

## Filing Instructions

**Prepared for:**

HARRY A. AND MARGARET D. TOWSLEY  
FOUNDATION  
924 N MAIN ST NO. 1  
ANN ARBOR, MI 48104

**Prepared by:**

IVERS, RICKELMANN & PETERSEN CPA'S  
2929 PLYMOUTH RD, SUITE 350  
ANN ARBOR, MI 48105

**2020 FORM 990-PF**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-PF HAS AN OVERPAYMENT OF \$39,136. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

**2021 FORM 990-PF ESTIMATED TAX**

ESTIMATED TAX INSTALLMENTS ARE DUE AS FOLLOWS:

\$ 31,264 DUE BY JUNE 15, 2021  
\$ 35,200 DUE BY SEPTEMBER 15, 2021  
\$ 35,200 DUE BY DECEMBER 15, 2021

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT [WWW.EFTPS.GOV](http://WWW.EFTPS.GOV) OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**HARRY A. AND MARGARET D. TOWSLEY  
FOUNDATION**

Taxpayer identification number

**\*\* - \*\*\* 1798**

Name and title of officer or person subject to tax

**MARY IVERS  
TREASURER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>140,593.</u>
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN  Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**40465030198**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature  Date

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HARRY A. AND MARGARET D. TOWSLEY FOUNDATION</b>	Taxpayer identification number (TIN)  <b>** - ***1798</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>924 N MAIN ST, NO. 1</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ANN ARBOR, MI 48104</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARY IVERS, CPA**

- The books are in the care of ▶ **2929 PLYMOUTH ROAD, STE 350 - ANN ARBOR, MI 48105**  
Telephone No. ▶ **734-994-7500** Fax No. ▶ **734-994-0165**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	179,729.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	134,729.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	45,000.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

**2020**

Open to Public Inspection

Form **990-PF**

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/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>HARRY A. AND MARGARET D. TOWSLEY FOUNDATION</b>		<b>A Employer identification number</b> <b>** - *** 1798</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>924 N MAIN ST</b>	Room/suite <b>1</b>	<b>B Telephone number</b> <b>734-660-2170</b>
City or town, state or province, country, and ZIP or foreign postal code <b>ANN ARBOR, MI 48104</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>75,099,566.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....			<b>N/A</b>	
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	1,341,553.	1,341,553.		<b>STATEMENT 1</b>
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	8,888,590.			<b>STATEMENT 2</b>
	<b>b</b> Gross sales price for all assets on line 6a <b>18,825,982.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		8,841,615.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	10,230,143.	10,183,168.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	<b>14</b> Other employee salaries and wages .....	17,674.	0.		17,674.
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees <b>STMT 3</b> .....	4,725.	4,725.		0.
	<b>c</b> Other professional fees <b>STMT 4</b> .....	65,592.	63,817.		1,775.
	<b>17</b> Interest .....				
	<b>18</b> Taxes <b>STMT 5</b> .....	108,873.	0.		3,873.
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....	12,650.	0.		12,650.
	<b>21</b> Travel, conferences, and meetings .....	350.	0.		350.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses <b>STMT 6</b> .....	44,819.	0.		44,819.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	254,683.	68,542.		81,141.
	<b>25</b> Contributions, gifts, grants paid .....	4,007,250.			4,007,250.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	4,261,933.	68,542.		4,088,391.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	5,968,210.				
<b>b Net investment income</b> (if negative, enter -0-) .....		10,114,626.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			<b>N/A</b>		

HARRY A. AND MARGARET D. TOWSLEY  
FOUNDATION

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	309,619.	90,843.	90,843.
	2 Savings and temporary cash investments	7,374,665.	7,145,954.	7,145,954.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8 29,037,038.	35,462,478.	67,860,603.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)	3,219.	2,166.	2,166.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	36,724,541.	42,701,441.	75,099,566.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here	<input type="checkbox"/>		
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here	<input checked="" type="checkbox"/>		
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	27,880,429.	27,880,429.	
27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
28 Retained earnings, accumulated income, endowment, or other funds	8,844,112.	14,821,012.		
29 Total net assets or fund balances	36,724,541.	42,701,441.		
30 Total liabilities and net assets/fund balances	36,724,541.	42,701,441.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	36,724,541.
2 Enter amount from Part I, line 27a	2	5,968,210.
3 Other increases not included in line 2 (itemize)	3	SEE STATEMENT 7 8,690.
4 Add lines 1, 2, and 3	4	42,701,441.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	42,701,441.

