## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2021 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization BONNELL FOUNDATION Address change LIVING WITH CYSTIC FIBROSIS 80-0631159 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return Final return terminated 844-297-8423 P.O. BOX 1215 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return ROYAL OAK, MI 48068 Application pending Number > X Cash Accrual Other (specify) **G** Accounting Method: **H** Check ▶ if the organization is Website: ▶ THEBONNELLFOUNDATION.ORG not required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3)  $\longrightarrow$  501(c) ( )  $\blacktriangleleft$  (insert no.) 4947(a)(1) or [ (Form 990). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 147,439. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 111,869. gross income and contributions exceeds \$15,000) **c** Less: direct expenses from gaming and fundraising events 6c 102,061. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 8 137,631. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 24,975. 10 10 11 11 Benefits paid to or for members 30,540. Salaries, other compensation, and employee benefits 12 12 2,963. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 81,235. 16 Other expenses (describe in Schedule 0) 16 139,713. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) -2,082. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 171,745. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20  $\overline{1}$ 69,663. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2021) LHA For Paperwork Reduction Act Notice, see the separate instructions.

132171 12-08-21

Page 2

Pa	rt II	<b>Balance Sheets</b> (see the instructions for Part II) Check if the organization used Schedule O to resp	and to any guestic	on in thic Dort II				X
		Officer in the organization used Schedule O to resp	long to any questic	(A) Beginning of year	Τ	(R) F	nd of year	
22	Cach	equings and investments	-	174,213.	22	. ,	172,4	9 0
23		savings, and investments and buildings		174,215	23		1 / Z , T	<del></del>
24		and buildings assets (describe in Schedule O)			24			
25		assets		174,213.			172,4	90.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE O		2,468.			2,8	
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		171,745.			169,6	63.
	rt III	Statement of Program Service Accomplishmen	ts (see the instruc	tions for Part III)	1		cpenses	
		Check if the organization used Schedule O to resp	•	•		(Required	for section	
Wha	t is the c	organization's primary exempt purpose? SEE SCHEDULE O	ond to any quodic	arrano r arran			and 501(c)( ons; optiona	
		ganization's program service accomplishments for each of its three largest program se	ervices as measured by expense	es. In a clear and concise		others.)	ulis, uptiulia	1101
		be the services provided, the number of persons benefited, and other relevant information						
28	FUNI	S USED TO PROVIDE SUPPORT FOR CY	STIC FIBROS	IS RESEARCH				
	AND	SUPPORT ORGANIZATIONS						
	(Grants	\$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		28a	23,6	45.
29	ACAI	DEMIC SCHOLARSHIPS PROVIDED TO IN	DIVIDUALS II	MPACTED BY				
	CYSI	'IC FIBROSIS						
	Grants	\$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		29a	24,9	75.
30								
	(Grants	\$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		30a		
31	Other p	orogram services (describe in Schedule O)						
	(Grants	\$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		31a		
32	Total r	rogram service expenses (add lines 28a through 31a)			- L	00	48,6	2 Ո
	TOtal	rogram service expenses (add lines Zoa through 5 ra)				32	±0,0	<u> </u>
Pa	rt IV	List of Officers, Directors, Trustees, and Key Er	nployees (list each on	e even if not compensated - se	ee the in	structions fo	r Part IV)	
Pa	rt IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	nployees (list each on	e even if not compensated - se	ee the in	structions fo	r Part IV)	
Pa	nrt IV	List of Officers, Directors, Trustees, and Key Er	nployees (list each on cond to any questic (b) Average hours	e even if not compensated - se on in this Part IV (c) Reportable	ee the in	structions fo	r Part IV)(e) Estim	ated
Pa	rt IV	List of Officers, Directors, Trustees, and Key Er	nployees (list each on pond to any question (b) Average hours per week devoted to	e even if not compensated - se on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	ee the in  (d) Hea  contrib  employ	atructions fo	(e) Estim	ated other
	rt IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title	nployees (list each on cond to any questic (b) Average hours	e even if not compensated - se on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea contril employ plans, a	structions fo	r Part IV)(e) Estim	ated other
LA	URA	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL	pond to any questic (b) Average hours per week devoted to position	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea contril employ plans, a	Ith benefits, putions to vee benefit and deferred ensation	(e) Estim	ated other ation
