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25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       0       26       0         Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       0       27         27       Unrestricted net assets       27       28         29       Permanently restricted net assets       29         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.       29         30       Capital stock or trust principal, or current funds       30         31       31       31         32       Retained earnings, endowment, accumulated income, or other funds       5,1113       32       3,996         34       Total liabilities and net assets/fund balances       5,1113       34       3,996					-	
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Section       Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       27         27       Unrestricted net assets						
secomplete lines 27 through 29, and lines 33 and 34.       27         28       Unrestricted net assets       27         28       Temporarily restricted net assets       28         29       Permanently restricted net assets       29         Organizations that do not follow SFAS 117 (ASC 958), check here       X and       29         Organizations that do not follow SFAS 117 (ASC 958), check here       X and       30         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       5,113       32       3,996         33       Total net assets or fund balances       5,113       34       3,996		26		0	26	0
27       Unrestricted net assets       27         28       Temporarily restricted net assets       28         29       Permanently restricted net assets       29         Organizations that do not follow SFAS 117 (ASC 958), check here       X       29         Organizations that do not follow SFAS 117 (ASC 958), check here       X       and         complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       31         31       31         32       Retained earnings, endowment, accumulated income, or other funds       5,113       32       3,996         33       Total net assets or fund balances       5,113       34       3,996         34       Total liabilities and net assets/fund balances       5,113       34       3,996						
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33         Total net assets or fund balances         5,113         33         3,996           34         Total liabilities and net assets/fund balances         5,113         34         3,996	and		E CALLER CALL			
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33         Total net assets or fund balances         5,113         33         3,996           34         Total liabilities and net assets/fund balances         5,113         34         3,996	μ					
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34       Total liabilities and net assets/fund balances       5,113       34       3,996	Net					
		34	Total liabilities and net assets/fund balances	5,113	34	

Form 990 (2015)

30-DAYS FOUNDATION

Form 990 (2015)

Page 11

27-3971655

Form	1 990 (2015) <b>30-DAYS FOUNDATION</b> 2'	7-397	1655		Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	.88,	124
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	.84,8	854
3	Revenue less expenses. Subtract line 2 from line 1	3			3,2	270
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5,3	113
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			(4,	387)
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			3,9	996
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		••		. 🗌
			-		Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • ·	🗋	2a	Х	
	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?	• • •	🗋	2b		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:					
	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 audit, 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 in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		$\cdot \cdot \cdot  $	3a		Х
b						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
EEA				Form	<b>990</b> (2	2015)

SCI	HED	ULE	ΞA

#### (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.

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number **30-DAYS FOUNDATION** 27-3971655 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

		AYS FOUNDATI		-		27-3971655	
Pa	rt II Support Schedule for Org						
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify ເ	under the tests	s listed below, p	please complete	e Part III.)	
	tion A. Public Support	I	I	1	1	1 1	
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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						
	tion B. Total Support		1				
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4						
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.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop here	<u> </u>			•••••	· · · · · · · · · ·	► 🗌
Sec	tion C. Computation of Public Su					1 1	
14	Public support percentage for 2015 (line 6, o	.,		.,,			%
15	Public support percentage from 2014 Sched						%
16a	33 1/3% support test - 2015. If the organiz				1/3% or more, che	ck this	_
_	box and <b>stop here.</b> The organization qualifier		•			•••••	▶ ∐
b	33 1/3% support test - 2014. If the organiz						_
	check this box and <b>stop here.</b> The organiza			-		••••••••••••••••••••••••••••••••••••••	ト 📋
17a		-					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fac		-	•			
							· · · · ► 📋
b	10%-facts-and-circumstances test - 2014	0		-		ne	
	15 is 10% or more, and if the organization n				-		
	Explain in Part VI how the organization mee			-		-	
10	supported organization						•••• □
18	Private foundation. If the organization did						
	instructions	••••	<u></u>	•••••			
EEA						Schedule A (Form	990 or 990-EZ) 2015

