					OCTOBER 16		OPY	
Forr	<b>9</b>	90		Organiza	tion Exempt	From I		OMB No. 1545-0047
Department of the Treasury			Do not en	ter social security	numbers on this form	n as it may b	e made public.	Open to Public
Intern	al Reve	enue Service			990 for instructions a			Inspection
<u>A</u> F	or th		ar year, or tax year beg	inning DEC	1, 2021 an	dending N	<u>10V 30, 2022</u>	
	heck if oplicab	le: C Name of	organization				D Employer identif	ication number
	Addre	α α 30-π	AYS FOUNDATI	אר				
	Name		usiness as				27-39716	55
	Initial		and street (or P.O. box if	mail is not delivered t	o street address)	Room/suite		
	Final return	8014	OLSON MEMOR		,	195	612-554-	4735
_	termir ated	City or to	own, state or province, c		foreign postal code		<b>G</b> Gross receipts \$	401,325.
	Amen return Applio	GOTD	EN VALLEY, MI				H(a) Is this a group r	
	_tion pendi		nd address of principal o AS C ABOVE	fficer: MICK S	PERLING		for subordinate	
<u> </u>			X = 501(c)(3) = 501(	o) ( ) 🖌 (in	sert no.) 🔲 4947(a)(1	) or 527	<b>H(b)</b> Are all subordinates i	
			$\underline{\mathbf{S}}: / / \mathbf{WWW} \cdot \mathbf{THE3}$			) 01 327	H(c) Group exemption	a list. See instructions
			==	ust Associatio		L Year		M State of legal domicile: MN
	rt I	Summary				1 - 104		in otato or logal dominino
_	1	Briefly describ	e the organization's miss	ion or most signifi	cant activities: WE 0	CELEBRA	TE THE SIMP	LE ACT OF
Activities & Governance		KINDNES	S FOR PEOPLE	IN REAL I	IFE FINANCI	AL AND	PERSONAL CF	RISIS BY
erna	2	Check this bo	x 🕨 🛄 if the organi:	zation discontinued	l its operations or disp	osed of more		
0V6	3		ing members of the gove	• • •	, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>3</u>	8
8 0			ependent voting membe					
ies			of individuals employed i					0
tivit			of volunteers (estimate if				_	0.0
Act			d business revenue from				<u>7a</u> 7b	<u> </u>
	D	Net unrelated	business taxable income	from Form 990-1,	Part I, line 11	<u></u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line	1b)			290,432.	401,325.
anı	9		ce revenue (Part VIII, line	•			0.	
Revenue		0	come (Part VIII, column (A	0,	d)		0.	0.
Re			(Part VIII, column (A), lin				0.	
	12		- add lines 8 through 11				290,432.	
	13		nilar amounts paid (Part				264,293.	226,235.
	14	Benefits paid	to or for members (Part I	K, column (A), line	4)		0.	
Se			compensation, employe				18,000.	0.
en se			undraising fees (Part IX, o				0.	360.
Expenses			ng expenses (Part IX, co		▶9,1			100.001
ш	17		es (Part IX, column (A), lir				3,743.	
	18		s. Add lines 13-17 (must				286,036.	
	19	Revenue less	expenses. Subtract line	18 from line 12			4,396.	
its o ance	20	Total apparta (F	Part V lina 16)				ginning of Current Year 6 , 746 .	End of Year 82,671.
Asse Bala	20 21	Total assets (F					0,740.	2,116.
Net Assets or Fund Balances	22		fund balances. Subtract				6,746.	80,555.
	rt II	Signature						
Unde	er pena	alties of perjury,	I declare that I have examine	ed this return, includi	ng accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is
true,	corre	ct, and co <u>mple</u> te.	Declaration of preparer (otl	ner than officer) is ba	sed on all information of y	which preparer	has any knowledge.	
		PL	IBLIC DIS	CLOSU	RE COP	Υ		
Sigr	ı		e of officer				Date	
Her	e			HAIR				
		,	print name and title				Data	
<b>D</b>		Print/Type prep			er's signature		Date Check	
Paid		DAVID P.			ID PAUL	<u>μ</u> LTD.	9/12/23 self-emplo	
Prep Use		Firm's name	<pre>CARPENTER, 7760 FRANCE</pre>			יעדת	FIRM'S EIN	41-1534805
086	oniy	Firm's address	BLOOMINGTO				Dhong no / C	952) 831-0085
Mov	the	I BS discuss this	s return with the prepare					X Yes No
	1 12-0		or Paperwork Reduction			ions.		Form <b>990</b> (2021)
10200								10111000(2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) 30-DAYS FOUNDATION	27-3971655	Page 2
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: NONE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	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, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 308,003. including grants of \$ 226,235.) (Re		T 3 T
	30 DAYS FOUNDATION HELPS PEOPLE WHO NEED IMMEDIATE SHOR		
	AID. BY PAYING A UTILITY BILL OR OTHER COSTS DIRECTLY F		/
	30 DAYS FOUNDATION ENABLES PEOPLE TO CONTINUE FUNTIONIN THROUGH A FINANCIAL CRISIS.	IG SMOOTHLY	
	INKOUGH A FINANCIAL CRISIS.		
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Ret	evenue \$	
4-1	Other program convises (Deservice on Sabedule O)		
40	Other program services (Describe on Schedule O.)	١	
4-	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     308,003.	)	
4e	Total program service expenses ► 308,003.		<b>90</b> (2021
		Form 9	JU (2021
32002	2 12-09-21 <b>3</b>		

