c	070 TE	IRS e-file Signature Authorization	ļ	OMB No. 1545-0	1047
Form	0/9-IC		20	000.	
		Do not send to the IRS. Keep for your records.		202	1
-			EIN or SSN		
Name a	und title of officer or p	erson subject to tax MARY IVERS			
		TREASURER			
Department of the Ireasury       Go to www.irs.gov/Form8879TE for the latest information.         Name of filer       HARRY A. AND MARGARET D. TOWSLEY         FOUNDATION       EIN or SSN         Name and title of officer or person subject to tax       MARY IVERS					
or 10a whichd than o 1a 2a 3a 4a 5a 6a 7a 8a 9a 10a Part Under of enti	below, and the an ever is applicable, i ne line in Part I. Form 990 check Form 990-EZ ch Form 1120-POL Form 990-PF ch Form 8868 chec Form 990-T che Form 4720 chec Form 5320 chec Form 5330 chec Form 5330 chec Form 8038-CP co II Declara penalties of perjun	nount on that line for the return being filed with this form was blank, then leave line 1b, 2b, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable         here <ul> <li>b</li> <li>Total revenue, if any (Form 990, Part VIII, column (A), line 12)</li> <li>b</li> <li>b</li> <li>total revenue, if any (Form 990, Part VIII, column (A), line 12)</li> <li>check here</li> <li>b</li> <li>b</li> <li>total revenue, if any (Form 990, Part VIII, column (A), line 12)</li> <li>check here</li> <li>b</li> <li>b</li> <li>total revenue, if any (Form 990, Part VIII, column (A), line 12)</li> <li>check here</li> <li>b</li> <li>b</li> <li>total revenue, if any (Form 990, Part VIII, column (A), line 12)</li> <li>check here</li> <li>b</li> <li>total tax (Form 1120-POL, line 22)</li> <li>b</li> <li>total tax (Form 1120-POL, line 22)</li> <li>b</li> <li>tax based on investment income (Form 990-PF, Part V, line 5)</li> <li>b</li> <li>b</li> <li>total tax (Form 990-T, Part III, line 4)</li> <li>b</li> <li>total tax (Form 4720, Part III, line 4)</li> <li>there</li> <li>b</li> <li>total tax (Form 4720, Part III, line 1)</li> <li>there</li> <li>b</li> <li>total tax (Form 5330, Part II, line 19)</li> <li>theck here</li> <li>b</li> <li>tax due (Form 5330, Part II, line 19)</li> <li>total due (Form 8038-CP, Part III, line 19)</li> <li>total credit payment requested (Form 8038-CP, Part III, line 10)</li> <li>total and officer or Person Subject to Tax</li> <li>total an an officer of the above entity or [] I am a person subject to ta an (EIN)</li> <li>total and person subject to ta an (EIN)</li> <li>total and person subject to ta an (EIN)</li> <li>total anot f</li></ul>	3b, 4b, 5b line below.	a, 6b, 7b, 8b, 9b, 6         Do not complet         1b         2b         3b         4b       87,         5b         6b         7b         8b         9b         10b	791.
ackno of any entry t financi later th payme persor	wledgement of recorrefund. If applicab o the financial insti- ial institution to del nan 2 business day ent of taxes to rece nal identification nu heck one box only	eipt or reason for rejection of the transmission, <b>(b)</b> the reason for any delay in processing the e, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic tution account indicated in the tax preparation software for payment of the federal taxes or bit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financ s prior to the payment (settlement) date. I also authorize the financial institutions involved in ve confidential information necessary to answer inquiries and resolve issues related to the mber (PIN) as my signature for the electronic return and, if applicable, the consent to electronic return and the settlement of the electronic return and the price return and the payment (PIN) as my signature for the electronic return and the price return and the payment to electronic return and the price return and the payment to electronic return and the payment of the consent to electron return and the payment (PIN) as my signature for the electronic return and the payment and the consent to electron return and the payment (PIN) as my signature for the electronic return and the payment and the consent to electron return and the payment (PIN) as my signature for the payment (PIN) as my signatur	he return of funds witho wed on this ial Agent at n the proce payment. I ronic funds	r refund, and (c) drawal (direct deb return, and the t 1-888-353-4537 have selected a withdrawal.	no
L	I authorize		enter my F		
		ERU firm name			
[	with a state ag on the return's X As an officer or	ency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor disclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on the	ementioned	d ERO to enter my	y PIN filed
	IRS Fed/State	program, I will enter my PIN on the return's disclosure consent screen.			
			Date	; 🕨	
	-	y your five-digit self-selected PIN. 40465030198			
submi	tting this return in a				
ERO's	signature 🕨	Date 🕨			
		FBO Must Betain This Form - See Instructions			
			30		
LHA	For Privacy act an			Form <b>8879-T</b>	<b>E</b> (2021)

-IE (2021)

	HARRY A. AND MARGARET FOUNDATION	D. TOWSLEY		**-***1	798
Form	990-W Estimated Tax Income for	x on Unrelate or Tax-Exemp			OMB No. 1545-0047
<b>(Wo</b> Depar	rksheet) (and on In truent of the Treasury. ► Go to www.irs.gov/	vestment Income for /Form990W for instruc	Private Foundations) tions and the latest in	FORM 990-P Iformation.	F 2022
Intern	al Revenue Service Keep for your re	cords. Do not send to	the Internal Revenue	Service.	<del>9</del>
1	Unrelated business taxable income expected in the tax year	UNI	nLGU	עחע	1
2	Tax on the amount on line 1. See instructions for tax comput	tation			2
3	Alternative minimum tax for trusts. See instructions	NUI			3
4	Total. Add lines 2 and 3			····· –	4
5	Estimated tax credits. See instructions			····· -	5
6	Subtract line 5 from line 4			·····	6
7	Other taxes. See instructions				7
8	Total. Add lines 6 and 7			·····	8
9	Credit for federal tax paid on fuels. See instructions				9
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organizestimated tax payments. Private foundations, see instructions				
b	Enter the tax shown on the 2021 return. See instructions. Cau		10a		
	zero or the tax year was for less than 12 months, skip this line	9		07 701	
c	and enter the amount from line 10a on line 10c	If the organization is requ		87,791.	
	from line 10a on line 10c				10c 88,000.
		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions 11	05/16/22	06/15/22	09/15/22	12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal		DEC	חסר	e
	installment method, or is a "large organization." <u>12</u>	22,000.	22,000.	22,00	0. 22,000.
13	2021 Overpayment. See instructions13	22,000.	22,000.	8,64	0.
14	Payment due (Subtract line 13 from line 12)		<b>FIL</b>	13,36	0. 22,000.
LHA	For Paperwork Reduction Act Notice, see instructions.				Form <b>990-W</b> (2022)

ESTIMATED TAX	88,000.
OVERPAYMENT APPLIED	52,640.
AMOUNT DUE	35,360.