		AYS FOUNDATI				27-3971655	Page <b>3</b>
Pa	Int III Support Schedule for Org						
	(Complete only if you check						Part II.
	If the organization fails to q	ualify under the	e tests listed be	elow, please co	mplete Part II.)		
	ction A. Public Support	1		1	1	I	
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,581	203,571	237,984	119,194	188,124	837,454
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 .						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5	88,581	203,571	237,984	119,194	188,124	837,454
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						
8	Public support. (Subtract line 7c from           line 6.)						837,454
Se	ction B. Total Support		1		1	1	
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	<b>(f)</b> Total
9	Amounts from line 6	88,581	203,571	237,984	119,194	188,124	837,454
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	88,581	203,571	237,984	119,194	188,124	837,454
14	First five years. If the Form 990 is for the orgonization, check this box and stop here						<b>▶</b> □
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2015 (line 8, co	olumn (f) divided by	line 13, column (f)	)		15	100.00 %
16	Public support percentage from 2014 Schedu					16	0.00 %
See	ction D. Computation of Investme						
17	Investment income percentage for 2015 (line		•		•••••	17	0.00 %
18	Investment income percentage from 2014 Sch					18	0.00 %
19a	<b>33 1/3% support tests - 2015.</b> If the organiz 17 is not more than 33 1/3%, check this box a						► 🛛
b	<b>33 1/3% support tests - 2014.</b> If the organiz line 18 is not more than 33 1/3%, check this b	box and stop here.	The organization of	qualifies as a public	ly supported orgar		► 🔲
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box and	d see instructions		· · · · ► 🗌

Part	e A (Form 990 or 990-EZ) 2015 30-DAYS FOUNDATION 27-39716 IV Supporting Organizations			age
	(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete S and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, co Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	mplete		
ecti	ion A. All Supporting Organizations			
4	Are all of the experimentations connected experimentations listed by name in the experimentation's governing		Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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	1		
<u> </u>	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
₹a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
a	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
D D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	50		
C	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
1a	Was any supported organization not organized in the United States ("foreign supported organization")? If	00		
Tu	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	- Tu		
	supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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		
Бa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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		
5	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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).	7		
3	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		
Эa	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 <b>Part VI</b> .	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		
С	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.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	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.)	10b		

Sched	ule A (Form 990 or 990-EZ) 2015 30-DAYS FOUNDATION 27-39	71655	F	Page 5
Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part</b> V			
	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		Vee	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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			
			Yes	No
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 pric			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of th			
	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 h			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		
	tion E. Type III Functionally-Integrated Supporting Organizations		(1	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( The organization satisfied the Activities Test. Complete <b>line 2</b> below.	see instruc	tions	):
a b				
c		entitv (see ir	nstruct	ions).
2	Activities Test. Answer (a) and (b) below.	,	Yes	<u> </u>
а	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			
Ŀ	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have been engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each other sectors and activities of each other sectors are according to the sector of the sectors are according to the sector of the sectors are according to the sec	ach		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

ile A (Form 990 or 990-EZ) 2015 <b>30-DAYS FOUNDATION</b>		27-39	71655 Page
t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			nstructions All
other Type III non-functionally integrated supporting organizations must comp			
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
lection of gross income or for management, conservation, or			
intenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
tructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
ctors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
e instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
ergency temporary reduction (see instructions)	6		

	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ons	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which th	e organization is respons	ive	
	(provide details in <b>Part VI</b> ). See instructions.	ie organization is respond		
	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10		(1)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2015 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
	<b>Excess distributions carryover to 2016</b> . Add lines 3j and 4c.			
	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			

Schedule A (For	m 990 or 990-EZ) 2015 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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, 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 additional information. (See instructions.)

