

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2024, or fiscal year beginning, 2024, and ending, 20

Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2024**

Name of filer

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

EIN or SSN

38-6091798Name and title of officer or person subject to tax **BRENDA SHELLENBERGER
TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b 97,650
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 **IVERS & RICKELMANN, CPAS PLLC** to enter my PIN **91798** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 entity, I will enter my PIN as my signature on the tax year 2024 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.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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

Mary Ivers, CPA

Date

4/21/2025**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

DAA

Form **8879-TE** (2024)

Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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.

OMB No. 1545-0047

2024

Open to Public Inspection

For calendar year 2024 or tax year beginning , and ending

Name of foundation HARRY A. AND MARGARET D. TOWSLEY FOUNDATION		A Employer identification number 38-6091798
Number and street (or P.O. box number if mail is not delivered to street address) 924 N MAIN ST, STE 1	Room/suite	B Telephone number (see instructions) 734-660-2170
City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR MI 48104		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 76,940,306	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	178,069	178,069		
	4 Dividends and interest from securities	1,743,400	1,743,400		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	5,221,353			
	b Gross sales price for all assets on line 6a 12,801,393				
	7 Capital gain net income (from Part IV, line 2)		5,204,482		
	8 Net short-term capital gain			0	
	9 Income modifications SEE STMT 1			200,000	
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	7,142,822	7,125,951	200,000	
	13 Compensation of officers, directors, trustees, etc.	129,500	12,500		117,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) STMT 2	3,000			3,000
	c Other professional fees (attach schedule) STMT 3	93,957	87,507		6,450
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 4	74,091	744		4,347
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	10,996			10,996
	21 Travel, conferences, and meetings	5,848			5,848
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 5	36,791			36,791
	24 Total operating and administrative expenses. Add lines 13 through 23	354,183	100,751	0	184,432
	25 Contributions, gifts, grants paid	3,619,754			3,619,754
	26 Total expenses and disbursements. Add lines 24 and 25	3,973,937	100,751	0	3,804,186
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	3,168,885			
	b Net investment income (if negative, enter -0-)		7,025,200		
	c Adjusted net income (if negative, enter -0-)			200,000	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash — non-interest-bearing	330,016	122,239	122,239
	2	Savings and temporary cash investments	7,359,114	7,977,998	7,977,998
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less: allowance for doubtful accounts	0		
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments — U.S. and state government obligations (attach schedule) STMT 6	4,504,586	6,006,007	6,163,911
	b	Investments — corporate stock (attach schedule) SEE STMT 7	33,319,424	34,774,534	62,669,569
	c	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach sch.)				
12	Investments — mortgage loans				
13	Investments — other (attach schedule)				
14	Land, buildings, and equipment: basis				
	Less: accumulated depreciation (attach sch.)				
15	Other assets (describe SEE STATEMENT 8)	5,342	6,589	6,589	
16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	45,518,482	48,887,367	76,940,306	
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 (attach schedule)			
	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 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 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			
	28	Retained earnings, accumulated income, endowment, or other funds	17,638,053	21,006,938	
	29	Total net assets or fund balances (see instructions)	45,518,482	48,887,367	
30	Total liabilities and net assets/fund balances (see instructions)	45,518,482	48,887,367		

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 45,518,482
2	Enter amount from Part I, line 27a	2 3,168,885
3	Other increases not included in line 2 (itemize) SEE STATEMENT 9	3 200,000
4	Add lines 1, 2, and 3	4 48,887,367
5	Decreases not included in line 2 (itemize)	5
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29	6 48,887,367

Part IV Capital Gains and Losses for Tax on Investment Income

(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	CHARLES SCHWAB SECURITIES	P		
b	VANGUARD MUTUAL FUNDS	P		
c	10,000 SHS DUPONT	D		03/25/24
d	10,000 SHS DUPONT	D		05/29/24
e	10,000 SHS DUPONT	D		09/30/24

(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 7,257,147		5,917,477	1,339,670
b 3,086,905		1,547,254	1,539,651
c 749,803		38,437	711,366
d 810,777		38,437	772,340
e 896,761		38,435	858,326

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

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			1,339,670
b			1,539,651
c 44,060	38,437	5,623	705,743
d 44,060	38,437	5,623	766,717
e 44,060	38,435	5,625	852,701