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to 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*.

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.

print HARRY A. AND MARGARET D. TOWSLEY FOUNDATION				Taxpayer	axpayer identification number (TIN)		
File by the due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.				
instructio	ns. City, town or post office, state, and ZIP code. For a for ANN ARBOR, MI 48104	0					
Enter t	ne Return Code for the return that this application is for (file	e a separa	e application for each return)			0 4	
Applic	ation	Return	Application		Return		
ls For		Code	Is For				
Form 9	90 or Form 990-EZ	01	Form 1041-A	08			
Form 4720 (individual)		03	Form 4720 (other than individual)				
Form 990-PF		04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11			
Form 9	Form 990-T (trust other than above)		Form 8870	12			
Form 9	90-T (corporation) MARY IVERS, CPA	07					
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>t</li> <li>t</li> <li>t</li> </ul>	phone No. ► <u>734-660-2170</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit ( 	Group Exe and atta <b>NOVE1</b> anization's	mption Number (GEN) I ch a list with the names and TINs of IBER 15, 2022 , to file return for:	f this is fo all membo	r the who ers the ex npt organi	le group, check this tension is for.	
<u>a</u>	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	-	·	3a	\$	87,791.	
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	140,431.	
сE	Balance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by			-	
<u> </u>	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0 .	
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 88	379-TE for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form **990-PF** 

Department of the Treasury Internal Revenue Service

For calendar year 2021 or tax year beginning

### EXTENDED TO NOVEMBER 15, 2022 Return of Private Foundation

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

, and ending

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.



			A Employer identification	number					
		RY A. AND MARGARET D. TO	**_**1798						
		NDATION nd street (or P.O. box number if mail is not delivered to street a	=						
		N MAIN ST	Room/suite	B Telephone number 734-660-21	70				
City	or to	own, state or province, country, and ZIP or foreign p	<b></b>	<b>C</b> If exemption application is p					
		ARBOR, MI 48104		-					
GC	heck	all that apply: Initial return	Initial return of a fo	ormer public (	charity	D 1. Foreign organization	s, check here		
		Final return	Amended return			2 Foreign organizations me	peting the 85% test		
		Address change	Name change			2. Foreign organizations me check here and attach co	omputation		
H C	_	type of organization: $\mathbf{X}$ Section 501(c)(3) ex				E If private foundation sta			
		ction 4947(a)(1) nonexempt charitable trust				under section 507(b)(1	)(A), check here		
		Index of all assets at end of year J Accounting and the set of the	-		rual	F If the foundation is in a			
		Part II, col. (c), line 16)	her (specify)	ic )		under section 507(b)(1	)(B), check here …▶∟		
\$ 82,678,366.       (Part I, column (d), must be on cash basis.)         Part I       Analysis of Revenue and Expenses       (a) Revenue and (b) Net investment       (c) Adjusted net       (d) Disbursements									
FC		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books		nvestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received				N/A			
		Check $\blacktriangleright$ X if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments	421.		421.		STATEMENT 2		
	4	Dividends and interest from securities	1,382,487.	1,38	2,487.		STATEMENT 3		
	5a	Gross rents		-					
		Net rental income or (loss)							
	6a	Net gain or (loss) from sale of assets not on line 10	5,030,568.				STATEMENT 1		
Revenue	b	Gross sales price for all 13,141,655.							
	7	Capital gain net income (from Part IV, line 2)		5,02	1,792.				
	8	Net short-term capital gain							
	9	Income modifications Gross sales less returns							
		and allowances							
		Less: Cost of goods sold							
		Gross profit or (loss)							
	11	Other income	6 412 476	6 10	1 700				
	12	Total. Add lines 1 through 11	6,413,476.	6,40	<u>4,700.</u> 0.		0		
	13	Compensation of officers, directors, trustees, etc.	18,783.		0.		0. 18,783.		
	14	Other employee salaries and wages	10,703.		0.		10,705.		
ý		Pension plans, employee benefits							
nse		Legal fees STMT 4	5,130.		5,130.		0.		
be	u c	Other professional fees <b>STMT</b> 5	85,922.		3,674.		2,248.		
ه	17	Interest	00,5220		0/0/20				
Administrative Expen	18	Interest	148,089.		0.		1,425.		
stra	19	Depreciation and depletion							
ini	20	Оссирапсу	10,068.		0.		10,068.		
Adr	21	Travel, conferences, and meetings	4,234.		0.		4,234.		
		Printing and publications							
	23	Other expenses STMT 7	29,752.		0.		29,753.		
Operating and		Total operating and administrative							
ber		expenses. Add lines 13 through 23	301,978.	8	8,804.		66,511.		
ō	25	Contributions, gifts, grants paid	3,218,812.				3,218,812.		
	26	Total expenses and disbursements.							
		Add lines 24 and 25	3,520,790.	8	8,804.		3,285,323.		
	27	Subtract line 26 from line 12:							
		Excess of revenue over expenses and disbursements $\hdots \hdots$	2,892,686.	6.01	F 005				
		Net investment income (if negative, enter -0-)		6,31	5,896.	27/2			
	C	Adjusted net income (if negative, enter -0-)				N/A			

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Form	QQU-DE	(2021)

### HARRY A. AND MARGARET D. TOWSLEY

For	m 99	0-PF (2021) FOUNDATION		**_	***1798 Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	f year
F	arı	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	90,843.	189,261.	
		Savings and temporary cash investments	7,145,954.	7,365,515.	7,365,515.
	3	Accounts receivable			
		Less: allowance for doubtful accounts 🕨			
	4	Pledges receivable 🕨			
		Less: allowance for doubtful accounts 🕨			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ŝts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
<		Investments - U.S. and state government obligations	25 462 452		
		Investments - corporate stock STMT 8	35,462,478.	37,737,633.	74,821,872.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment: basis			
	15	Less: accumulated depreciation         Other assets (describe STATEMENT 9)	2,166.	301,718.	301,718.
		Total assets (to be completed by all filers - see the	2,100.		501,710.
	10	instructions. Also, see page 1, item I)	42,701,441.	45,594,127.	82,678,366.
	17	Accounts payable and accrued expenses	42,701,441.	45,554,127.	02,010,500.
		Grants payable			
		Deferred revenue			
ties		Loans from officers, directors, trustees, and other disqualified persons			
abilities		Mortgages and other notes payable			
Lia		Other liabilities (describe )			
		,,,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
s		and complete lines 24, 25, 29, and 30.			
Ce	24	Net assets without donor restrictions			
alar	25	Net assets with donor restrictions			
or Fund Balances		Foundations that do not follow FASB ASC 958, check here 🕨 🗴			
ñ		and complete lines 26 through 30.			
<u>e</u>	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.	
SSE	28	Retained earnings, accumulated income, endowment, or other funds $\dots$	14,821,012.	17,713,698.	
Net Assets	29	Total net assets or fund balances	42,701,441.	45,594,127.	
Ż					
	30	Total liabilities and net assets/fund balances	42,701,441.	45,594,127.	