LA PR	URA ESII	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  ENT	nployees (list each on pond to any question (b) Average hours per week devoted to	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea contril employ plans, a	Ith benefits, butions to ree benefit and deferred	(e) Estim	ated other
LA PR LO	URA ESII	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL COURNAY LIGGETT	nployees (list each on ond to any question (b) Average hours per week devoted to position	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  30,540.	(d) Hea contril employ plans, a	Ith benefits, butions to vee benefit and deferred ensation	(e) Estim amount of compens	ated other ation
LA PR LO	URA ESII RI I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  DENT COURNAY LIGGETT  PRESIDENT	pond to any questic (b) Average hours per week devoted to position	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea contril employ plans, a	Ith benefits, putions to vee benefit and deferred ensation	(e) Estim amount of compens	ated other ation
LA PR LO VI PA	URA ESII RI T CE F	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  DENT COURNAY LIGGETT CRESIDENT CIA JAEGER	nployees (list each on pond to any question (b) Average hours per week devoted to position 40.00	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  30,540.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	eated other ation 0.
LA PR LO VI PA	URA ESII RI T CE F TRIC	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  CRESIDENT  CIA JAEGER  (RER	nployees (list each on ond to any question (b) Average hours per week devoted to position	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  30,540.	(d) Hea contril employ plans, a	Ith benefits, butions to vee benefit and deferred ensation	(e) Estim amount of compens	ated other ation
LA PR LO VI PA TR	URA ESII RI T CE F TRIC EASU M AF	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  CRESIDENT  CIA JAEGER  KRER  CMSTRONG	nployees (list each on pond to any questice (b) Average hours per week devoted to position 40.00	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  30,540.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O .  O .
LA PR LO VI PA TR TO	URA ESII RI T CE F TRIC EASU M AF RECT	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  COURNAY LIGGETT  CIA JAEGER  KRER  CMSTRONG  COR	nployees (list each on pond to any question (b) Average hours per week devoted to position 40.00	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  30,540.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	eated other ation 0.
LA PR LO VI PA TR TO DI CA	URA ESII RI T CE F TRIC EASU M AF RECT	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  DENT COURNAY LIGGETT  PRESIDENT CIA JAEGER  RER  EMSTRONG POR NAGLE	nployees (list each on pond to any questice) (b) Average hours per week devoted to position  40.00  10.00  5.00	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  30,540.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  0.  0.
LA PR LO VI PA TR TO DI CA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  DENT COURNAY LIGGETT CRESIDENT CIA JAEGER  MERR  MSTRONG COR  NAGLE COR	nployees (list each on pond to any questice (b) Average hours per week devoted to position 40.00	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  30,540.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O .  O .
LA PR LO VI TR TO DI CA DI AN	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  DENT COURNAY LIGGETT PRESIDENT CIA JAEGER  WERR  WISTRONG COR  NAGLE COR  JICHTENBERG	nployees (list each on bond to any question (b) Average hours per week devoted to position 40.00 10.00 5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  COURNAY LIGGETT  CALA JAEGER  CALA JAEGER  COR  NAGLE  COR  LICHTENBERG  COR	nployees (list each on pond to any questice) (b) Average hours per week devoted to position  40.00  10.00  5.00	e even if not compensated - se on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  30,540.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  0.  0.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any question (b) Average hours per week devoted to position 40.00 10.00 5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens:	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens:	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens:	ated other ation  O.  O.  O.
LA PR LO VI PA TR TO DI CA DI AN DI JA	URA ESII RI T CE F TRIC EASU M AF RECT THY RECT NE I RECT NE I	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp  (a) Name and title  BONNELL  BONNELL  COURNAY LIGGETT  PRESIDENT  CIA JAEGER  WASTRONG  FOR  NAGLE  COR  ICHTENBERG  COR  IITCHELL	nployees (list each on bond to any questic (b) Average hours per week devoted to position  40.00  10.00  5.00  5.00	e even if not compensated - secon in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)  30,540.  0.  0.	(d) Hea contril employ plans, a	structions fo	(e) Estim amount of compens:	ated other ation  O.  O.  O.