2	Capital gain net income or (net capital loss)	<div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>	2	5,204,482
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	2,879,321

Part V 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)	1	97,650
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	97,650
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	97,650
6	Credits/Payments:		
a	2024 estimated tax payments and 2023 overpayment credited to 2024	6a	74,676
b	Exempt foreign organizations — tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	74,676
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	22,974
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded	11	

Part VI-A

Statements Regarding Activities

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?		Yes	No
1a				X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition			X
	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.			
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ (2) On foundation managers. \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$			
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.	2		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	3	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
			N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		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?	6	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 XIV	7	X	
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	
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 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address TOWSLEYFOUNDATION.ORG	13	X	
14	The books are in care of BRENDA SHELLENBERGER 924 N MAIN ST STE 1		Telephone no. 734-660-2170	
	Located at ANN ARBOR MI ZIP+4 48104			
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	15		
16	At any time during calendar year 2024, 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		Yes	No
		16		X

Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	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)?	1a(5)	X
(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.)	1a(6)	X
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	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
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 2024?	1d	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 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? If "Yes," list the years 20 , 20 , 20 , 20	2a	X
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	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2024 as a result (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 2024.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	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 2024?	4b	X

Part VI-B	Statements Regarding Activities for Which Form 4720 May Be Required <i>(continued)</i>
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		Yes	No
5a	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))?	5a(1)	X
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)	X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)	X
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions	5a(4)	X
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)	X
b	If any answer is "Yes" to 5a(1)–(5), did any 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	5b	N/A
c	Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
d	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?	5d	N/A
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a	X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	X
	If "Yes" to 6b, 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	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A
8	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?	8	X

Part VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors
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1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(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				

2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). 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 $\overline{0}$

Part VII

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

3 Five highest-paid independent contractors for professional services. See instructions. 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

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 VIII-B Summary of Program-Related Investments (see instructions)

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	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

Part IX

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	70,552,748
b	Average of monthly cash balances	1b	7,975,061
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	78,527,809
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	78,527,809
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,177,917
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	77,349,892
6	Minimum investment return. Enter 5% (0.05) of line 5	6	3,867,495

Part X

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 IX, line 6	1	3,867,495
2a	Tax on investment income for 2024 from Part V, line 5	2a	97,650
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	97,650
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,769,845
4	Recoveries of amounts treated as qualifying distributions	4	200,000
5	Add lines 3 and 4	5	3,969,845
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	3,969,845

Part 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	3,804,186
b	Program-related investments — total from Part VIII-B	1b	
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	3,804,186

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				3,969,845
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			3,310,787	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				
e From 2023				
f Total of lines 3a through e				
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 3,804,186				
a Applied to 2023, but not more than line 2a			3,310,787	
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2024 distributable amount				493,399
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount — see instructions				
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				3,476,446
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)				
8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024				

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling _____					
b Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____	Tax year	Prior 3 years			(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021	
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:					
(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 _____					

SEE STATEMENT 13

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
ADRIAN COLLEGE 110 S MADISON ST ADRIAN MI 49221	NONE	PC	PROGRAM SUPPORT	1,020
AIDS/LIFECYCLE DEPT 9383 LOS ANGELES CA 90084	NONE	PC	PROGRAM SUPPORT	15,000
ALPHA HOUSE 4290 JACKSON RD ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	2,500
AMERICAN BIRD CONSERVANCY PO BOX 249 THE PLAINS VA 20198	NONE	PC	PROGRAM SUPPORT	116,235
ANN ARBOR SYMPHONY ORCHESTRA 35 RESEARCH DR ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	25,000
ARBOR HOSPICE FOUNDATION 2366 OAK VALLEY DR ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	30,000
AVALON HOUSING 1327 JONES DR ANN ARBOR MI 48105	NONE	PC	PROGRAM SUPPORT	32,000
BIG BROTHERS BIG SISTERS WASHTENAW 11 W MICHIGAN AVE YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	11,000
BOUND TOGETHER 171 W PIKE ST PONTIAC MI 48341	NONE	PC	PROGRAM SUPPORT	5,000
BRIDGE FOOD CENTER 1539 WASHINGTON MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	1,500
Total			3a	3,619,754
b Approved for future payment				
ANN ARBOR SYMPHONY ORCHESTRA 35 RESEARCH DR ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	25,000
CALVIN UNIVERSITY 3201 BURTON ST SE GRAND RAPIDS MI 49546	NONE	PC	PROGRAM SUPPORT	170,000
CHANGING LIVES AND STAYING 22000 GRAND RIVER DETROIT MI 48219	SOBER NONE	PC	PROGRAM SUPPORT	100,000
Total			3b	1,645,000

