Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

			Under costion 501(c)	E27 or 4047(a)(4) of the inte	• mal Davanu	ia Cada (av		rivete feund	ntin na)	2020		
				527, or 4947(a)(1) of the Inte		-			ations)	Open to Public		
		ne Treasury		nter social security numbers		-		-				
	Revenue		ar year, or tax year begi	<u>www.irs.gov/Form990 for ins</u>					11	Inspection		
-					12-0	1,2020,a	nu en			-30 , 20 21		
	heck if ap			0-DAYS FOUNDATION						yer identification number		
	ddress ch	•	Doing business as				Deem/	wite	F Talanh	27-3971655		
	ame char	•		P.O. box if mail is not delivered to street a	address)		Room/s		E l'elepri	one number		
H	itial return		8014 OLSEN ME		l aada			195	C Cross	reasinte		
		n/terminated		ovince, country, and ZIP or foreign posta	al code				G Gross	•		
	mended r		GOLDEN VALLEY F Name and address of p						•	290,432 r subordinates? Yes X No		
	pplication	i penaing	F Name and address of p	rincipal officer:				H(a) Is this a g H(b) Are all s				
		v	501(c)(3) 501(c) (27		- ``				
	ax-exemp) < (insert no.) 4947(a)(1)) or 52	27		-		. See instructions		
	lebsite:			sociation Other ►		Veer of formet		H(c) Group e				
Par		ganization: X	• • •	sociation Uther	L	Year of formati	on: <u>2</u> 0		tate of lega	I domicile: MN		
rai			•	sion or most significant activitie								
		,	6	0						KINDNESS FOR		
e				NCIAL AND PERSONAL C								
anc				ICE PROVIDED THAT NE		MENT TO	ASSI	ST THE PI	ERSON	REQUESTING HELP		
Activities & Governance	-			APPEN WITHIN 30 DAYS		,	0 = 0 (
Ň				n discontinued its operations of	•				1 1			
ن م			0 0	erning body (Part VI, line 1a)					3	1		
es				rs of the governing body (Part		• • • • •	• • •	• • • • • • •	4	1		
viti	5	Total numbe	r of individuals employed i	n calendar year 2020 (Part V, I	line 2a)		• • •	• • • • • • •	5	0		
Acti			r of volunteers (estimate it						6	100		
				Part VIII, column (C), line 12					7a	0		
	b	Net unrelate	d business taxable incom	e from Form 990-T, Part I, line	11				7b	0		
								Prior Year		Current Year		
	8	Contributions	s and grants (Part VIII, line	e1h)			•	300	,596	290,432		
ne	9	Program ser	vice revenue (Part VIII, lir	ne 2g)						0		
Revenue	10	Investment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)						0		
Re	11	Other revenu	ue (Part VIII, column (A), l	nes 5, 6d, 8c, 9c, 10c, and 11e)					0		
	12	Total revenue	e - add lines 8 through 11	(must equal Part VIII, column (A), line 12)		. 🗌	300	,596	290,432		
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)				258	,512	264,293		
	14	Benefits paid	to or for members (Part	X, column (A), line 4)						0		
	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A)	, lines 5-10)			12	,000	18,000		
ses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)						0		
Expense			sing expenses (Part IX, c			0						
Ä			ses (Part IX, column (A), I					30	,507	3,743		
_	18	Total expens	es. Add lines 13-17 (mus	t equal Part IX, column (A), line	e 25)				,019	286,036		
	19	Revenue les	s expenses. Subtract line	18 from line 12			. —		(423)	4,396		
<u>د</u>			•					ginning of Curre		End of Year		
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)						,350	6,746		
Asse Bal	21		· · · · · · · · · · · · · · · · · · ·							0		
Net /	22		, , ,	t line 21 from line 20				2	,350	6,746		
Par			re Block				-		,	• • • • •		
				urn, including accompanying schedules	and statements,	and to the best	of my kn	owledge and beli	ef, it is			
true,	correct, ar	nd complete. Dec	claration of preparer (other than o	fficer) is based on all information of whic	h preparer has a	any knowledge.						
	h											
Sig	n	Signatur	e of officer						Date	9		
Here		-		פר								
1161			UNDER AND DIRECT	JK								
]	Print/Type pre	•	Preparer's signature		Date				PTIN		
	J							Check	L "			
Paic		Tyler L				02-08-20	22	self-emp	oloyed	Dyed P01622175		
-	parer	Firm's name		ax Solutions LLC				Firm's EIN 🕨				
USe	Only	Firm's address	s PO Box	630				Phone no.				