HARRY A. AND MARGARET D. TOWSLEY  
FOUNDATION

Form 990-PF (2020)

\*\*-\*\*\*1798

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**Part IV Capital Gains and Losses for Tax on Investment Income** SEE ATTACHED STATEMENT

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e	18,825,442.	9,937,392.	8,888,050.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e	356,419.	309,984.	46,435.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	8,841,615.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			
2	Reserved			2
3	Reserved			3
4	Reserved			4
5	Reserved			5
6	Reserved			6
7	Reserved			7
8	Reserved			8

Form 990-PF (2020)

HARRY A. AND MARGARET D. TOWSLEY  
FOUNDATION

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	140,593.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	140,593.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	140,593.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		134,729.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		45,000.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	179,729.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	39,136.
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 39,136. <b>Refunded</b>		11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>MI</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

HARRY A. AND MARGARET D. TOWSLEY  
FOUNDATION

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>TOWSLEYFOUNDATION.ORG</u>	X	
14 The books are in care of ► <u>MARY IVERS, CPA</u> Telephone no. ► <u>734-994-7500</u> Located at ► <u>2929 PLYMOUTH ROAD, STE 350, ANN ARBOR, MI</u> ZIP+4 ► <u>48105</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		X
Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?		X



**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d). <span style="float:right">N/A</span>			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b		X
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... **0**

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... **0.**

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	57,532,150.
b	Average of monthly cash balances .....	1b	7,236,998.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	64,769,148.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	64,769,148.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	971,537.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	63,797,611.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	3,189,881.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	3,189,881.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	140,593.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	140,593.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	3,049,288.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	3,049,288.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	3,049,288.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	4,088,391.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	4,088,391.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	4,088,391.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				3,049,288.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			3,622,999.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 4,088,391.				
a Applied to 2019, but not more than line 2a			3,622,999.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2020 distributable amount				465,392.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				2,583,896.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

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**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 11**

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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**Part XV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AID IN MILAN 89 W MAIN ST MILAN, MI 48160	NONE	PC	PROGRAM SUPPORT	30,000.
ALBION COLLEGE 611 E PORTER ALBION, MI 49224	NONE	PC	PROGRAM SUPPORT	100,000.
ALPENA COMMUNITY COLLEGE 665 JOHNSON ST ALPENA, MI 49707	NONE	PC	PROGRAM SUPPORT	50,000.
AMERICAN BIRD CONSERVANCY PO BOX 249 THE PLAINS, VA 20198	NONE	PC	PROGRAM SUPPORT	100,000.
ANN ARBOR ART CENTER 117 W LIBERTY ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	46,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>4,007,250.</b>
<b>b Approved for future payment</b>				
ANN ARBOR ART CENTER 117 W LIBERTY ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	144,000.
CENTRAL MICHIGAN UNIVERSITY HEALTH PROF BLDG 2217 MT PLEASANT, MI 48859	NONE	PC	PROGRAM SUPPORT	25,000.
CLARK FOUNDATION 1551 FRANKLIN ST SE GRAND RAPIDS, MI 49506	NONE	PC	PROGRAM SUPPORT	25,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>1,490,000.</b>

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**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content: N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content: N/A

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer or trustee Date Title TREASURER
May the IRS discuss this return with the preparer shown below? See instr.
[X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name: MARY IVERS, CPA
Preparer's signature: [Signature]
Date: [Date]
Check [ ] if self-employed PTIN: P00177371
Firm's name: IVERS, RICKELMANN & PETERSEN CPA'S
Firm's EIN: \*\* - \*\*\*0198
Firm's address: 2929 PLYMOUTH RD, SUITE 350 ANN ARBOR, MI 48105
Phone no. 734-994-7500