80-0631159

Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? 35a N/A **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made Х 38a in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A **b** Gross receipts, included on line 9, for public use of club facilities N/A **40 a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **0** • ; section 4912 ► 0 • ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Х c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed \_\_\_\_\_**>** e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed \>MI Telephone no.  $\triangleright 844-297-8423$ **42a** The organization's books are in care of  $\triangleright$  **PATRICIA JAEGER** ZIP + 4  $\triangleright 48068$ Located at ▶ P.O. BOX 1215, ROYAL OAK, MI **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial Х 42b account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? Х If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b c Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

Forn	n 990-E	Z (2021)	LIVING WITH C	CYSTIC FIBROS	IS			80-0631	159	I	Page 4		
										Yes	No		
46	Did th	ne organization	n engage, directly or indirectly,	in political campaign activit	ies on behalf of or i	n opposition to	candidates for pu	ıblic office?					
		es," complete Schedule C, Part I							46		X		
Pa	art VI	Section	n 501(c)(3) Organizati	ions Only									
		All section	on 501(c)(3) organizations m	ust answer questions 47	-49b and 52, and	d complete th	e tables for lines	50 and 51.			_		
_		Check if	the organization used Sche	dule O to respond to any	y question in this	Part VI					ليا		
										Yes	No		
47										37			
	If "Yes," complete Sch. C, Part II							47		X			
48		Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		X			
49 a		Did the organization make any transfers to an exempt non-charitable related organization?						49a 49b		X			
	If "Yes," was the related organization a section 527 organization?												
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who exthan \$100,000 of compensation from the organization. If there is none, enter "None."							ach rec	eived n	nore			
_	than s					houro	(0) 5	(d) Health benefit	. (0	\ Fatim	otod		
		(	(a) Name and title of each empl	oyee	(b) Average per week dev		(C) Reportable ompensation (Forms	contributions to employee benefit	(e) Estimate amount of				
			1	NONE	position		W-2/1099-MISC/ 1099-NEC)	plans, and deferre					
				NOINE	1		· · · · · · · · · · · · · · · · · · ·	compensation	-				
_													
_													
					_								
f	Total	number of oth	ner employees paid over \$100,0	000	<b>&gt;</b>	<u> </u>							
51			for the organization's five high			each received	more than \$100,0	00 of compensa	tion fro	m the			
				NONE									
	(	a) Name and	business address of each indep	endent contractor		<b>(b)</b> Ty	pe of service	service (c)			) Compensation		
_													
d			ner independent contractors eac	• • •			<b></b>						
52			n complete Schedule A? Note:	All section 501(c)(3) organi	zations must attach	1 a			₹₹	_	<b>–</b>		
		leted Schedul							XΥ		No		
			y, I declare that I have examine	. •			•	•	ge and	belief,	it is		
true.	, correc		te. Declaration of preparer (oth	<u>er than officer) is based on</u>	all information of w	hich preparer l	has any knowledge	e. T					
ei.	CLIENT COPY Signature of officer Date												
Sig He		T 7.77	LAURA BONNELL, PRESIDENT										
	. •		rint name and title	KESIDEMI.									
_		Print/Tv	rpe preparer's name	Preparer's signature		Date	Check	if PTIN					
_			ρο ριοραίοι ο παιπό	i reparer a aignature		Duit	self- emplo	_					
Pai		TAGO	N PIVOZ	JASON PIVO	7.	02/28/		POO	853	211			
	epare	Eirm'o n		•		04/40/		▶ 38-20					
Us	e On		Firm's name ► MELLEN, SMITH & PIVOZ PLC  Firm's address ► 30800 TELEGRAPH ROAD, SUITE 2800				Phone no.						
			BINGHAM FARMS, MI 48025-4531				Filolie IIO.	240/04		505			
May	the IR	S discuse this	return with the preparer shown					<u> </u>	ΧΥ	25	No		
iviay	ano II te	o aiooaoo tiilo	rotarii witii tilo proparoi silowi	. and vo. Ood mod dollond .						00-F7			