### 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	42,701,441.
2	Enter amount from Part I, line 27a	2	2,892,686.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	45,594,127.
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	45,594,127.
			Form <b>000-DF</b> (0001)

Form **990-PF** (2021)

Form		RY A. AND MARGARI NDATION	ET D. TO	DWSI	LEY			*	*_**	1709	Dogo <b>9</b>
		and Losses for Tax on Inv	vestment Ir	ncom	าย					1/90	Page <b>3</b>
	(a) List and describe	the kind(s) of property sold (for exan rehouse; or common stock, 200 shs.	nple, real estate,			(b) How a P - Pure D - Don	cquired chase lation	(c) Date (mo., d	acquired ay, yr.)	<b>(d)</b> Dat (mo., d	
1a	SCHWAB						P				
b	VANGUARD						P				
C	DUPONT 15,600 \$	SHARES					D			06/2	9/21
d											
е											
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	( <b>g)</b> Cost ( plus exp						ain or (loss s (f) minus		
a	8,047,353.		6	,28	1,986					1,765	,367.
b	3,893,097.		1	,76	9,143					2,123	,954.
C	1,201,205.			5	9,958	3.				1,141	,247.
d											
е											
	Complete only for assets showin	g gain in column (h) and owned by t	he foundation or	n 12/31	1/69.		(1)	) Gains (C	ol. (h) gair	n minus	
	(i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) col. (i) as of 12/31/69 over col. (j), if any					(k), but r Losses	not less tha (from col.	ın -0-) <b>or</b> (h))			
a										1,765	,367.
b	b				2,123	,954.					
C	68,734.	59,958.			8,776					1,132	,471.
d											
е											
3 N	f gain, also enter in Part I, line 8,	column (c). See instructions. If (loss	d (6): ), enter -0- in			<pre>} 2 } 3</pre>			N/A	5,021	<u>,792.</u>
Pa	art V Excise Tax Bas	ed on Investment Incom	e (Section	4940	(a). 494	0(b). o	r 4948 -	see in	structio	ns)	
		described in section 4940(d)(2), chec	·							,	
10	Date of ruling or determination							1		87	,791.
ŀ	Ū	enter 1.39% (0.0139) of line 27b. Ex			•	300 11300	10110113)	> <u> </u>		• • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•		2, col. (b)									
2		ic section 4947(a)(1) trusts and taxa				. 0 )		2			0.
	Add lines 1 and 2		Sie loundations	only, or				3		87	,791.
4		tic section 4947(a)(1) trusts and taxa	hle foundations	only <sup>•</sup> c	others ent	er -Ω-)				• ·	0.
5		me. Subtract line 4 from line 3. If zer			511010, 0110			5		87	,791.
6	Credits/Payments:		0 01 1033, 01101	•							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-		nd 2020 overpayment credited to 202	01	6a	I	14	0,431				
		tax withheld at source		6b			0,101	-			
		tension of time to file (Form 8868)		6c			0	-			
		y withheld		6d			0	-			
7							•	-		1/0	,431.
/ 0		d lines 6a through 6d	if Form 22					7		140	<u>,431.</u> 0.
8		ment of estimated tax. Check here					►	8			0.
9 10		and 8 is more than 7, enter <b>amount o</b> than the total of lines 5 and 8, enter						· <u>9</u> · 10		50	,640.
10		ne: Credited to 2022 estimated tax		ipaiu			Refunded 🕨			52	<u>,040.</u> 0.
		O. OTGUILEU IO ZUZZ COLIIIIALEU LAX	7		52,0	, <u> </u>	telulideu 📂				• •

Form 990-PF (2021)

any political campaign?       1a         b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	Not X X X X X X X X X X X X X X X X X X X
b Didi it spend more than \$100 during the year (either directly for political purposes? See the instructions for the definition 1b   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. 1c   c Did the foundation in connection with the activities. 0.   d Enter the amount (if any) paid by the foundation during the year (1) on the foundation engaged in any activities that have not previously peor political expenditure tax imposed on foundation managers. ▶ \$	X X X X
b Didi it spend more than \$100 during the year (either directly for political purposes? See the instructions for the definition 1b   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. 1c   c Did the foundation in connection with the activities. 0.   d Enter the amount (if any) paid by the foundation during the year (1) on the foundation engaged in any activities that have not previously peor political expenditure tax imposed on foundation managers. ▶ \$	x x x
distributed by the foundation in connection with the activities.       Image: Im	x
c Did the foundation file Form 1120-POL for this year? 1c   d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0.   (1) On the foundation. ▶ \$	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <ul> <li>(1) On the foundation. ▶ \$</li></ul>	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <ul> <li>(1) On the foundation. ▶ \$</li></ul>	X
<ul> <li>e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$</li></ul>	X
<ul> <li>e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$</li></ul>	X
2       Has the foundation engaged in any activities that have not previously been reported to the IRS?       2         If "Yes," attach a detailed description of the activities.       3         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       3         4a       4a       4a         b       If "Yes," has it filed a tax return on Form 990-T for this year?       N/A         5       Mas there a liquidation, termination, dissolution, or substantial contraction during the year?       5         If "Yes," attach the statement required by <i>General Instruction T</i> .       6         6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:       9         9 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?       6         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 XIV       7         8a Enter the states to which the foundation reports or with which it is registered. See instructions.	X
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8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	
MI         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 General Instruction G? If "No," attach explanation       8b       X	
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 General Instruction G? If "No," attach explanation       8b       X	
of each state as required by General Instruction G? If "No," attach explanation 8b 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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X
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 <b>TOWSLEYFOUNDATION.ORG</b>	$\square$
14 The books are in care of ► MARY IVERS, CPA Telephone no. ►734-660-2170	
Located at ▶ 924 N MAIN ST, SUITE 1, ANN ARBOR, MI	
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 <b>b</b> 15 N/A	
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, Yes	
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	•

Form 990-PF (2021)

### HARRY A. AND MARGARET D. TOWSLEY

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required		Veel	
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):			37
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<u>1a(1)</u>		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?			X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<u>1a(4)</u>	X	
(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)?			
(6) Agree to pay money or property to a government official? (Exception. Check "No"	1a(5)		Х
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.)	1a(6)		Х
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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	1b		Х
c Organizations relying on a current notice regarding disaster assistance, check here			
d 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 2021?	1d		Х
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 2021, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2021?	2a		Х
If "Yes," list the years ►,,,,,,,			
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach			
statement - see instructions.)	N/A 2b		
<ul> <li>c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.</li> <li>&gt;</li></ul>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?			X
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons afte	r 🛛		
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis 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,	pose		
Schedule C, to determine if the foundation had excess business holdings in 2021.)	N/A 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			Х
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose i			
had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b		Х
	Form <b>99</b>	0-PF	(2021)