Form	990	(2021)

Form 990 (2021) 30-DAYS FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
•	similar amounts as defined in Rev. Proc. 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			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>_</u>		v
•	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			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in 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, VII, 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.			
u	Part VI	11a		х
h	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		Х
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		<u> </u>
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		<u> </u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
<b></b>	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon	<b>_</b>		х
100000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	<u>^</u> (2021)
132003	12-09-21	LOUU		(ZUZI)

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Form	990	(2021)
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 Form 990 (2021)
 30-DAYS
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

	·		M.	
00	Did the exercitation report more than $\Phi = 0.00$ of events or other excitations to ar far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		Δ	
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? <i>If</i> "Yes." <i>complete</i>			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
α	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)2. If "Yes," complete Schedule D. Det V. line 2.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
	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 on Schedule O for Part VI, lines 11b and 19?			
		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 1a 0			
b	Enter the number of Forms W-2G included on 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?	1c	000	
132004	J 12-09-21	Form	990	(2021)

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Form	<u>990 (2021)</u> 30-DAYS FOUNDATION 27-3971	<u>655</u>	Р	<sub>age</sub> 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instructions.						
39		3a		x			
		3b					
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		<u> </u>			
40		4-		x			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a					
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
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		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
•	to file Form 8282?	7c		x			
Ч	If "Yes," indicate the number of Forms 8282 filed during the year7d	10					
		7e					
e f		7e 7f		<u> </u>			
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>			
-	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		<u> </u>			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
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					
	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.	1					
		120					
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
	<b>Note:</b> 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 13b	-					
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		└───			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1			
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1			
	If "Yes," complete Form 6069.						
130005	6	Form	990	(2021)			

132005 12-09-21 14420912 310390 106216

2021.06010 30-DAYS FOUNDATION

**990**<sub>(2021)</sub> 106216\_1 Form

30-DAYS FOUNDATION

Form 990	(2021)
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

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

		1	1	~ [		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		8			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, 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 9				4		XX
5	Did the organization become aware during the year of a significant diversion of the organization's ass			E E	5		XX
6	Did the organization have members or stockholders?				6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·····			
					7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			·····	10		
		-	-		8a	Х	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?			·····		X	
-				·····	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						ι.
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u>  </u>	9		X
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				ſ		Yes	
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the fo	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es." d	escribe	Γ			
	on Schedule O how this was done	,			12c		
3	Did the organization have a written whistleblower policy?			Г	13		X
4	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by ini	acpendent				
-					45.0		X
	The organization's CEO, Executive Director, or top management official				15a		X
D	Other officers or key employees of the organization			·····	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			·····	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?			<u></u>	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MN						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 5	01(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain)	on Sc	hedule ()				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	licy and	finand	ial	
	statements available to the public during the tax year.				man		
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke on	d records				
20	DAN GUSTAFSON - 952-334-9996			<b>-</b>			
	8014 OLSON MEMORIAL HWY #195, GOLDEN VALLEY, MN 55	5427	1				
	SOLA OBSON MEMORIAL HWI #195, GOLDEN VALLEI, MN 55	7347				990	

<u>Form 990 (</u>	2021) 30-DAYS FOUNDATION	27-3971655	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the organization's	s tax year.							