Chanhassen MN 55317

320-327-8409

Form	990 (2020) 30-DAYS FOUNDATION 27-3971655 Page
Pa	rt 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 H
	PROVIDING ONE TIME FINANCIAL GRANTS MADE PAYABLE ONLY TO THE SERVICE PROVIDED THAT NEEDS PAYMEN
	TO ASSIST THE PERSON REQUESTING HELP FROM US. ALL DONATIONS HAPPEN WITHIN 30 DAYS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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	(Code:) (Expenses \$ 264,293 including grants of \$ 26,139) (Revenue \$ 290,432)
.u	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 TO CONTINUE
	FUNCTIONING SMOOTHLY THROUGH A FINANCIAL CRISIS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 264,293
EEA	Form 990 (202

Form	990 (2020) 30-DAYS FOUNDATION 27-39716	55	Р	age 3
Ра	T 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	
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, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	•		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
-	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
a	complete Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	110		
D D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		<u> </u>
Ũ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		<u> </u>
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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			
	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			
	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?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Pa	rt IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	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		x				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	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	05-						
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		x				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior							
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	054						
26	If "Yes," complete Schedule L, Part I	25b		x				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		v				
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		x				
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee							
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these							
	persons? If "Yes," complete Schedule L, Part III	27		x				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21						
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
u	"Yes," complete Schedule L, Part IV.	28a		x				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x				
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200						
Ŭ	"Yes," complete Schedule L, Part IV.	28c		x				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified							
	conservation contributions? If "Yes," complete Schedule M.	30		x				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x				
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		x				
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		x				
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		x				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a							
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable							
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and							
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х					
Par								
Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and							
	reportable gaming (gambling) winnings to prize winners?	1c	х	L				

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		х	ļ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		
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)?	. <u>4a</u>		x
b	If "Yes," enter the name of the foreign country	-		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	ch		
7		<u>6</u> b		
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?	7a		v
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			x
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	. 70		
U		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		
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 required?			<u> </u>
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?	9a		
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	_		
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	. 14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Pa	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	IS.		
	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			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	-		
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			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		x
6 70	Did the organization have members or stockholders?	0		х
7a		7a		v
b	one or more members of the governing body?	10		х
D	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		•
Ũ	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a L	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		х
160	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?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		х
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: The second se			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and 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 (202	0) 30-DAYS FOUNDATION	27-3971655	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated 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		
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the	
organization's	ax year.		

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

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

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

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

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

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

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours	offic	er and	a dir	rector	/trustee))	compensation from the	compensation from related	of other compensation
	per week (list any				_			organization	organizations	from the
	hours for	or dir	nstit	Officer	(ey e	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	Individual trustee or director	Institutional trustee	er.	Key employee	est co	er			Telated organizations
	organizations below		al tru		oyee	ompe				
	dotted line)	ee	stee			Highest compensated employee				
						ed				
(1) MICK_STERLING	35.00									
FOUNDER AND DIRECTOR				x				13,000	0	0
(2)										
<u>(3)</u>										
(4)										
(5)										
(6)				_						
<u>(6)</u>										
[7]										
(8)			_	_						
<u>(8)</u>										
<u>(9)</u>										
(40)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)			_	_						·
(14)										
										Form 000 (2020)