Part VI-B	Statements Regarding Activities for Which Form 4720 May Be Required (continued)			
5a During the	year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry of	on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
(2) Influen	ce the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,			
any vo	ter registration drive?	5a(2)		X
(3) Provid	e a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4) Provid	e a grant to an organization other than a charitable, etc., organization described in section			
4945(0	I)(4)(A)? See instructions	5a(4)		X
	e for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for			
the pre	vention of cruelty to children or animals?	5a(5)		X
	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations			
section 53.	1945 or in a current notice regarding disaster assistance? See instructions $\mathbb{N}/2$	A 5b		
<b>c</b> Organizatio	ns relying on a current notice regarding disaster assistance, check here 👘 🕨 🗌			
<b>d</b> If the answ	er is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained			
expenditure	responsibility for the grant?N/2	A 5d		
	ich the statement required by Regulations section 53.4945-5(d).			
6a Did the fou	ndation, during the year, receive any funds, directly or indirectly, to pay premiums on			
a personal	penefit contract?	6a		X
<b>b</b> Did the fou	ndation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
If "Yes" to 6	b, file Form 8870.			
7a At any time	during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
<b>b</b> If "Yes," did	the foundation receive any proceeds or have any net income attributable to the transaction?	A 7b		
8 Is the found	lation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	chute payment(s) during the year?	8		X
Part VII	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>(b)</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 incl	luded on line 1). If none. (	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense

Total number of other employees paid over \$50,000	•	•		0
	1			
	]			
NONE				
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	account, other allowances

Form **990-PF** (2021)

Form 990-PF (2021)

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Part VII 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           Part VIII-A         Summary of Direct Charitable Activities	• 0
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.           1         N/A	Expenses
2	
3 	-
Part VIII-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.           1         N/A	Amount
2	-
All other program-related investments. See instructions. 3	_
Total. Add lines 1 through 3	0 . Form <b>990-PF</b> (2021)

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Ρ	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	dations,	, 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	74,482,554.
	Average of monthly cash balances	1b	<u>74,482,554.</u> 7,179,317.
	Fair market value of all other assets (see instructions)	1c	· · ·
d	Total (add lines 1a, b, and c)	1d	81,661,871.
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	81,661,871.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,224,928.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	80,436,943.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	4,021,847.
Ρ	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	
	foreign organizations, check here 🕨 🔄 and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	4,021,847.
2a	Tax on investment income for 2021 from Part V, line 5         2a         87,791.		
b	Income tax for 2021. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	87,791.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,934,056.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,934,056.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	3,934,056.
Ρ	art XI 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	3,285,323.
b	Program-related investments - total from Part VIII-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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	3,285,323.
			Form <b>990-PF</b> (2021)

Form 990-PF (2021)

### Part XII Undistributed Income (see instructions)

	(a)	(b)	(C)	(d)
	Corpus	Years prior to 2020	2020	2021
1 Distributable amount for 2021 from Part X, line 7				3,934,056.
2 Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only			2,583,896.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2021:		0.		
<b>a</b> From 2016				
<b>b</b> From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: ►\$ 3,285,323.				
<b>a</b> Applied to 2020, but not more than line 2a			2,583,896.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		Ο.		
c Treated as distributions out of corpus		•••		
(Election mensional constructions)	0.			
d Applied to 2021 distributable amount				701,427.
e Remaining amount distributed out of corpus	0.			/01/12/1
5 Excess distributions carryover applied to 2021	<b>0</b> .			
(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:				
<b>a</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable				
amount - see instructions		Ο.		
e Undistributed income for 2020. Subtract line		-		
4a from line 2a. Taxable amount - see instr.			Ο.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				3,232,629.
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 2016				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				
				Form 990-DE (0001)

	AND MARGAR	ET D. TOWS	ΓEΧ	**	***1798 Page 10
Form 990-PF (2021) FOUNDATIC		tructions and Part VI-	A question 9)	N/A	***1798 Page 10
<ul> <li>1 a If the foundation has received a ruling or d foundation, and the ruling is effective for 2</li> </ul>	etermination letter that i	it is a private operating		N/A	
<b>b</b> Check box to indicate whether the foundati					4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part IX for each year listed	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
<b>b</b> 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
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 IX, line 6, for each year listed					
c "Support" alternative test - enter:					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(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 XIV Supplementary Inforn			f the foundatior	n had \$5,000 or i	more in assets
at any time during the	year-see instru	ctions.)			

#### 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 **b** 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:

Form 990-PF (2021) FOUNDATION
Part XIV Supplementary Information (continue)

3 Grants and Contributions Paid During th	e Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION	Amount
<b>a</b> Paid during the year				
LBION COLLEGE	NONE	₽C	PROGRAM SUPPORT	
11 E PORTER				
LBION, MI 49224				100,000
LPENA COMMUNITY COLLEGE	NONE	₽C	PROGRAM SUPPORT	
65 JOHNSON ST			TROOMEN DOTTORY	
ALPENA, MI 49707				50,000
MEDICAN DIADEMES ASSOCIATION	NONE	DC	PROGRAM SUPPORT	
MERICAN DIABETES ASSOCIATION 20 BOX 7023 MERRIFIELD, VA 22116	NONE	₽C	FROGRAM SUFFORT	10,000
ANN ARBOR ART CENTER	NONE	PC	PROGRAM SUPPORT	
117 W LIBERTY ANN ARBOR, MI 48104				86,000
ARBOR HOSPICE FOUNDATION 2366 OAK VALLEY DRIVE ANN ARBOR, MI 48103	NONE	PC	PROGRAM SUPPORT	30,000
	CONTINUATION SHEE	T(S)	► 3a	3,218,812
<b>b</b> Approved for future payment				
ANN ARBOR SYMPHONY ORCHESTRA	NONE	PC	PROGRAM SUPPORT	
5 RESEARCH DRIVE NN ARBOR, MI 48103				15,000
CONSERVATION RESOURCE ALLIANCE 0850 TRAVERSE HIGHWAY	NONE	₽C	PROGRAM SUPPORT	
RAVERSE CITY, MI 49684				100,000
GRAND TRAVERSE REGIONAL LAND	NONE	PC	PROGRAM SUPPORT	
CONSERVANCY 3860 N LONG LAKE RD STE D				
RAVERSE CITY, MI 49686				250,000
	CONTINUATION SHEE	T(S)	► 3b	2,455,000

### Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	(a) Business	business income (b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1	4.0.1	
investments			14	421.	
4 Dividends and interest from securities			14	1,382,487.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property	<b>├</b> ─── <b>├</b>				
6 Net rental income or (loss) from personal					
property					
7 Other investment income	<b>├</b> ─── <b>│</b>				
8 Gain or (loss) from sales of assets other			10		
than inventory			18	5,030,568.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
C		0.		6,413,476.	0.
12 Subtotal. Add columns (b), (d), and (e)					
<b>13 Total</b> . Add line 12, columns (b), (d), and (e)					0,413,470.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Accom	plishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incon	ne is reported in	column (e) of Part XV-A	contribu	ted importantly to the accomp	lishment of
the foundation's exempt purposes (other than b		( )			
4 FUNDS FOR GRANT MAKING					
4FUNDSFORGRANTMAKING8FUNDSFORGRANTMAKING					

Form 990	)-DF (2)		A. AND M ATION	'ARGARE	T D. TOWSLEY		**-***15	798	Da	age <b>13</b>
Part >		. /		sfers to a	nd Transactions ar	nd Relationsh	ips With Noncharita		Га	iye is
		Exempt Organ					•			
1 Did	the or	ganization directly or indi	irectly engage in any	of the followin	ig with any other organization	on described in sect	tion 501(c)		Yes	No
(oth	ner thai	n section 501(c)(3) orgar	nizations) or in sectio	on 527, relating	to political organizations?					
<b>a</b> Trai	nsfers	from the reporting found	ation to a noncharita	ble exempt or	panization of:					
(1)	Cash							1a(1)		X
								1a(2)		X
b Oth	er tran	sactions:								
(1)	Sales	of assets to a noncharita	able exempt organizat	tion				1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt c	organization			[	1b(2)		X
(3)	Renta	I of facilities, equipment,	or other assets				[	1b(3)		X
<ul><li>(3) Rental of facilities, equipment, or other assets</li><li>(4) Reimbursement arrangements</li></ul>								1b(4)		X
(5)	Loans	s or loan guarantees						1b(5)		X
(6)	Perfo	rmance of services or me	embership or fundrai	sing solicitatio	ns			1b(6)		X
					ployees			1c		X
							market value of the goods, oth	er ass	ets,	
or s	services	s given by the reporting f	oundation. If the four	ndation receive	ed less than fair market valu	e in any transactior	n or sharing arrangement, show	v in		
colu	umn <b>(d</b>	) the value of the goods,	other assets, or serv	rices received.						
( <b>a)</b> Line no	o.	(b) Amount involved	(c) Name o		e exempt organization	(d) Descriptio	n of transfers, transactions, and sha	ing arra	angemer	nts
				N/A						
						_				
	_					_				
	_									
	_									
	_									
	_									
						_				
						_				
						_				
						_				
					or more tax-exempt organi	zations described		1		-
		501(c) (other than sectio	( )( ))	ection 527?			L	] Yes	X	No
<u>b</u> I†"Y	'es," co	omplete the following sch (a) Name of org			(b) Type of organization		(a) Description of relationship			
		()	yanızation		(b) Type of organization		(c) Description of relationship			
		N/A								
	Under	penalties of periury. I declare	that I have examined this	return, including	accompanying schedules and st	atements, and to the be	est of my knowledge			
Sign					taxpayer) is based on all informa		has any knowledge. May the return	with the	liscuss t e prepare	er
Here					1	TREAS		1	See ins	_
	Sign	ature of officer or trustee	2		Date	Title		Yes		_ No
	Sign	Print/Type preparer's na		Preparer's s		Date	Check if PTIN			
					J		self- employed			
Paid		MARY IVERS	CPA				P001	177	371	
Prepa	arer			LMANN	& PETERSEN CI	PA'S	Firm's EIN ► **-**			
Use C								÷ ± .		
	-	Firm's address ▶ PO	BOX 3708							
			IN ARBOR,		06		Phone no. 734-904	<b>l</b> – 8 î	178	

4-904	-8178
Form	990-PF (2021)

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Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Y		1		
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
BIG BROTHERS BIG SISTERS OF GREAT LAKES BAY REGION	NONE	PC	PROGRAM SUPPORT	
2200 N SAGINAW RD				
MIDLAND, MI 48640				10,000.
BIG BROTHERS BIG SISTERS OF WASHTENAW COUNTY 11 W MICHIGAN AVE	NONE	₽C	PROGRAM SUPPORT	
YPSILANTI, MI 48197				21,000.
BLUE PRINTS FOR PANGAEA 6301 BAUERVIC BLVD	NONE	₽C	PROGRAM SUPPORT	
WEST BLOOMFIELD, MI 48322				11,667.
CANCER SERVICES OF MIDLAND	NONE	₽C	PROGRAM SUPPORT	
400 ASHMAN ST SUITE 100				0.500
MIDLAND, MI 48640				2,500.
CANCER SUPPORT COMMUNITY OF GREATER	NONE	PC	PROGRAM SUPPORT	
ANN ARBOR				
2010 HOGBACK, SUITE 3				15 000
ANN ARBOR, MI 48105				15,000.
CATHOLIC CHARITIES WEST MICHIGAN 40 JEFFERSON AVE S	NONE	PC	PROGRAM SUPPORT	
GRAND RAPIDS, MI 49503				15,000.
·				,
CENTRAL MICHIGAN UNIVERSITY HEALTH PROF BLDG 2217	NONE	PC	PROGRAM SUPPORT	
AT PLEASANT, MI 48859				25,000.
				,
CHALDEAN COMMUNITY FOUNDATION	NONE	PC	PROGRAM SUPPORT	
STERLING HTS, MI 48310				20,000.
				,
CHILD & FAMILY SERVICES OF NW	NONE	PC	PROGRAM SUPPORT	
MICHIGAN 3785 VETERANS DR				
TRAVERSE CITY, MI 49686				34,000.
				,
CHIPPEWA NATURE CENTER 400 S BADOUR RD	NONE	PC	PROGRAM SUPPORT	
400 S BADOOR RD 41DLAND, MI 48640				10,000.
Total from continuation sheets	<u> </u>	1	1	2,942,812.