**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SCHWAB	P		
b VANGUARD	P		
c SECURITIES LITIGATION	P		
d DOW CHEMICAL 40,000 SHS	D		
e CORTEVA 46,866 SHS	D		
f DUPONT 30,866 SHS	D		
g			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 5,865,544.		6,045,548.	-180,004.
b 7,545,973.		3,581,860.	3,964,113.
c 968.			968.
d 2,057,535.		110,932.	1,946,603.
e 1,542,061.		77,952.	1,464,109.
f 1,813,361.		121,100.	1,692,261.
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-180,004.
b			3,964,113.
c			968.
d 127,160.	110,932.	16,228.	1,930,375.
e 93,263.	77,952.	15,311.	1,448,798.
f 135,996.	121,100.	14,896.	1,677,365.
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) ..... { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } .....	2	8,841,615.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ANN ARBOR PUBLIC SCHOOLS 2552 N MAPLE RD ANN ARBOR, MI 48103	NONE	PC	PROGRAM SUPPORT	10,000.
ARBOR HOSPICE FOUNDATION 2366 OAK VALLEY DRIVE ANN ARBOR, MI 48103	NONE	PC	PROGRAM SUPPORT	30,000.
ARC OF MIDLAND 2602 LOUANNA ST MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	20,000.
AVALON HOUSING 1327 JONES DR ANN ARBOR, MI 48105	NONE	PC	PROGRAM SUPPORT	50,000.
BEACON HOUSE 1414 W FAIR AVE SUITE 204 MARQUETTE, MI 49855	NONE	PC	PROGRAM SUPPORT	50,000.
BIG BROTHERS BIG SISTERS OF WASHTENAW COUNTY 11 W MICHIGAN AVE YPSILANTI, MI 48197	NONE	PC	PROGRAM SUPPORT	1,000.
BOYS SCOUTS OF AMERICA SOUTHERN SHORES COUNCIL 3914 BESTECH RD YPSILANTI, MI 48197	NONE	PC	PROGRAM SUPPORT	10,000.
BRIDGE FOOD CENTER 1539 WASHINGTON MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	10,000.
CANCER SERVICES OF MIDLAND 400 ASHMAN ST SUITE 100 MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	25,000.
CENTRAL MICHIGAN UNIVERSITY HEALTH PROF BLDG 2217 MT PLEASANT, MI 48859	NONE	PC	PROGRAM SUPPORT	25,000.
<b>Total from continuation sheets</b>				<b>3,681,250.</b>