	90 (2020) 30-DAYS FOUNDATIC										97165	5	Pa	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar	nd H	lighe	est Co	omp	ensated Employe	es (continued,)			
	(A) Name and title	(B) Average hours per week (list any	box, offic	unles er and	Pos eck m ss per d a di	rson is rector	nan one s both a /trustee এ ্র ্রু	n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		Estimat o comp fro	f other pensations the model of the formation of the formation of the formation of the model of the mo	on
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former	(1099-10130)	(W-2) 1099-10130,		elated o	zation a organiza	
(15)														
(16)														
(17)														
(18)														
(19)	·													
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal		••••	• •	•••		•••	• •						
C	Total from continuation sheets to Part VII, Sect			•••	•••	•••	•••	• •	12.000					•
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limit									of	0			0
-	reportable compensation from the organization		iolou u		,	10 10	00110	a m						C
													Yes	No
3	Did the organization list any former officer, direct						-							
	employee on line 1a? If "Yes," complete Schedu										••	3		х
4	For any individual listed on line 1a, is the sum of ro organization and related organizations greater th	nan \$150,000)? If "Y	′es,"	con	nplet	te Sch	nedul	le J for such					
5	individual	compensatio	on from	any	unr	elate	ed org	aniza	ation or individual			4		x
Saati	for services rendered to the organization? If "Yes	s," complete	Sched	ule .	J for	SUC	h pers	son	• • • • • • • • •		•••	5		х
<u>3ecii</u> 1	on B. Independent Contractors Complete this table for your five highest compensa	ated independ	dent co	ntrad	~tors	that	t recei	ived	more than \$100.00)0 of				
	compensation from the organization. Report comp										ear.			
	(A) Name and business addres	SS							(B) Description of service	es	Con	(C) npensat	ion	
2	Total number of independent contractors (includin	ng but not lim	ited to	thos	e lis	ted a	above) wh	0					

Form 9	90 (20	020) 30-DA	YS FOU	NDATIC	N				27-39716	55 Page 9
Part	VIII	Statement of Rev	enue							
		Check if Schedule O co	ontains a r	response	or n	ote to any line in this	A Contemporary (A) (A) (A) (Contemporary Contemporary Contemporary Contemporary Contemporary (Contemporary Contemporary Contemporary (Contemporary Contemporary (Contemporary Contemporary (Contemporary Contemporary (Contemporary Contemporary (Contemporary	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b				1b					
nts	c				1c	290,432				
Dou Gra	d				1d					
ifts, r Ar	е				1e					
nila nila	f				-					
Sir		and similar amounts not ir	-		1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inc	cluded in							
d O		lines 1a-1f			1g	\$				
ਡ ਨ	h	Total. Add lines 1a-1f					290,432			
						Business Code				
	2a									
vice	b									
Ser	С									
Program Service Revenue	d									
R	е									
Pro	f	All other program service r	revenue.		•••					
	g	Total. Add lines 2a-2f .			• •	•••••				
	3	Investment income (includi								
		other similar amounts) .								
	4	Income from investment of		• •						
	5	Royalties	••••		• •					
				(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7a	Gross amount from		i) Securities		(ii) Other				
		sales of assets	70							
	h	other than inventory Less: cost or other basis	7a							
Ċ,		and sales expenses	7b							
nu		Gain or (loss)								
eve		Net gain or (loss)								
Other Revenue		Gross income from fundrai								
Ę		events (not including \$	-	.432						
•		of contributions reported of		,						
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from f	fundraisin	g events		>				
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .			9b					
	c	Net income or (loss) from g	gaming a	ctivities	<u></u>	>				
	10a	Gross sales of inventory, le	ess							
		returns and allowances .			10a	1				
	b	Less: cost of goods sold			10b					
	c	Net income or (loss) from s	sales of ir	nventory		· · · · · · ►				
						Business Code				
sna	11a									
ano nue	b									
eve	C									
Miscellanous Revenue		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instru	ictions .			· · · · · · ▶	290,432	0	0	0