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3 Grants and Contributions Paid During th	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
CHIPPEWA WATERSHED CONSERVANCY	NONE	PC	PROGRAM SUPPORT	
P.O. BOX 896				10.000
MT PLEASANT, MI 48804				10,000
CLARK FOUNDATION	NONE	PC	PROGRAM SUPPORT	
1551 FRANKLIN ST SE				
GRAND RAPIDS, MI 49506				25,000
CLEVELAND MANOR	NONE	PC	PROGRAM SUPPORT	
2200 CLEVELAND AVE				
MIDLAND, MI 48640				100,000
CONSERVATION RESOURCE ALLIANCE 10850 TRAVERSE HIGHWAY	NONE	PC	PROGRAM SUPPORT	
TRAVERSE CITY, MI 49684				50,000
	NONE			
COUNCIL ON DOMESTIC VIOLENCE SHELTERHOUSE	NONE	PC	PROGRAM SUPPORT	
3115 ISABELLA ST				
MIDLAND, MI 48640				100,000
CULVER EDUCATION FOUNDATION	NONE	PC	PROGRAM SUPPORT	
1300 ACADEMY RD CULVER, IN 46511				5 000
COLVER, IN 40511				5,000
DELTA COLLEGE FOUNDATION	NONE	PC	PROGRAM SUPPORT	
1961 DELTA RD	NONE	r C	FROGRAM SUFFORT	
UNIVERSITY CENTER, MI 48710				50,000
DIXBORO VILLAGE GREEN	NONE	PC	PROGRAM SUPPORT	
5221 CHURCH RD ANN ARBOR, MI 48105				1,000
EDUCATE YOUTH 501(C)(3)	NONE	PC	PROGRAM SUPPORT	
104 S HURON SUITE 1				
YPSILANTI, MI 48197				15,000
ELE'S PLACE ANN ARBOR	NONE	PC	PROGRAM SUPPORT	
3526 W LIBERTY STE 200 ANN ARBOR, MI 48103				50,000
Total from continuation sheets	•	-		

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Part XIV Supplementary Informat				[
3 Grants and Contributions Paid During th		1		
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
EQUINE ESCAPE	NONE	PC	PROGRAM SUPPORT	
5880 BRIGHAM RD				
GOODRICH, MI 48438				5,000.
FINLANDIA UNIVERSITY	NONE	PC	PROGRAM SUPPORT	
601 QUINCY ST				44 000
HANCOCK, MI 49930				44,000.
FISHER HOUSE MICHIGAN	NONE	PC	PROGRAM SUPPORT	
P.O. BOX 130466				100 000
ANN ARBOR, MI 48113				100,000.
FLINT PUBLIC LIBRARY	NONE	PC	PROGRAM SUPPORT	
1026 E KEARSLEY ST				
FLINT, MI 48503				20,000.
FLOYD J MCCREE THEATRE	NONE	PC	PROGRAM SUPPORT	
2040 W CARPENTER RD				
FLINT, MI 48505				10,000.
FORWARD YOUTH 4817 WESTWICK DR	NONE	PC	PROGRAM SUPPORT	
WAYNE, MI 48184				10,000.
FREEDOM HOUSE DETROIT P.O. BOX 9208	NONE	PC	PROGRAM SUPPORT	
DETROIT, MI 48209				30,000.
FRIENDS IN DEED	NONE	PC	PROGRAM SUPPORT	
1196 ECORSE RD YPSILANTI, MI 48198				20,000.
FRIENDS OF THE GARDEN THEATER	NONE	PC	PROGRAM SUPPORT	
P.O. BOX 341				50.000
FRANKFORT, MI 49635				50,000.
GRAND RAPIDS SYMPHONY	NONE	PC	PROGRAM SUPPORT	
300 OTTAWA AVE NW				
GRAND RAPIDS, MI 49503				55,000.

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Part XIV Supplementary Informatio				[
3 Grants and Contributions Paid During the				
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
GRANT CHRISTIAN SCHOOL	NONE	₽C	PROGRAM SUPPORT	
12931 POPLAR AVE				
GRANT, MI 49327				15,000.
GROW BENZIE	NONE	PC	PROGRAM SUPPORT	
5885 FRANKFORT HWY				25 000
BENZONIA, MI 49616				25,000.
GROWING HOPE	NONE	PC	PROGRAM SUPPORT	
922 W MICHIGAN AVE				60,000
YPSILANTI, MI 48197				60,000.
HENRY FORD HEALTH SYSTEM	NONE	PC	PROGRAM SUPPORT	
15415 E JEFFERSON				
GROSSE POINTE PARK, MI 48230				5,000.
HILLSDALE COLLEGE	NONE	PC	PROGRAM SUPPORT	
33 E COLLEGE ST				
HILLSDALE, MI 49242				15,000.
HOPE CLINIC PO BOX 980311	NONE	PC	PROGRAM SUPPORT	
YPSILANTI, MI 48198				20,000.
HURON CLINTON METROPARKS FOUNDATION 13000 HIGH RIDGE DR	NONE	PC	PROGRAM SUPPORT	
BRIGHTON, MI 48114				5,000.
HURON RIVER WATERSHED COUNCIL	NONE	PC	PROGRAM SUPPORT	
100 N MAIN ST ANN ARBOR, MI 48104				25,000.
				,
INTERFAITH HOSPITALITY NETWORK OF WASHTENAW COUNTY	NONE	PC	PROGRAM SUPPORT	
4290 JACKSON RD				
ANN ARBOR, MI 48103				17,500.
INTERLOCHEN CENTER FOR THE ARTS	NONE	PC	PROGRAM SUPPORT	
PO BOX 199				
INTERLOCHEN, MI 49643				25,000.
Total from continuation sheets				<u> </u>

## HARRY A. AND MARGARET D. TOWSLEY

Part XIV Supplementary Informati				
3 Grants and Contributions Paid During th				
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
		roopion		
JUNIOR ACHIEVEMENT OF CENTRAL	NONE	PC	PROGRAM SUPPORT	
MICHIGAN				
309 E INDIAN				
MIDLAND, MI 48640				15,000
KIDS FOOD BASKET	NONE	PC	PROGRAM SUPPORT	
L300 PLYMOUTH AVE NE				
GRAND RAPIDS, MI 49505				5,000
The FIGHTNE CANGED	NONE	PC		
KIDS KICKING CANCER 27600 NORTHWESTERN HWY	NONE	PC	PROGRAM SUPPORT	
SOUTHFIELD, MI 48034				20,000
,				,
AKESHORE LIFEWORKS MINISTRIES	NONE	PC	PROGRAM SUPPORT	
3608 148TH AVE				15 000
IOLLAND, MI 49424				15,000
LIBRARY GREEN CONSERVANCY	NONE	PC	PROGRAM SUPPORT	
1405 LUTZ AVE				
ANN ARBOR, MI 48103				5,000
LOA SCHOLARSHIP FUND	NONE	PC	PROGRAM SUPPORT	
P.O. BOX 62			riddium borrowr	
TEASDALE, UT 84773				5,000
MADISON CHURCH	NONE	PC	PROGRAM SUPPORT	
LA34 MADISON AVE SE				25 000
RAND RAPIDS, MI 49507				25,000
ASSACHUSETTS GENERAL HOSPITAL	NONE	PC	PROGRAM SUPPORT	
125 NASHUA ST				
BOSTON, MA 02114				2,500
MICHIGAN FOSTER CARE CLOSET	NONE	PC	PROGRAM SUPPORT	
7507 N TERRITORIAL RD				
PLYMOUTH, MI 48170				15,000
MICHIGAN HISTORY FOUNDATION	NONE	PC	PROGRAM SUPPORT	
PO BOX 12331 Cansing, mi 48901				20.000
Total from continuation sheets		1		20,00