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

30-DAVG FOIMDATTON

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		98	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	L	1099-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MICK STERLING	35.00				-		4			
FOUNDER AND CHAIR		1		x				18,000.	0.	0.
(2) JIM CAVALIER	1.00									
DIRECTOR		x						0.	Ο.	0.
(3) GRIFF DAVENPORT	1.00									
DIRECTOR		х						0.	Ο.	0.
(4) DAN GUSTAFSON	10.00									
TREASURER		1		x				0.	Ο.	0.
(5) MARK HOTZLER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN LINDEMAN	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) ARNISE ROBERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) COREY TEWALT	1.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>								
132007 12-09-21										Form <b>990</b> (2021)

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Form **990** (2021)

27-3971655

Form	<u>990 (2021)</u> 30-DAYS H	TOUNDATI	ON							27-39	9716	55	Pa	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
				e Position (do not check more than one box, unless person is both an officer and a director (truttee)					compensation	(E) Reportable compensation		am	(F) imate ount o	
		week of (list any hours for related organizations below line) line)			Officer		Highest compensated employee	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	other pensat om the nizati relate nizatio	e on ed
											+			
1b	Subtotal								18,000.		0.			0.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 18,000.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors											5		Х
1	Complete this table for your five highest co										ensati	on froi	m	
	the organization. Report compensation for (A) (A) Name and business			DNE					(B) Description of s		Cc	(C) ompen		ı
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	0	ot lin	nitec	l to t	thos C		ted	above) who received mo	ore than				
											F	Form <b>S</b>	<del>)</del> 90 (2	2021)

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Pa	πνι								
		Check if Schedule O c	contains a i	response	or note to any line	<u>e in this Part VIII</u> . (A)	(B)	(C)	[D]
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a					
ant	b			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c			1c	172,536.				
ifts ar A	d			1d					
s, G mila	е			1e					
ions	f	All other contributions, gifts,							
but		similar amounts not included	above	1f	228,789.				
d Of	g			1g \$	3,443.				
ano ano ano	h	Total. Add lines 1a-1f				401,325.			
					Business Code				
e	2 a								
ervic	b								
o Se	с								
Program Service Revenue	d								
ро Б	е								
P	f	1 5							
	g								
	3	Investment income (includ							
		other similar amounts)							
	4	Income from investment o			· F				
	5	Royalties		) Real					
	•	0			(ii) Personal				
	6 a		6a						
	b		6b						
	C L		6c						
	d 7 o	Net rental income or (loss) Gross amount from sales of		ecurities	(ii) Other				
	<i>i</i> a	assets other than inventory	7a	Soundos					
	h	Less: cost or other basis	7.4						
e	5	and sales expenses	7b						
Revenue	· ~	Gain or (loss)							
seve		Net gain or (loss)							
ъ		Gross income from fundraisir							
Othe	0 4	including \$							
•		contributions reported on							
		Part IV, line 18	,						
	b								
	с								
	9 a	Gross income from gamin	g activities	. See					
		Part IV, line 19			1				
	b	Less: direct expenses							
	с				►				
	10 a	Gross sales of inventory, I	ess returns	;					
		and allowances		10	a				
	b	Less: cost of goods sold		10	b				
	с	Net income or (loss) from	sales of inv	ventory .	►				
S					Business Code				
e e	11 a								
ane	b								
cell	С								
Miscellaneous Revenue	d	All other revenue							
-	е	Total. Add lines 11a-11d				101 005			
	12	Total revenue. See instruction	ons		►	401,325.	0.	0.	0.
13200	9 12-09	-21							Form <b>990</b> (2021)

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Form 990 (2021)