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHILDRENS LEUKEMIA FOUNDATION 27240 HAGGERTY RD SUITE E15 FARMINGTON HILLS, MI 48331	NONE	PC	PROGRAM SUPPORT	10,000.
CHILDREN'S LITERACY NETWORK 1100 N MAIN ST SUITE 207 ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	5,000.
CLARK FOUNDATION 1551 FRANKLIN ST SE GRAND RAPIDS, MI 49506	NONE	PC	PROGRAM SUPPORT	25,000.
COMMUNITY ACTION NETWORK BOX 130076 ANN ARBOR, MI 48113	NONE	PC	PROGRAM SUPPORT	20,000.
CORNER HEALTH CENTER 47 N HURON YPSILANTI, MI 48197	NONE	PC	PROGRAM SUPPORT	40,000.
CULVER EDUCATION FOUNDATION 1300 ACADEMY RD CULVER, IN 46511	NONE	PC	PROGRAM SUPPORT	10,000.
DELTA COLLEGE FOUNDATION 1961 DELTA RD UNIVERSITY CENTER, MI 48710	NONE	PC	PROGRAM SUPPORT	52,500.
DETROIT HORSE POWER 34414 FIRST ST DETROIT, MI 48210	NONE	PC	PROGRAM SUPPORT	15,000.
DIXBORO VILLAGE GREEN 5221 CHURCH RD ANN ARBOR, MI 48105	NONE	PC	PROGRAM SUPPORT	5,000.
ELE'S PLACE ANN ARBOR 3526 W LIBERTY STE 200 ANN ARBOR, MI 48103	NONE	PC	PROGRAM SUPPORT	50,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAMILY LEARNING INSTITUTE 1777 HIGHLAND DR ANN ARBOR, MI 48108	NONE	PC	PROGRAM SUPPORT	20,000.
FERRIS FOUNDATION 420 OAK ST BIG RAPIDS, MI 49307	NONE	PC	PROGRAM SUPPORT	50,000.
FINLANDIA UNIVERSITY 601 QUINCY ST HANCOCK, MI 49930	NONE	PC	PROGRAM SUPPORT	44,000.
FOOD BANK OF EASTERN MICHIGAN 2312 LAPEER RD FLINT, MI 48503	NONE	PC	PROGRAM SUPPORT	10,000.
FOOD GATHERERS BOX 131037 ANN ARBOR, MI 48113	NONE	PC	PROGRAM SUPPORT	25,000.
FOUR LAKES TASK FORCE 233 LARKIN STE 2 MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	10,000.
FRIENDS IN DEED 1196 ECORSE RD YPSILANTI, MI 48198	NONE	PC	PROGRAM SUPPORT	20,000.
GIRL SCOUTS HEART OF MICHIGAN 444 JAMES L HART PKWY YPSILANTI, MI 48197	NONE	PC	PROGRAM SUPPORT	15,000.
GLADWIN COMMUNITY SERVICES 215 S ANTLER ST GLADWIN, MI 48624	NONE	PC	PROGRAM SUPPORT	10,000.
GRAND RAPIDS SYMPHONY 300 OTTAWA AVE NW GRAND RAPIDS, MI 49503	NONE	PC	PROGRAM SUPPORT	50,000.
<b>Total from continuation sheets</b> .....				