SCHEDULE C	Ρο	litical Campaign and Lol	obvina Activ	vities		OMB No. 1545-0047
(Form 990 or 990-EZ)					~	2015
	_	ations Exempt From Income Tax Unde	er section 501(c) a ► Attach to For			
Department of the Treasury	•	organization is described below. ut Schedule C (Form 990 or 990-EZ) and it				Open to Public Inspection
Internal Revenue Service		990, Part IV, line 3, or Form 990-EZ, P				
-		Parts I-A and B. Do not complete Part I	•			, then
	•	3)) organizations: Complete Parts I-A ar		complete Part	t I-B.	
	ations: Complete Part					
		990, Part IV, line 4, or Form 990-EZ, P iled Form 5768 (election under section				Port II R
	-	NOT filed Form 5768 (election under section and sectio				
	•	990, Part IV, line 5 (Proxy Tax) (see se	( ))	•		•
Tax) (see separate instru						
<ul> <li>Section 501(c)(4), (5</li> <li>Name of organization</li> </ul>	b), or (6) organizations	: Complete Part III.			Employer i	dentification number
30-DAYS FOUNDAT	TON				27-3971	
		ization is exempt under section	on 501(c) or is	a section		
	<b>U</b>	s direct and indirect political campaign a	· · /		<u></u>	
	-				.►\$	
3 Volunteer hours .						
Part I-B Comp	lete if the organi	ization is exempt under section	on 501(c)(3).			
		ed by the organization under section 495				
		ed by organization managers under sect				
-		5 tax, did it file Form 4720 for this year?				
<ul><li>4a Was a correction m</li><li>b If "Yes," describe in</li></ul>						. Tes No
		ization is exempt under section	on 501(c), exc	ept section	n 501(c)(3	).
		e filing organization for section 527 exer				<i>,</i>
			•		.►\$	
2 Enter the amount of	f the filing organizatior	's funds contributed to other organization	ons for section			
					.►\$	
	•	ines 1 and 2. Enter here and on Form 1				
		<b>POL</b> for this year?				
		ganization listed, enter the amount paid				
		ved that were promptly and directly deliv				
		cal action committee (PAC). If additional				
(a) Name		(b) Address	(c) EIN	(d) Amount	naid from	(e) Amount of political
(u) Name			(0) 2.11	filing orga	nization's	contributions received and
				funds. If non	e, enter -0	promptly and directly delivered to a separate
						political organization. If none, enter -0
(1)						
(2)						
(0)						
(3)						
(4)						
(5)						
(6)						
For Paperwork Reduction Act N	lotice, see the Instructions	for Form 990 or 990-EZ.			Schedu	le C (Form 990 or 990-EZ) 2015

Sche	dule C (Form 990 or 990-EZ) 2015 <b>30-DAYS FOUNDA</b>	TION	27-39716	55 Page 2	
Pa	rt II-A Complete if the organization	is exempt under section 501(c)(3) and filed	Form 5768 (elect	ion under	
	section 501(h)).				
Α	Check 🕨 🗌 if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group m	nember's		
	name, address, EIN, expenses, and s	share of excess lobbying expenditures).			
В	Check 🕨 🗌 if the filing organization checked box	A and "limited control" provisions apply.			
	Limits on Lobbyi	ing Expenditures	(a) Filing	(b) Affiliated	
	(The term "expenditures" mea	ans amounts paid or incurred.)	organization's totals	group totals	
1a	Total lobbying expenditures to influence public opin	nion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legislativ	e body (direct lobbying)			
С	Total lobbying expenditures (add lines 1a and 1b)				
d	d Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add lines 1c and	nd 1d)			
f	Lobbying nontaxable amount. Enter the amount from	m the following table in both			
	columns.				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
g	Grassroots nontaxable amount (enter 25% of line 1	f)			
h	Subtract line 1g from line 1a. If zero or less, enter -	0			
i	Subtract line 1f from line 1c. If zero or less, enter -0	)			
j	If there is an amount other than zero on either line 1	h or line 1i, did the organization file Form 4720			
	reporting section 4911 tax for this year?	<u></u>		🗌 Yes 🗌 No	

#### 4-Year Averaging Period Under section 501(h)

### (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures I	During 4-Year Avera	aging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
a Lobbying nontaxable amount					
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