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	Form	990	(2021)	)
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30-DAYS FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	<u>2</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> 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	226,235.	226,235.		
3	individuals. See Part IV, line 22	220,233.	220,233.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
<del>1</del> 5	Compensation of current officers, directors,				
,	trustees, and key employees				
3	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				
3	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
Ś	Payroll taxes				
1	Fees for services (nonemployees):				
' a					
b					
č	Accounting	3,515.		3,515.	
d d	Lobbying	• / • = • •			
e		360.			36
f	Investment management fees				
' g					
9	column (A), amount, list line 11g expenses on Sch O.)	58,555.	46,844.	2,928.	8,78
2	Advertising and promotion	821.	821.		
3	Office expenses	346.	346.		
4	Information technology	275.	275.		
5	Royalties				
6	Occupancy				
7	Travel				
B	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,361.		1,361.	
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)	33,439.	33,439.		
h	MERCHANT ACCOUNT FEES	1,347.		1,347.	
°.	POSTAGE AND SHIPPING	821.		821.	
d	BANK FEES	398.		398.	
	All other expenses	43.	43.		
5	Total functional expenses. Add lines 1 through 24e	327,516.	308,003.	10,370.	9,14
<u>}</u>	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)				

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Form 990 (2021)
Part X Balance Sheet

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		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		6,746.	1	82,671.
	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				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	<b>–</b>			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		6,746.	16	82,671.
	17	Accounts payable and accrued expenses			17	2,116.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F		21		
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
dei.		controlled entity or family member of any of thes	E E E E E E E E E E E E E E E E E E E		22	
-	23	Secured mortgages and notes payable to unrela	E		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
	~~	of Schedule D	0	25	2,116.	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cher	ak bara	0.	26	2,110.
S		and complete lines 27, 28, 32, and 33.				
nce	27			6,746.	27	80,555.
ala	27 28			0,740.	28	00,555.
Б	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 98			20	
Fund Balances		and complete lines 29 through 33.				
ŗ	29	Capital stock or trust principal, or current funds			29	
ets	29 30	Paid-in or capital surplus, or land, building, or eq			30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or	32	Total net assets or fund balances		6,746.	32	80,555.
z	33	Total liabilities and net assets/fund balances		6,746.	33	82,671.
	00		·····	0,,10.	00	000

14420912 310390 106216

Form	1990 (2021) 30-DAYS FOUNDATION	27-397	1655	Pa	<sub>ge</sub> 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	401	.,3	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	327	7,5	16.
3	Revenue less expenses. Subtract line 2 from line 1	3	73	8,8	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	5,7	46.
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	80	),5	<u>55.</u>
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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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	l 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			_ (		(0004)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

Name of t	the organization						Employer	identification number		
	30 – DAYS FOUNDATION Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruction						2	7-3971655		
Part I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
	section 170(b)(1)(A)(vi). (C									
8 9	A community trust describe An agricultural research org or university or a non-land-g university:	anization described	in section 170(b)(1)(A)(	x) operate	-		-	-		
10 X	An organization that norma activities related to its exem income and unrelated busin See section 509(a)(2). (Con	npt functions, subjec ness taxable income	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment		
11	<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>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.</li> <li>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.</li> </ul>									
f Ente	functionally integrated, or er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0						
	vide the following information	•	d organization(s).							
	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document? <b>No</b>	(v) Amount of support (see in	2	(vi) Amount of other support (see instructions)		
Total										

Schedule A	(Form	990)	202

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					-	
4	Total. Add lines 1 through 3						
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)					-	
	Public support. Subtract line 5 from line 4. ction B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(b) 2018	(0) 2019	(u) 2020	(e) 2021	
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	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. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	rcentage			<u> </u>	
	Public support percentage for 2021 (I					14	%
	Public support percentage from 2020						%
16a	<b>33 1/3% support test - 2021.</b> If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2020.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	t VI how the organi	zation
	meets the facts-and-circumstances te	-		• • • •			►∟
k	0 10% -facts-and-circumstances test					-	10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circl						
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	oa, 100, 17a, or 17	D, CHECK THIS DOX a		<u>s</u> ► (Form 990) 2021
						Schedule A	11 UIII 3301 202 T