HARRY A. AND MARGARET D. TOWSLEY  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GREAT LAKES RECOVERY CENTER 97 S FOURTH ST STE 3 ISHPEMING, MI 49849	NONE	PC	PROGRAM SUPPORT	25,000.
GREATER LANSING FOOD BANK P.O. BOX LANSING, MI 48901	NONE	PC	PROGRAM SUPPORT	10,000.
GREATER MIDLAND COMMUNITY CENTER 2205 JEFFERSON AVE MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	12,000.
HABITAT FOR HUMANITY HURON VALLEY 2805 S INDUSTRIAL HWY ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	30,000.
HIDDEN HARVEST BOX 1982 SAGINAW, MI 48605	NONE	PC	PROGRAM SUPPORT	3,000.
HOME START 5005 TEXAS ST SAN DIEGO, CA 92108	NONE	PC	PROGRAM SUPPORT	25,000.
HOPE CLINIC PO BOX 980311 YPSILANTI, MI 48198	NONE	PC	PROGRAM SUPPORT	32,000.
HURON WATERLOO PATHWAYS 14800 E OLD US HWY 12 CHELSEA, MI 48118	NONE	PC	PROGRAM SUPPORT	75,000.
INTERFAITH HOSPITALITY NETWORK OF WASHTENAW COUNTY 4290 JACKSON RD ANN ARBOR, MI 48103	NONE	PC	PROGRAM SUPPORT	17,000.
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	NONE	PC	PROGRAM SUPPORT	25,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JUNIOR ACHIEVEMENT OF CENTRAL MICHIGAN 309 E INDIAN MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	15,000.
KETTERING UNIVERSITY 1700 UNIVERSITY AVE FLINT, MI 48504	NONE	PC	PROGRAM SUPPORT	50,000.
KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	NONE	PC	PROGRAM SUPPORT	5,000.
KINGS DAUGHTERS & SONS 2410 RODD ST MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	5,000.
LA JOLLA COUNTRY DAY SCHOOL 9490 GENESEE AVE LA JOLLA, CA 92037	NONE	PC	PROGRAM SUPPORT	1,000.
LAKE SUPERIOR STATE UNIVERSITY FOUNDATION 650 W EASTERDAY AVE SAULT STE MARIE, MI 49783	NONE	PC	PROGRAM SUPPORT	50,000.
LEELANAU SCHOOL 1 OLD HOMESTEAD RD GLEN ARBOR, MI 49636	NONE	PC	PROGRAM SUPPORT	25,000.
LEGACY LAND CONSERVANCY 6276 JACKSON RD ANN ARBOR, MI 48103	NONE	PC	PROGRAM SUPPORT	50,000.
LIVINGSTON COUNTY CATHOLIC CHARITIES 2020 E GRAND RIVER HOWELL, MI 48843	NONE	PC	PROGRAM SUPPORT	8,000.
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST ST LOS ANGELES, CA 90058	NONE	PC	PROGRAM SUPPORT	25,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARY FREE BED 235 WEALTHY ST SE GRAND RAPIDS, MI 49503	NONE	PC	PROGRAM SUPPORT	100,000.
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST BOSTON, MA 02114	NONE	PC	PROGRAM SUPPORT	2,500.
MCALISTER INSTITUTE 1400 N JOHNSON AVE EL CAJON, CA 92020	NONE	PC	PROGRAM SUPPORT	25,000.
MICHIGAN ABILITY PARTNERS 3810 PACKARD SUITE 260 ANN ARBOR, MI 48108	NONE	PC	PROGRAM SUPPORT	25,000.
MICHIGAN FOSTER CARE CLOSET 7507 N TERRITORIAL RD PLYMOUTH, MI 48170	NONE	PC	PROGRAM SUPPORT	15,000.
MICHIGAN HISTORY FOUNDATION PO BOX 12331 LANSING, MI 48901	NONE	PC	PROGRAM SUPPORT	20,000.
MICHIGAN THEATER FOUNDATION 603 E LIBERTY ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	200,000.
MIDLAND AREA COMMUNITY FOUNDATION 76 ASHMAN CIRCLE MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	5,000.
MIDLAND CENTER FOR THE ARTS 1801 W ST ANDREWS MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	5,000.
MIDLAND COMM FORMER OFFENDERS 1415 WASHINGTON ST MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	250.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MUNSON HEALTHCARE FOUNDATION 1150 MEDICAL CAMPUS DR TRAVERSE CITY, MI 49684	NONE	PC	PROGRAM SUPPORT	50,000.
NATIONAL WILDLIFE FEDERATION 213 W LIBERTY ST ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	50,000.
NATURE CONSERVANCY 101 E GRAND RIVER LANSING, MI 48906	NONE	PC	PROGRAM SUPPORT	150,000.
NEW YORK UNIVERSITY 25 W 4TH ST NEW YORK, NY 10012	NONE	PC	PROGRAM SUPPORT	1,000.
NORTE PO BOX 781 TRAVERSE CITY, MI 49685	NONE	PC	PROGRAM SUPPORT	5,000.
NORTHWESTERN MICHIGAN COLLEGE FOUNDATION 1701 E FRONT ST TRAVERSE CITY, MI 49686	NONE	PC	PROGRAM SUPPORT	50,000.
OLIVET COLLEGE 320 S MAIN ST OLIVET, MI 49076	NONE	PC	PROGRAM SUPPORT	20,000.
ONE TREE PLANTED 145 PINE HAVEN SHORES RD SHELBURNE, VT 05482	NONE	PC	PROGRAM SUPPORT	20,000.
OUR HOUSE 2737 HOLYOKE ANN ARBOR, MI 48103	NONE	PC	PROGRAM SUPPORT	20,000.
OZONE HOUSE 1600 N HURON RIVER DR YPSILANTI, MI 48197	NONE	PC	PROGRAM SUPPORT	100,000.
<b>Total from continuation sheets</b> .....				