30-DAYS FOUNDATION

	Check if Schedule O contains a response or note to	any line in this Part IX			[
Do r	not include amounts reported on lines 6b, 7b,	(A) Tatal auronaaa	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	264,293	264,293		
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	13,000		13,000	
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	5,000		5,000	
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 (nonemployees):				
а	Management	743		743	
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.)	3,000		3,000	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	286,036	264,293	21,743	0
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 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	20) 30-DAYS FOUNDATION	2'	7-397	1655 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	2,350	1	6,746
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,350	16	6,746
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
6	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	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 (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 FASB ASC 958, check here	-	-	-
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions		27	
llan	28	Net assets with donor restrictions		28	
Ba	-	Organizations that do not follow FASB ASC 958, check here \blacktriangleright		-	
pun		and complete lines 29 through 33.			
гF	29	Capital stock or trust principal, or current funds		29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	2,350		6,746
ît A:	32	Total net assets or fund balances	2,350		6,746
ž	33	Total liabilities and net assets/fund balances	2,350		6,746
			2,000		\$7,10

EEA

Form **990** (2020)

Form	990 (2020) 30-DAYS FOUNDATION 2	7-39716	55	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		290,	,432
2	Total expenses (must equal Part IX, column (A), line 25)			286,	,036
3	Revenue less expenses. Subtract line 2 from line 1	3		4,	,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,	,350
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		6,	,746
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: X Cash Cash 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		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2020)

SCH	EDI	JL	Ε	Α
(Form	990	or	99	90-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

EZ)		2020
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2020

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Int Na

(E)

Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					Inspection			
Name of the organization Employer identification number				on number				
30-	DAY	S FOUNDATION					27-397165	5
Pa	rt I	Reason for Public Chari	ty Status. (All o	rganizations must c	complete	this par	t.) See instruction	S.
The	orga	nization is not a private foundation be	ecause it is: (For line	s 1 through 12, check onl	y one box.)		
1		A church, convention of churches,	or association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2	Π	A school described in section 170						
3	Π	A hospital or a cooperative hospita		,	,	,		
4	П	A medical research organization or	•				(1)(A)(iii) Enter the	
-		hospital's name, city, and state:						
5		An organization operated for the be	nofit of a collogo or i	iniversity ewood or oper	atod by a c	novornmon	tal unit described in	
5					aleu by a g	joverninen		
		section 170(b)(1)(A)(iv). (Complet	,					
6	Ц	A federal, state, or local governmen	0					
7		An organization that normally receive	•		/ernmental	unit or from	n the general public	
	_	described in section 170(b)(1)(A)(vi). (Complete Part I	II.)				
8		A community trust described in sec	tion 170(b)(1)(A)(v	 i). (Complete Part II.) 				
9		An agricultural research organization	on described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colle	ge
		or university or a non-land-grant col	lege of agriculture (s	see instructions). Enter the	e name, cit	ty, and stat	e of the college or	
		university:						
10	Х	An organization that normally receiv	es: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its	exempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment inco	me and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by the organization after	lune 30, 1975. See :	section 509(a)(2). (Com	plete Part	III.)		
11	\square	An organization organized and ope						
12	П	An organization organized and oper	-					S
		of one or more publicly supported of	•					
		Check the box in lines 12a through	-					
	а	Type I. A supporting organizati				•		•
	a					-		ng
		the supported organization(s) the						
	Ŀ.	supporting organization. You n	•		:4h :4a a		ningtion(s) by be in a	
	b	Type II. A supporting organizat				-		
		control or management of the s			rsons that (control or r	nanage the supported	
		organization(s). You must con	•					
	С	Type III functionally integrate	11 0 0	•			, ,	ith,
		its supported organization(s) (s	,	•	•			
	d	Type III non-functionally inte	grated. A supporting	g organization operated i	in connecti	ion with its	supported organizatio	n(s)
		that is not functionally integrated	d. The organization g	generally must satisfy a d	istribution I	requiremer	t and an attentiveness	
		requirement (see instructions).	You must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	on received a written	determination from the IF	RS that it is	a Type I, ⁻	Type II, Type III	
		functionally integrated, or Type	III non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the number of supported orga	anizations					
	g	Provide the following information ab	out the supported or	ganization(s).				
	(i	i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		Ir governing	support (see	other support (see
				above (see instructions))	docum	ient?	instructions)	instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
(-)								ļ
(D)								