132022 01-04-22

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	302,001.	323,874.	300,596.	290,432.	401,326.	1618229.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	200 001	202 054	200 506		401 206	1 6 1 0 0 0 0
	Total. Add lines 1 through 5	302,001.	323,874.	300,596.	290,432.	401,326.	1618229.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1618229.
	tion B. Total Support						1010227.
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	302,001.	323,874.	300,596.	290,432.	401,326.	1618229.
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)	302,001.	323,874.	300,596.	290,432.	401,326.	1618229.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatic	n,
	check this box and stop here					<u></u>	<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))			100.00 %
	Public support percentage from 2020	1	1			16	100.00 %
17	Investment income percentage for 20			ne 13. column (f))		17	.00 %
18	Investment income percentage from 2		<b>B 1 1 1 1 1</b>			18	%
	INVestment income percentage from 2020 Schedule A, Part III, line 17 [18] [18] [18] [19] 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box ar	-					►X
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
13202	32023 01-04-22 Schedule A (Form 990) 2021						

1

Yes No

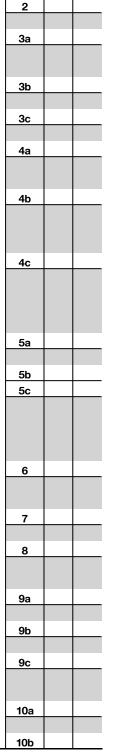
# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

17

	Supporting Orga		
Schedule A	(Form 990) 2021	30-days	FOUNDATION

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

SUDEIVISEL			
Section C. T	ype II Supporti	ing Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D	. All Type	III Supporting	Organizations

	_	Y	/es	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 prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisf	, the Integral Part Test during the ve	ar (see instructions).
-	Oneck the box next to the method that the organization used to satisf		<i>a</i> , (eeee

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

С		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supp	oorted a governmental entity (see instruction <u>s).</u>
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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Ра	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	ections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	I Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 30 - DAYS FOUND			2	7-3971655 Page 7
Par		a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)	Г
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	Form 990) 2021 30-DAYS FOUNDATI	ON	27-3971655 Page 8
Part VI	Supplemental Information. Provide the explanatio Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2,	0c, 11a, 11b, and 11c; Part IV, Section B, lines 1 ines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
	(See instructions.)		
132028 01-04-2	2	21	Schedule A (Form 990) 2021

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Attach to Form 990.								
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection	
Name of the organization 30-I	DAYS FOUNDATIO	N					Employer identification number 27-3971655	
Part I General Information o	n Grants and Assistance							
<ol> <li>Does the organization mainta criteria used to award the gra</li> <li>Describe in Part IV the organi</li> </ol>	ints or assistance?							
Part II Grants and Other Ass	istance to Domestic Orga more than \$5,000. Part II ca	nizations and Domestic	c Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	anization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance	
<ul> <li>2 Enter total number of section</li> <li>3 Enter total number of other or</li> </ul>	rganizations listed in the line	e 1 table						

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

Schedule I (Form 990) 2021

30-DAYS FOUNDATION

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
INANCIAL SUPPORT	0	226,235.	0.	FAIR MARKET VALUE	CASH ASSISTANCE	

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

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization			dentification number 971655
PROVIDING ONI		HE SERV	
PROVIDED THAY	F NEEDS PAYMENTS TO ASSIST THE PERSON REQUESTI		FROM
	RT VI, SECTION B, LINE 11B: LL REVIEW A COPY OF THE 990 BEFORE IT IS FILED	•	
FORM 990, PAI AVAILABLE UPO	RT VI, SECTION C, LINE 19:		
FORM 990, PAI	RT IX, LINE 11G, OTHER FEES:		
PROGRAM SERV	ICE EXPENSES		46,844.
MANAGEMENT AI	ND GENERAL EXPENSES		2,928.
FUNDRAISING	EXPENSES		8,783.
TOTAL EXPENSI	ES		58,555.
TOTAL OTHER 1	FEES ON FORM 990, PART IX, LINE 11G, COL A		58,555.

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

Schedule O (Form 990) 2021