1 01	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(1	a)	(b)
des	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
с	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?		Х	
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			
				3
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."	(5), c	or sec	3 tion
<b>Pa</b> 1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of	(5), c R (b)	or sec	3 tion
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."	(5), c R (b)	or sec Part I	3 tion
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol answered "Yes." Dues, assessments and similar amounts from members	(5), c R (b)	or sec Part I	3 tion
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	)(5), c R (b) 	or sec Part I	3 tion
1 2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	(5), c R (b)	or sec Part I	3 tion
1 2 a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year	(5), c R (b)  	Part I	3 tion
1 2 a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year	(5), c R (b)   	Part I 2a 2b	3 tion
1 2 a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total	(5), c R (b)   	Part I Part I 2a 2b 2c	3 tion
1 2 b c 3	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year       Carryover from last year         Total       Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	(5), c R (b)   	Part I Part I 2a 2b 2c	3 tion
1 2 b c 3	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year       Carryover from last year         Total       Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	(5), c R (b)    	Part I Part I 2a 2b 2c	3 tion
1 2 b c 3	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?         Taxable amount of lobbying and political expenditures (see instructions)	(5), c R (b)    	Part I Part I 2a 2b 2c 3	3 tion
1 2 b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	(5), c R (b)    	Part I Part I 2a 2b 2c 3 3	3 tion

27-3971655

Page 3

Schedule C (Form 990 or 990-EZ) 2015

30-DAYS FOUNDATION

SCHEDULE G	Supplemen	tal Informati	on Regar	ding Fun	draising or Gam	ing Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				990, Part IV, lines 17, 1 n Form 990-EZ, line 6a.		if the	2015
Department of the Treasury Internal Revenue Service	Information	► A	ttach to Form	1 990 or Form			v/form000	Open to Public Inspection
Name of the organization		about Schedule C		1 990-EZ) and		ww.iis.go		intification number
30-DAYS FOUNDATIC	N						27-39	71655
Eundraisi		. Complete if	the organi	zation and	swered "Yes" on	Form 99		
Parti	Z filers are not		-					
<ul> <li>a Mail solicitations</li> <li>b Internet and email</li> <li>c Phone solicitation</li> <li>d In-person solicitation</li> <li>2a Did the organization</li> </ul>	il solicitations ns tions have a written or ted in Form 990, nighest paid individ	oral agreement v Part VII) or entity duals or entities (i	e f g vith any indiv in connectio	Solicitation of Solicitation of Special funct idual (includ n with profes	ssional fundraising ser	trustees		es 🗌 No De
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No		0		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	-	is registered or li	censed to sc	licit contribu	tions or has been noti	fied it is e	kempt from	

Caba	dula C	(Form 990 or 990-EZ) 2015 <b>30 -</b>	DAVG FOIDIDATION		27	<b>3971655</b> Page <b>2</b>
	n <b>rt II</b>	,	event contributions and		m 990, Part IV, line 18, c	or reported more
			(a) Event #1 GOLF TOURNY	(b) Event #2	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type) 42,000	(event type)	(total number)	42,000
R	2 3	Less: Contributions Gross income (line 1 minus line 2)	42,000			42,000
	4	Cash prizes				
	5	Noncash prizes				
senses	6	Rent/facility costs	15,232			15,232
Direct Expenses	7	Food and beverages				
Δ	8 9	Entertainment				
	10 11	Direct expense summary. Add lines Net income summary. Subtract line				<u>15,232</u> 26,768
Pa	rt II	<b>Gaming.</b> Complete if the c	organization answered "	Yes" to Form 990, Part	IV, line 19, or reported r	
Revenue		than \$15,000 on Form 990	-EZ, IINE 68. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	6	Volunteer labor	☐         Yes         %           ☐         No	│	└         Yes         %           □         No         %	

8	8 Net gaming income summary. Subtract line 7 from I	n line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