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			[
		1	
show any relationship to	Foundation status of recipient	Purpose of grant or contribution	Amount
	Тесірієні		
NONE	₽C	PROGRAM SUPPORT	
			1,000.
NONE	PC	PROGRAM SUPPORT	5,000
			5,000.
NONE	PC	PROGRAM SUPPORT	F 000
NONE	PC		5,000.
NOME	FC	FROGRAM SOFFORI	
			5,000.
NONE	₽C	PROGRAM SUPPORT	
			5,000.
NONE	₽C	PROGRAM SUPPORT	
			50,000.
NONE	₽C	PROGRAM SUPPORT	
			10,000.
NONE	PC	PROGRAM SUPPORT	
			500.
NONE	₽C	PROGRAM SUPPORT	
			150,000.
NONE	PC	PROGRAM SUPPORT	
			2,500.
	Year (Continuation)         If recipient is an individual, show any relationship to any foundation manager or substantial contributor         NONE         NONE	Year (Continuation)       Foundation is an individual, show any relationship to any foundation manage or substantial contributor       Foundation status of recipient         NONE       PC         NONE       PC	Year (Continuation)         If recipient is an individual, any relationship to any foundation many contribution       Foundation status of recipient       Purpose of grant or contribution         NONE       PC       PROGRAM SUPPORT         NONE       PC       PROGRAM SUPPORT

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3 Grants and Contributions Paid During the		1	1	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NORTH STAR REACH	NONE	PC	PROGRAM SUPPORT	
574 S WAGNER RD				
ANN ARBOR, MI 48103				25,00
NORTHWESTERN MICHIGAN COLLEGE	NONE	PC	PROGRAM SUPPORT	
FOUNDATION				
L701 E FRONT ST				
TRAVERSE CITY, MI 49686				50,00
DZONE HOUSE	NONE	PC	PROGRAM SUPPORT	
L600 N HURON RIVER DR	NONE	FC	FROGRAM SOFFORI	
PSILANTI, MI 48197				100,00
,				,
PACKARD HEALTH	NONE	PC	PROGRAM SUPPORT	
5200 VENTURE DR				25.00
ANN ARBOR, MI 48108				25,000
PLANNED PARENTHOOD OF MICHIGAN	NONE	PC	PROGRAM SUPPORT	
950 VICTORS WAY STE 100				
ANN ARBOR, MI 48108				105,000
REACHING OUR COMMUNITY KIDS	NONE	PC	PROGRAM SUPPORT	
2205 S JEFFERSON AVE				
MIDLAND, MI 48640				15,000
REECE ENDEAVOR OF MIDLAND	NONE	PC	PROGRAM SUPPORT	
P.O. BOX 2212				
AIDLAND, MI 48640				10,000
SELF LOVE BEAUTY	NONE	PC	PROGRAM SUPPORT	
2916 ABBOTT RD				
MIDLAND, MI 48642				20,00
	NONE	PC		
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE	NONE	PC	PROGRAM SUPPORT	
GRAND RAPIDS, MI 49503				25,00
,				
SPRING ARBOR UNIVERSITY	NONE	PC	PROGRAM SUPPORT	
106 E MAIN ST SPRING ARBOR, MI 49283				30,00
Total from continuation sheets		1		30,00

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Part XIV Supplementary Information				
3 Grants and Contributions Paid During the N	If recipient is an individual,			
Recipient	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST JOSEPH MERCY HOSPITAL	NONE	PC	PROGRAM SUPPORT	
PO BOX 995				
ANN ARBOR, MI 48106				200,000.
STARFISH FAMILY SERVICES 30000 HIVELY	NONE	₽C	PROGRAM SUPPORT	
INKSTER, MI 48141				53,145.
STARR COMMONWEALTH SCHOOLS 13725 STARR COMMONWEALTH RD	NONE	₽C	PROGRAM SUPPORT	
ALBION, MI 49224				25,000.
TART TRAILS P.O. BOX 252	NONE	PC	PROGRAM SUPPORT	
TRAVERSE CITY, MI 49685				25,000.
TREE LINE CONSERVANCY 525 W WILLIAM ST	NONE	₽C	PROGRAM SUPPORT	
ANN ARBOR, MI 48104				10,000.
UCLA OPERATION MEND 924 WESTWOOD BLVD STE 300	NONE	PC	PROGRAM SUPPORT	
LOS ANGELES, CA 90095				20,000.
UM BENTLEY DETROIT OBSERVATORY 3003 S STATE ST	NONE	₽C	PROGRAM SUPPORT	
ANN ARBOR, MI 48109				50,000.
UM KELLOGG EYE CENTER 1000 WALL ST	NONE	PC	PROGRAM SUPPORT	
ANN ARBOR, MI 48105				200,000.
UM SCHOOL OF EDUCATION 610 E UNIVERSITY	NONE	PC	PROGRAM SUPPORT	
ANN ARBOR, MI 48109				200,000.
UM SCHOOL OF MUSIC, THEATRE & DANCE 1100 BAITS DR	NONE	₽C	PROGRAM SUPPORT	
ANN ARBOR, MI 48109 Total from continuation sheets				150,000.

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3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
UM WILLIAM L CLEMENTS LIBRARY	NONE	PC	PROGRAM SUPPORT	
909 S UNIVERSITY				
ANN ARBOR, MI 48109				2,50
UNITED METHODIST RETIREMENT	NONE	PC	PROGRAM SUPPORT	
COMMUNITIES FOUNDATION				
805 W MIDDLE ST				
CHELSEA, MI 48118				100,00
UNITED WAY OF WASHTENAW COUNTY	NONE	PC	PROGRAM SUPPORT	
2305 PLATT RD				
ANN ARBOR, MI 48104				3,00
UNIVERSITY OF SAN DIEGO	NONE	PC	PROGRAM SUPPORT	
5998 ALCALA PARK			INCOMM DOTTONI	
SAN DIEGO, CA 92110				1,00
WOMEN'S CENTER OF SE MICHIGAN	NONE	PC	PROGRAM SUPPORT	
1100 VICTORS WAY #10				
ANN ARBOR, MI 48108				10,00