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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PACKARD HEALTH 5200 VENTURE DR ANN ARBOR, MI 48108	NONE	PC	PROGRAM SUPPORT	25,000.
PADDLE ANTRIM P.O. BOX 323 ELK RAPIDS, MI 49629	NONE	PC	PROGRAM SUPPORT	27,500.
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY STE 100 ANN ARBOR, MI 48108	NONE	PC	PROGRAM SUPPORT	110,000.
REACHING OUR COMMUNITY KIDS 2205 S JEFFERSON AVE MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	15,000.
RESPITE VOLUNTEERS OF SHIAWASSEE 710 W KING OWOSSO, MI 48867	NONE	PC	PROGRAM SUPPORT	10,000.
RIVER HOUSE 1009 W NORTH DOWN RIVER RD GRAYLING, MI 49738	NONE	PC	PROGRAM SUPPORT	20,000.
S D HASENFELD CHILDRENS CENTER 1 PARK AVE, 5TH FLOOR NEW YORK, NY 10016	NONE	PC	PROGRAM SUPPORT	2,500.
SACRED BEGINNINGS BOX 9472 GRAND RAPIDS, MI 49509	NONE	PC	PROGRAM SUPPORT	35,000.
SAFE HOUSE 4100 CLARK RD ANN ARBOR, MI 48105	NONE	PC	PROGRAM SUPPORT	4,750.
SALVATION ARMY 16130 NORTHLAND DR SOUTHFIELD, MI 48075	NONE	PC	PROGRAM SUPPORT	250.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SHELTER ASSOCIATION OF WASHTENAW COUNTY PO BOX 7370 ANN ARBOR, MI 48107	NONE	PC	PROGRAM SUPPORT	50,000.
SHELTERHOUSE: COUNCIL ON DOMESTIC VIOLENCE 3115 ISABELLA ST MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	100,000.
SOS COMMUNITY SERVICES 101 S HURON ST YPSILANTI, MI 48197	NONE	PC	PROGRAM SUPPORT	20,000.
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	NONE	PC	PROGRAM SUPPORT	25,000.
SPHINX ORGANIZATION 2200 HUNT ST DETROIT, MI 48207	NONE	PC	PROGRAM SUPPORT	15,000.
SPRING ARBOR UNIVERSITY 106 E MAIN ST SPRING ARBOR, MI 49283	NONE	PC	PROGRAM SUPPORT	30,000.
ST JOSEPH MERCY HOSPITAL PO BOX 995 ANN ARBOR, MI 48106	NONE	PC	PROGRAM SUPPORT	200,000.
STARR COMMONWEALTH SCHOOLS 13725 STARR COMMONWEALTH RD ALBION, MI 49224	NONE	PC	PROGRAM SUPPORT	25,000.
THIRD AVE CHARITABLE OUTREACH 1420 THIRD AVE SAN DIEGO, CA 92101	NONE	PC	PROGRAM SUPPORT	1,000.
TREE LINE CONSERVANCY 525 W WILLIAM ST ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	5,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UM LIBRARY 818 HATCHER GRADUATE LIBRARY ANN ARBOR, MI 48109	NONE	PC	PROGRAM SUPPORT	200,000.
UM SCHOOL OF DENTISTRY 540 E LIBERTY ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	25,000.