	dule A (Form 990 or 990-EZ) 2020 30 - DAYS F Int II Support Schedule for Organiza		ibed in Sect	ions 170(b)(1)(A)(iv) and	27-39716 170(b)(1)(A)	
	(Complete only if you checked th						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
	ction A. Public Support	1	1	T	1	1	
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1							
	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)						
$\frac{6}{8}$	Public support. Subtract line 5 from line 4 ction B. Total Support						
_	endar year (or fiscal year beginning in) >	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7		(a) 2010	(b) 2017	(C) 2018	(u) 2019	(e) 2020	(1) 10(a)
8	Gross income from interest, dividends,						
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
5	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.						
	Gross receipts from related activities, etc. (s	ee instructions)			12	I
	First five years. If the Form 990 is for the or						:)(3)
	organization, check this box and stop here	0				,	/
See	ction C. Computation of Public Support						
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ded by line 11,	column (f)) .		14	%
15	Public support percentage from 2019 Sched	ule A, Part II, I	ine 14			15	%
16a	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualified						
k	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu	-	• • • •	-			
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets				-	-	
	Part VI how the organization meets the facts			-			_
	organization						
k	0 10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the factor			-			
40	organization						
18	Private foundation. If the organization did r						
	instructions						<u></u> ▶ ∐

Sche	dule A (Form 990 or 990-EZ) 2020 30-DAYS F(OUNDATION				27-3971655	Fage 3
Pa	rt III Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	he box on line	10 of Part I	or if the organ	nization failed	to qualify under	er Part II.
	If the organization fails to qualify						
Sec	ction A. Public Support				1	/	
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees	(.,	(,	(0) = 0 = 0	(.,	(-)	(1) 1 2 10
-	received. (Do not include any "unusual grants.")	264,030	302,001	323,874	300,596	290,432	1,480,933
2	Gross receipts from admissions, merchandise	2017030	5027001	5257071	5007550	2507152	1/100/555
-	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	264,030	302,001	323,874	300,596	290,432	1,480,933
	Amounts included on lines 1, 2, and 3	201/000	502,002	0107071	500,550	2507102	
74	received from disqualified persons						
h	Amounts included on lines 2 and 3						
N	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						1,480,933
	ction B. Total Support	(.) 0040	(1) 0047	()) 0040	(1) 0040	(.) 0000	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	264,030	302,001	323,874	300,596	290,432	1,480,933
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	264,030	302,001	323,874	300,596	290,432	1,480,933
14	First 5 years. If the Form 990 is for the orga				ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						🕨 🗌
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f))		15	100.00 %
	Public support percentage from 2019 Sched					16	100.00 %
	ction D. Computation of Investment In						
17				ne 13. column	(f))	17	0.00 %
18			• •			18	0.00 %
	33 1/3% support tests - 2020. If the organiz						
130	17 is not more than 33 1/3%, check this box						
h	33 1/3% support tests - 2019. If the organiz	-	-	-			
U	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n						
20	i mate roundation. Il the organization diu n		0111110 14, 190		in this box and		••• 🗖 🗌