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Part XIVSupplementary Information3Grants and Contributions Approved for Figure 1				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
GREATER MIDLAND COMMUNITY CENTER	NONE	PC	PROGRAM SUPPORT	
2205 JEFFERSON AVE				
MIDLAND, MI 48640				30,000
	NONE	PC	PROGRAM SUPPORT	
HAND 2 HAND 306 CHICAGO DR	NONE	FC	FROGRAM SOFFORI	
JENISON, MI 49428				10,000
MICHIGAN STATE UNIVERSITY KELLOGG	NONE	PC	PROGRAM SUPPORT	
BIRD SANCTUARY				
300 SPARTAN WAY				
EAST LANSING, MI 48824				50,000
UM BENTLEY DETROIT OBSERVATORY 3003 S STATE ST	NONE	PC	PROGRAM SUPPORT	
ANN ARBOR, MI 48109				50,000
UM FORD SCHOOL OF PUBLIC POLICY	NONE	PC	PROGRAM SUPPORT	
735 S STATE ST				
ANN ARBOR, MI 48104				750,000
UM KELLOGG EYE CENTER	NONE	PC	PROGRAM SUPPORT	
1000 WALL ST ANN ARBOR, MI 48105				800,000
YPSILANTI DISTRICT LIBRARY	NONE	₽C	PROGRAM SUPPORT	
5577 WHITTAKER RD	NONE		FROGRAM BUFFORT	
YPSILANTI, MI 48197				400,000
Total from continuation sheets		1		2,090,000

DESCRIPT	(A) ION OF PROPERTY				MANNER CQUIRED	DATE ACQUIRE	D DATE SOLD
SCHWAB		_		PUF	RCHASED		
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPREC	C. GA	(F) AIN OR LOSS
_	8,047,353.	6,281,986.		0.		0.	1,765,367.
DESCRIPT	(A) 'ION OF PROPERTY	_			MANNER CQUIRED	DATE ACQUIRE	D DATE SOLD
VANGUARD	)			PUF	RCHASED		
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPREC	C. GA	(F) AIN OR LOSS
	3,893,097.	1,769,143.		0.		0.	2,123,954.
DESCRIPT	(A) ION OF PROPERTY				MANNER CQUIRED	DATE ACQUIRE	D DATE SOLD
DUPONT 1	5,600 SHARES	_		DC	DNATED		06/29/21
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)		(F)
_	SALES PRICE	TIME OF ACQ.	SALE		DEPREC	GA	IN OR LOSS
	1,201,205.	59,958.		0.		0.	1,141,247.
							0
	GAINS DIVIDENDS						0.
TOTAL TO	FORM 990-PF, P	ART I, LINE 6A					5,030,568.

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
HUNTINGTON BANK	421.	421.	
TOTAL TO PART I, LINE 3	421.	421.	

DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES S	TATEMENT 3
GROSS AMOUNT	GAINS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
292,152. 303,376. 786,959.		0.	292,152. 303,376. 786,959.	292,152. 303,376. 786,959.	
,382,487.		0.	1,382,487.	1,382,487.	
FORM 990-PF ACCOUNTING FEES STATEMENT 4					
				(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
RSEN	5,130.		5,130.		0.
LN 16B	5,130.		5,130.		0.
	GROSS AMOUNT 292,152. 303,376. 786,959. .,382,487.	CAPITAL GROSS AMOUNT GAINS DIVIDEND 292,152. 303,376. 786,959. .,382,487. ACCOUNTI (A) EXPENSES PER BOOKS CRSEN 5,130.	CAPITAL GROSS AMOUNT         CAPITAL GAINS DIVIDENDS           292,152.         0.           303,376.         0.           786,959.         0.           .,382,487.         0.           ACCOUNTING F         (A) EXPENSES NET PER BOOKS MEN           CRSEN         5,130.	CAPITAL GROSS AMOUNT       CAPITAL GAINS DIVIDENDS       (A) REVENUE PER BOOKS         292,152.       0.       292,152.         303,376.       0.       303,376.         786,959.       0.       786,959.         .,382,487.       0.       1,382,487.         (A)         (A)         (B)         EXPENSES PER BOOKS         Server         5,130.	CAPITAL         (A)         (B)           GROSS         GAINS         REVENUE         NET INVEST-MENT INCOME           DIVIDENDS         PER BOOKS         MENT INCOME           292,152.         0.         292,152.         292,152.           303,376.         0.         303,376.         303,376.           786,959.         0.         786,959.         786,959.           .,382,487.         0.         1,382,487.         1,382,487.           ACCOUNTING FEES         S           ACCOUNTING FEES         S           (A)         (B)         (C)           EXPENSES         NET INVEST-         ADJUSTED           PER BOOKS         MENT INCOME         NET INCOME           SRSEN         5,130.         5,130.

FORM 990-PF	OTHER PROFESSIONAL FEES STATEME			FATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HRNI ADMINISTRATIVE FEES INVESTMENT MANAGEMENT FEES COLUMBIA ASSET INVESTMENT	2,248. 56,174.	0. 56,174.		2,248.
MGMT FEES BENNETT & ASSOCIATES CPAS	15,000.	15,000.		0.
AUDIT FEE	12,500.	12,500.		0.
TO FORM 990-PF, PG 1, LN 160	85,922.	83,674.		2,248.

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FORM 990-PF	TAXES ST			TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES FEDERAL EXCISE TAX	1,425. 146,664.			1,425.
TO FORM 990-PF, PG 1, LN 18	148,089.	0.		1,425.

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE EXPENSE COMPUTER EXPENSE OFFICE EXPENSE DUES BANK SERVICE CHARGES POSTAGE TELEPHONE	8,251. 10,112. 900. 9,181. 372. 285. 651.			8,251. 10,112. 900. 9,181. 372. 285. 652.
TO FORM 990-PF, PG 1, LN 23	29,752.	0.		29,753.

FORM 990-PF CO	PRPORATE STOCK	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PUBLICLY TRADED SECURITIES	37,737,633.	74,821,872.
TOTAL TO FORM 990-PF, PART II, LIN	E 10B 37,737,633.	74,821,872.

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FORM 990-PF	OTHER ASSETS	STATEMENT 9	
DESCRIPTION	BEGINNING OF	END OF YEAR	FAIR MARKET
	YR BOOK VALUE	BOOK VALUE	VALUE
VANGUARD DIVIDEND IN TRANSIT	1,366.	300,918.	300,918.
OFFICE SECURITY DEPOSIT	800.	800.	800.
TO FORM 990-PF, PART II, LINE 15	2,166.	301,718.	301,718.

924 N MAIN ST STE 1 ANN ARBOR, MI 48104

		I OF OFFICERS, DIRECTORS D FOUNDATION MANAGERS		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		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/TRUS 4.00	TEE 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 APPOP MI 48104	TRUSTEE 1.00	0.	0.	0.

HARRY A. AND MARG	ARET D. TOWSLEY FOUNDAT		**_**	**1798
TOTALS INCLUDED O	N 990-PF, PAGE 6, PART VII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XIV, 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.