UM SCHOOL OF EDUCATION 610 E UNIVERSITY ANN ARBOR, MI 48109	NONE	PC	PROGRAM SUPPORT	200,000.
UM SCHOOL OF MUSIC, THEATRE & DANCE 1100 BAITTS DR ANN ARBOR, MI 48109	NONE	PC	PROGRAM SUPPORT	150,000.
UM WILLIAM L CLEMENTS LIBRARY 909 S UNIVERSITY ANN ARBOR, MI 48109	NONE	PC	PROGRAM SUPPORT	2,500.
UNITED METHODIST RETIREMENT COMMUNITIES FOUNDATION 805 W MIDDLE ST CHELSEA, MI 48118	NONE	PC	PROGRAM SUPPORT	100,000.
UNITED WAY OF MIDLAND COUNTY 220 W MAIN ST MIDLAND, MI 48640	NONE	PC	PROGRAM SUPPORT	50,000.
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT RD ANN ARBOR, MI 48104	NONE	PC	PROGRAM SUPPORT	2,500.
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 92110	NONE	PC	PROGRAM SUPPORT	1,000.
VISTA MARIA 20651 W WARREN DEARBORN HTS, MI 48127	NONE	PC	PROGRAM SUPPORT	50,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WELLSPRING 16742 LAMPHERE DETROIT, MI 48219	NONE	PC	PROGRAM SUPPORT	10,000.
WEST MICHIGAN SYMPHONY ORCHESTRA 360 W WESTERN AVE SUITE 200 MUSKEGON, MI 49440	NONE	PC	PROGRAM SUPPORT	15,000.
WEST MIDLAND FAMILY CENTER 4011 W ISABELLA RD SHEPHERD, MI 48883	NONE	PC	PROGRAM SUPPORT	30,000.
WILLIS PATTERSON CHORALE 1410 S ZEEB RD ANN ARBOR, MI 48103	NONE	PC	PROGRAM SUPPORT	9,000.
WOMENS CENTER OF SE MICHIGAN 1100 VICTORS WAY ANN ARBOR, MI 48108	NONE	PC	PROGRAM SUPPORT	20,000.
WOMENS RESOURCE CENTER 423 PORTER ST PETOSKEY, MI 49770	NONE	PC	PROGRAM SUPPORT	15,000.
YPSILANTI MEALS ON WHEELS 1110 W CROSS ST YPSILANTI, MI 48197	NONE	PC	PROGRAM SUPPORT	10,000.
ZAMAN INTERNATIONAL 26091 TROWBRIDGE INKSTER, MI 48141	NONE	PC	PROGRAM SUPPORT	1,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FINLANDIA UNIVERSITY 601 QUINCY ST HANCOCK, MI 49930	NONE	PC	PROGRAM SUPPORT	176,000.
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	NONE	PC	PROGRAM SUPPORT	75,000.
MICHIGAN HISTORY FOUNDATION PO BOX 12331 LANSING, MI 48901	NONE	PC	PROGRAM SUPPORT	20,000.
PACKARD HEALTH 5200 VENTURE DR ANN ARBOR, MI 48108	NONE	PC	PROGRAM SUPPORT	75,000.
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	NONE	PC	PROGRAM SUPPORT	75,000.
STARR COMMONWEALTH SCHOOLS 13725 STARR COMMONWEALTH RD ALBION, MI 49224	NONE	PC	PROGRAM SUPPORT	75,000.
UM SCHOOL OF EDUCATION 610 E UNIVERSITY ANN ARBOR, MI 48109	NONE	PC	PROGRAM SUPPORT	800,000.
<b>Total from continuation sheets</b>				<b>1,296,000.</b>