_	e A (Form 990 or 990-E2) 2020 30 - DAYS FOUNDATION 27-39716	55	Page
Part	IV Supporting Organizations		
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, comple	te Section	is A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Par	t I, comple	ete
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part V.)	
ect	ion A. All Supporting Organizations	,	
		Ye	s N
	Are all of the experimetical experimetical interactions in the experimetical experime	Te	5 N
1	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		
	organization was described in section 509(a)(1) or (2).	2	
2	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-	
Ja		0-	
	lines 3b and 3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		
	organization made the determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		
-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
1~		50	
+d	Was any supported organization not organized in the United States ("foreign supported organization")? If		
_	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	
с	Did the organization support any foreign supported organization that does not have an IRS determination		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
		4-	
_	purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		
	was accomplished (such as by amendment to the organizing document).	5a	
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Uu	
D		C 1-	
	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	
,			
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
5	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	
a	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		
		00	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		
с		9c	
С	from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI	30	
	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	90	
	Was the organization subject to the excess business holdings rules of section 4943 because of section	90	
	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		
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)? <i>If "Yes," answer 10b below.</i>	90 10a	
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		

27-3971655

Page 4

Schedule A (Form 990 or 990-EZ) 2020

30-DAYS FOUNDATION

Sched	ule A (Form 990 or 990-EZ) 2020 30-DAYS FOUNDATION	27-3971655	F	Page 5
Pa	t IV Supporting Organizations (continued)		1	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	lb and		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	-		
2	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? <i>If "Yes," explain</i>	in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority or trustees during the tax year also a majority or trustees during the tax year also a majority or tax year also a major	rectors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how c	ontrol		
	or management of the supporting organization was vested in the same persons that controlled or man	naged		
	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop			
2	organization's governing documents in effect on the date of notification, to the extent not previously p Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P	•		
	the organization maintained a close and continuous working relationship with the supported organization	tion(s)		
3	By reason of the relationship described in line 2, above, did the organization's supported organization			
•	a significant voice in the organization's investment policies and in directing the use of the organization			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organizatio			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	· · ·		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	ie year (see instruc	ctions)).
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity</i> .	rnment entity (see i		
2	Activities Test. Answer lines 2a and 2b below.	oppos of	Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purp the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI iden			
	those supported organization (s) to which the organization was responsive in the rest, then in Part Vide			
	how the organization was responsive to those supported organizations, and how the organization det			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involv			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e.			
	Part VI the reasons for the organization's position that its supported organization(s) would have enga			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, o	r		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activit			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this	regard. 3b		
EEA		Schedule A (Form 990) or 990-E	EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

<i>t VI</i>). See bugh E. Current Yea (optional)
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Current Yea
(optional)
Current Yea (optional)
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Schedule A (Form 990 or 990-EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020 30 - DAYS FOUNDATION			3971	655 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continue	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - prior	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
Э	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				
6	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Evenes from 2010				
	Evenes from 2017				
	Excess from 2017				
	Excess from 2019				
	Excess from 2020				
				Schodu	ule & (Form 990 or 990-F7) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. 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.)