**9** Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

SCHEDULE I (Form 990)	G G Compe		Assistance to ndividuals in wered "Yes" to Form	Organization the United State 990, Part IV, line 21 of	S, teS r 22.	C	OMB No. 1545-0047 2015 Doon to Dublic
Department of the Treasury Internal Revenue Service	<ul> <li>Information</li> </ul>	Attach to Form 990. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. 990) and its instructio	ins is at www.irs.gov/	form990.	>	Inspection
Name of the organization						Employer identification number	number
30-DAYS FOUNDATION	JUNDATION General Information on Grants and Assistance	sietance				27-3971655	
1 Does the organization mi	Does the organization maintain records to substantiate the amount of the grants or assistance the grants for the grants or assistance and	Dount of the grants or assis	tance the grantees' eli	dibility for the grants or	assistance and		
	the selection criteria used to award the grants or assistance?						. 🛛 Yes 🗌 No
Part II Grants and O	Describe in Part IV the organizations procedules for montoring the use or grant runds in the United States. II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ng the use of grant funds I Drganizations and Dor	n the United States. mestic Governmer	ts. Complete if the c	rganization answered	"Yes" on Form	
_	990, Part IV, line 21, for any recipient that received more	eived more than \$5,000	. Part II can be dupl	than \$5,000. Part II can be duplicated if additional space is needed	bace is needed.		
<ol> <li>(a) Name and address of organization or government</li> </ol>	organization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
<ul><li>2 Enter total number of set</li><li>3 Enter total number of oth</li></ul>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nizations listed in the line 1 ble	table				
For Paperwork Reduction Ac	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	orm 990.				S	Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) 30-DAYS FOUNDATION					27-3971655 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed.	Is. Complete if the	organization answ	rered "Yes" to Form 990	, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL SUPPORT	30,000	147,084		VALUE	
2					
ñ					
4					
ស					
6					
2					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information rec	quired in Part I, line	e 2, Part III, columi	(b), and any other add	itional information.
01. Monitoring procedures (Part	I, line	2)			
ONE-TIME FINANCIAL GRANTS ARE MADE PAYABLE ONLY TO		SERVICE THAT N	EEDS PAYMENT V.	LA DIRECT PAYMENT OF	THE SERVICE THAT NEEDS PAYMENT VIA DIRECT PAYMENT OR IN THE FORM OF GIFT
CARD TO A SPECIFIC STORE TO ASSIST PEOPLE IN NEED.	LE IN NEED.				
02. Estimate calculation (Part	: III, column b)	m b)			
Organization provides individual donations	ons and actual meals.		timated that or	It is estimated that over 30,000 individuals were helped	lls were helped.
EEA					Schedule I (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

**30-DAYS FOUNDATION** 

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

27-3971655

#### 01. Form 990 governing body review (Part VI, line 11)

TAX RETURN IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING

02. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE ON THE MINNESOTA ATTORNEY GENERAL'S WEBSITE

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



#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning 12-01-2015 , and ending 11-30-2016

OMB No. 1545-1878

Department of the Treasury	
Internal Revenue Service	

Name and title of officer

**30-DAYS FOUNDATION** 

Na

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. 2015

me of exempt organization	

27-3971655

Employer identification number

# MICK STERLING, FOUNDER AND DIRECTOR

ration (whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you	
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on	
the applicable line below. Do not complete more than 1 line in Part I.	
1a Form 990 check here ► 🔀 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	188,124
2a Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
<b>5a</b> Form 8868 check here ► <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic retum and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic retum. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. **Officer's PIN: check one box only** 

X lauthorize Jones Tax Solutions LLC	to enter my PIN 71655	as my signature	
ERO firm name	Enter five numbers, but do not enter all zeros		

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature	Date > 03-06-2017
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	417932 53114
	do not enter all zeros
indicated above. I confirm that I am submitting this return in accordance Information for Authorized IRS e-file Providers for Business Returns.	with the requirements of <b>Fub. 4103</b> , wodernized e-File (MeF)
ERO's signature	Date  _ 03-06-2017
ERO Must Retain T	his Form - See Instructions
Do Not Submit This Form To	the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879-EO (2015)

990	<b>Overflow Statement</b>		<b>2015</b> Page 1
Name(s) as shown on return		F	EIN
30-DAYS FOUNDATION			27-3971655
Description			Amount
BANK FEES			\$ 2,819
		Total:	\$ 2,819

990	Tax Exempt Diagnostic Summary		2015
Name 30-DAYS FOUNDAT	ION		Employer Identification # 27-3971655
Demographics			
Mailing Address: 8014 OLSON MEMO GOLDEN VALLEY,		Phone:	
Resident State: MN			
<u>Diagnostics</u> Preparer: Tyler Jo	nes Invoice:		<b>Date:</b> 03-06-2017
Return Information			

Item on Return	2015	2014 Federal
	Federal	(If available)
Total Revenue	188,124	119,194
Total Expenses	184,854	119,194
Net Excess (Deficit)	3,270	
Net Assets or Fund		
Balances	3,996	5,113

#### State/City Information

State/City	Taxable	Total	Change Fund	UBIT	Total	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)