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB	284,221.	0.	284,221.	284,221.	
TCF BANK	404,959.	0.	404,959.	404,959.	
VANGUARD FUNDS	652,373.	0.	652,373.	652,373.	
TO PART I, LINE 4	1,341,553.	0.	1,341,553.	1,341,553.	

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 2

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
SCHWAB	5,865,544.	6,045,548.	0.	PURCHASED	0.	-180,004.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
VANGUARD	7,545,973.	3,581,860.	0.	PURCHASED	0.	3,964,113.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
SECURITIES LITIGATION	968.	0.	0.	PURCHASED	0.	968.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
DOW CHEMICAL 40,000 SHS			DONATED		
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	2,057,535.	110,932.	0.	0.	1,946,603.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
CORTEVA 46,866 SHS			DONATED		
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	1,542,061.	77,952.	0.	0.	1,464,109.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
DUPONT 30,866 SHS			DONATED		
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	1,813,361.	121,100.	0.	0.	1,692,261.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
GAIN ON SALE OF OFFICE FURNITURE			PURCHASED		
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	540.	0.	0.	0.	540.

NET GAIN OR LOSS FROM SALE OF ASSETS	8,888,590.
CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	8,888,590.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
IVERS RICKELMANN PETERSEN TAX PREP FEE	4,725.	4,725.		0.
TO FORM 990-PF, PG 1, LN 16B	4,725.	4,725.		0.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HRNI ADMINISTRATIVE FEES	1,775.	0.		1,775.
INVESTMENT MANAGEMENT FEES	36,417.	36,417.		0.
COLUMBIA ASSET INVESTMENT MGMT FEES	15,000.	15,000.		0.
BENNETT & ASSOCIATES CPAS AUDIT FEE	12,400.	12,400.		0.
TO FORM 990-PF, PG 1, LN 16C	65,592.	63,817.		1,775.

## FORM 990-PF

## TAXES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	3,873.	0.		3,873.
FEDERAL EXCISE TAX	105,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	108,873.	0.		3,873.



FORM 990-PF	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE EXPENSE	7,743.	0.		7,743.
COMPUTER EXPENSE	12,523.	0.		12,523.
OFFICE EXPENSE	13,000.	0.		13,000.
DUES	8,961.	0.		8,961.
BANK SERVICE CHARGES	263.	0.		263.
POSTAGE	50.	0.		50.
PRINTING	758.	0.		758.
TELEPHONE	1,521.	0.		1,521.
TO FORM 990-PF, PG 1, LN 23	44,819.	0.		44,819.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 7
DESCRIPTION		AMOUNT
CORRECTION OF BOOK VALUE OF DOW GROUP STOCK		8,690.
TOTAL TO FORM 990-PF, PART III, LINE 3		8,690.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
PUBLICLY TRADED SECURITIES	35,462,478.	67,860,603.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	35,462,478.	67,860,603.	

FORM 990-PF

OTHER ASSETS

STATEMENT 9

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
VANGUARD DIVIDEND IN TRANSIT	3,219.	1,366.	1,366.
OFFICE SECURITY DEPOSIT	0.	800.	800.
TO FORM 990-PF, PART II, LINE 15	3,219.	2,166.	2,166.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JUDITH D. RUMELHART 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	VPRES/TRUSTEE 1.00	0.	0.	0.
MARY IVERS 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	TREASURER/TRUSTEE 4.00	0.	0.	0.
JENNIFER POTEAT 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0.
MARGARET E. THOMPSON 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0.
STEVEN RIECKER 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0.
DAVID WINSTON INGLISH 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0.
DOUGLAS INGLISH 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0.
TINA S. VAN DAM 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0.
C. WENDELL DUNBAR 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	PRES/TRUSTEE 10.00	0.	0.	0.
LYNN T. WHITE 924 N MAIN ST STE 1 ANN ARBOR, MI 48104	TRUSTEE 1.00	0.	0.	0.

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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>0.</u>	<u>0.</u>	<u>0.</u>

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANNE COOPER  
924 N MAIN ST., SUITE 1  
ANN ARBOR, MI 48104

TELEPHONE NUMBER

734-660-2170

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS ARE SUBMITTED THROUGH THE FOUNDATION'S WEBSITE,  
TOWSLEYFOUNDATION.ORG. ALL INFORMATION REQUIRED FOR THE SUBMITTAL IS  
AVAILABLE THERE.

GRANTS ARE NOT MADE TO INSTITUTIONS WHICH UNFAIRLY DISCRIMINATE IN POLICY  
OR PRACTICE BASED ON AGE, RACE, COLOR, CREED OR SEX.

ANY SUBMISSION DEADLINES

DEADLINES FOR CONSIDERATION AT EACH BOARD MEETING ARE POSTED ON THE  
FOUNDATION'S WEBSITE.

RESTRICTIONS AND LIMITATIONS ON AWARDS

1. THE FOUNDATION DOES NOT MAKE DIRECT GRANTS TO INDIVIDUALS, PROVIDE LOAN FUNDS, OR MAKE GRANTS TO STUDENTS FOR SCHOLARSHIPS.
2. THE FOUNDATION DOES NOT MAKE GRANTS FOR TRAVEL AND CONFERENCES.