SCH	IEDULE C		Political Campaign an	dlobbying	Activitios	OMB No. 1545-0047
	n 990 or 990-EZ)	F an (, ,		2020
			Drganizations Exempt From Income T		.,	
•	ment of the Treasury I Revenue Service		 if the organization is described belo Go to www.irs.gov/Form990 for i 		to Form 990 or Form 990-EZ. e latest information.	Open to Public Inspection
		vered "Yes." o	on Form 990, Part IV, line 3, or Form 9			
	-		Complete Parts I-A and B. Do not complete		io (i onnoui oumpuigh Adum	
			501(c)(3)) organizations: Complete Par	ts I-A and C below.	Do not complete Part I-B.	
	Section 527 organiz		,			
	-		on Form 990, Part IV, line 4, or Form 9 at have filed Form 5768 (election under			
	() ()	0	at have NOT filed Form 5768 (election under	())	• •	
	()()	0	on Form 990, Part IV, line 5 (Proxy Tax	()	/ I	•
	(see separate instr				, , ,	
	. , . , .	5), or (6) orgar	nizations: Complete Part III.			
Name	e of organization				Employer identif	ication number
	-DAYS FOUNDAT				27-39	
			organization is exempt under		-	anization.
1		•	nization's direct and indirect political can	npaign activities in P	art IV. (See instructions for	
_	definition of "politic		,			
2	1 0	, ,			· · · · · · · · · · · · · · · · · · ·	
3			aign activities (See instructions)			
			organization is exempt under ax incurred by the organization under set			
1 2			ax incurred by organization managers ur			
2			tion 4955 tax, did it file Form 4720 for thi			
3 4a	-			-		
ча b	If "Yes," describe in					
	,		organization is exempt under	section 501(c)	except section 501(c)	(3).
1			ed by the filing organization for section 5		· • • • • • • • • • • • • • • • • • • •	.
•			· · · · · · · · · · · · · · · · · · ·			
2			anization's funds contributed to other or			
3			es. Add lines 1 and 2. Enter here and on		· <u> </u>	
4			rm 1120-POL for this year?			
5	Enter the names, a	ddresses and	employer identification number (EIN) of	all section 527 polition	cal organizations to which the fi	ling
	organization made	payments. For	each organization listed, enter the amo	unt paid from the filin	ng organization's funds. Also en	ter
	the amount of politi	ical contributio	ns received that were promptly and dire	ctly delivered to a se	parate political organization, su	ch
	as a separate segr	regated fund o	r a political action committee (PAC). If a	dditional space is ne	eded, provide information in Pa	rt IV.
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Hamo			(0) 2.11	filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly delivered to a separate
						political organization.
						If none, enter -0
(1)					
	-					
(2	2)					
	-					
(;	3)					
	-					
(4	4)					
(!	5)					
(5)					
For Pa	perwork Reduction Act	Notice, see the In	structions for Form 990 or 990-EZ.		Sche	dule C (Form 990 or 990-EZ) 2020

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

_	dule C (Form 990 or 990-EZ) 2020 30-DAYS FOUNDA		27-39716	
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	ember's name,	
	address, EIN, expenses, and share o	f excess lobbying expenditures).		
в	Check 🕨 🗌 if the filing organization checked box	A and "limited control" provisions apply.		
	Limits on Lobbyi	ng 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	ion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislativ	e body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c ar	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?			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.)

	Lobb	ying Expenditures	During 4-Year Avera	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
с	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) 2020

	ule C (Form 990 or 990-EZ) 2020 30-DAYS FOUNDATION		3971		Page	<u>)</u> 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi	led F	orm 5	5768		
	(election under section 501(h)).		2)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		a)		(b)	
deso	cription of the lobbying activity.	Yes	No	Α	mount	
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?		х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x			
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?		x			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		x			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x			
i	Other activities?		x			-
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)?		x			
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?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c	or sec	tion		
	501(c)(6).					
					Yes N	o
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 campaign activity expenditures from the prior year?			3		-
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c	or sec	tion		_
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF				ine 3, is	
	answered "Yes."	• •				
1	Dues, assessments and similar amounts from members		1			-
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
с	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	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?		4			
5	Taxable amount of lobbying and political expenditures (See instructions)		5			
	t IV Supplemental Information	••	•			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, I	ines 1	and			
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE G	Supplement	al Informatio	on Regard	ling Fund	Iraising or Gan	ning Act	ivities	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the								2020	
Department of the Treasury			ered more tha ttach to Form		Form 990-EZ, line 6a 990-EZ.	а.	-	Open to Public	
Internal Revenue Service	►Go	o to www.irs.gov/	Form990 for in	nstructions ar	nd the latest informa	tion.		Inspection	
Name of the organization							Employer ide	entification number	
30-DAYS FOUNDATIO		<u> </u>						71655	
	-	•	-		wered "Yes" on	Form 99	0, Part IV	, line 17.	
	Z filers are not i								
1 Indicate whether the	organization raise	d funds through	•	-					
a Mail solicitations					f non-government g f government grants				
b Internet and email					r government grants aising events	;			
c Phone solicitation d In-person solicitati			g ∐ \$	Special lundi	aising events				
d in-person solicitati 2a Did the organization		aral agroomont w	ith any indivi	dual (includir	a officare directore	tructooc			
or key employees list		0			•			es 🗌 No	
b If "Yes," list the 10 hi				•	•				
compensated at leas	•			distant to ag					
		-						T	
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(or ref fundrais	ount paid to tained by) ser listed in	(vi) Amount paid to (or retained by) organization	
			Yes	No		C	ol. (i)		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
				I					
	••••••••••••••••••••••••••••••••••••••			<u></u> ►		tific al 't '			
3 List all states in which registration or licensin	0	s registered or li	censed to sol	icit contributi	ons or has been no	tified it is ex	cempt from		

Schedule G (Form 990 or 990-EZ) 2020 30-DAYS FOUNDATION
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Sche	dule	G (Form 990 or 990-EZ) 2020 30 –	DAYS FOUNDATION		27-	-3971655 Page 2
	rt II	, , , , , , , , , , , , , , , , , , , ,		answered "Yes" on For		
		than \$15,000 of fundraising				
		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			NONE (event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
lses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines				
D -	11	Net income summary. Subtract line				
Pa	rt II	Gaming. Complete if the c \$15,000 on Form 990-EZ,		Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 OITFOIII 990-EZ,		(h) Dull toba/instant		(d) Total coming (odd
Revenue			(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				
(0	2	Cash prizes				
pense:	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Δ	5	Other direct expenses				

10a Were any of the or	rganization's gaming licenses revoked, suspended, or terminated during the tax year?	
b If "Yes," explain:		

%

 \square No

a Is the organization licensed to conduct gaming activities in each of these states?

Yes

%

 \square

Yes

No

.

%

. ►

. . 🕨

П Yes

No

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

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

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

Yes No

6 Volunteer labor

b If "No," explain:

7

SCHEDULE I	I	Gra	nts and Other	Assistance to	o Organization	S,	1	OMB No. 1545-0047
(Form 990)		Gover	mments, and	Individuals in	the United Sta	tes		2020
Department of the Treasury		Complete	if the organization ar	Attach to Form 990.	rm 990, Part IV, line 21	or 22.	C	pen to Public
Internal Revenue Service			► Go to www.irs.	gov/Form990 for the	latest information.			Inspection
Name of the organization							Employer identification	number
30-DAYS FOUNDATI		Grants and Assist					27-3971655	
		o substantiate the amour		tanco the grantose' of	ability for the grapte or	assistance and		
-	ia used to award the g		-	-				. 🗴 Yes 🗌 No
	•	bcedures for monitoring t						
					ts. Complete if the	organization answered	"Yes" on Form 99()
		ient that received mo			-	0		,
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or gover			(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)								
(2)								
(2)								
(3)								
(4)								
()								
(5)								
(6)								
(7)								
(7)								
(8)								
(9)								
(10)								
O Fatas (stal sure)			General Contract Contract Contract	tabla				<u> </u>
		nd government organizat						
3 Enter total number	or other organizations	listed in the line 1 table					🖻	

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1 FINANCIAL SUPPORT		264,293		VALUE	CASH ASSISTANCE			
2								
3								
4								
_								
5								
6								
7								
Part IV Supplemental Information. Provide	7 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							

Page **2**

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

20

Open to Public Inspection

20

Employer identification number

27-3971655

TAX RETURN IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING

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

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.

990	Overflow Statement		2020 Page 1
lame(s) as shown on return			FEIN
30-DAYS FOUNDATION	J		27-397165
Description			Amount
POSTAGE			\$ 1,7
BANK FEES			1,2
		Total:	\$3,0