DAA

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
BRIDGE MICHIGAN 220 W MICHIGAN AVE YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	2,500
CALVIN UNIVERSITY 3201 BURTON ST SE GRAND RAPIDS MI 49546	NONE	PC	PROGRAM SUPPORT	90,000
CANCER SUPPORT COMMUNITY 2010 HOGBACK RD ANN ARBOR MI 48105	NONE	PC	PROGRAM SUPPORT	10,000
CARE HOUSE OF OAKLAND CTY 44765 WOODWARD AVE PONTIAC MI 48341	NONE	PC	PROGRAM SUPPORT	25,000
CATHOLIC CHARITIES WEST MICHIGAN 40 JEFFERSON AVE SE GRAND RAPIDS MI 49503	NONE	PC	PROGRAM SUPPORT	15,000
CHANGING LIVES AND STAYING 22000 GRAND RIVER DETROIT MI 48219	SOBER NONE	PC	PROGRAM SUPPORT	50,000
CHILDRENS LITERACY NETWORK 1100 N MAIN ST ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	14,000
COMMUNITIES FIRST 415 W COURT ST FLINT MI 48503	NONE	PC	PROGRAM SUPPORT	50,000
CORNER HEALTH CENTER 47 N HURON YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	50,000
COVENANT HOUSE MICHIGAN 2959 MLK BLVD DETROIT MI 48208	NONE	PC	PROGRAM SUPPORT	15,000
Total			3a	
b Approved for future payment				
INTERLOCHEN CENTER FOR THE PO BOX 199 INTERLOCHEN MI 49643	ARTS NONE	PC	PROGRAM SUPPORT	500,000
M&M CHILDRENS MUSEUM 425 FIRST ST MENOMINEE MI 49858	NONE	PC	PROGRAM SUPPORT	50,000
MARY FREE BED REHAB HOSPITAL 235 WEALTHY ST SE GRAND RAPIDS MI 49503	NONE	PC	PROGRAM SUPPORT	700,000
Total			3b	

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2024)

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN MI 49643	NONE	PC	PROGRAM SUPPORT	252,000
JUBILEE MINISTRIES 96 W 15TH ST HOLLAND MI 49423	NONE	PC	PROGRAM SUPPORT	10,000
JUNIOR ACHIEVEMENT OF CENTRAL MICH 309 E INDIAN ST MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	45,000
KAMBLY LIVING CENTER 1003 NORTH AVE BATTLE CREEK MI 49017	NONE	PC	PROGRAM SUPPORT	15,000
LACASA CENTER 2895 W GRAND RIVER AVE HOWELL MI 48843	NONE	PC	PROGRAM SUPPORT	100,000
LAKE CTY AREA CHURCH OF CHARITIES PO BOX 729 BALDWIN MI 49304	NONE	PC	PROGRAM SUPPORT	5,000
LEGACY LAND CONSERVANCY 6276 JACKSON RD ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	25,000
LOA SCHOLARSHIP FUND PO BOX 96 TEASDALE UT 84773	NONE	PC	PROGRAM SUPPORT	25,000
LUNGEVITY FOUNDATION 228 S WABASH AVE CHICAGO IL 60604	NONE	PC	PROGRAM SUPPORT	1,000
M&M CHILDRENS MUSEUM 425 FIRST ST MENOMINEE MI 49858	NONE	PC	PROGRAM SUPPORT	50,000
Total			3a	
b Approved for future payment				
N/A				
Total			3b	

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
MAKING SPIRITS BRIGHT 28580 ORCHARD LAKE RD FARMINGTON HILLS MI 48344	NONE	PC	PROGRAM SUPPORT	10,000
MARY FREE BED REHAB HOSPITAL 235 WEALTHY ST SE GRAND RAPIDS MI 49503	NONE	PC	PROGRAM SUPPORT	100,000
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA BOSTON MA 02114	NONE	PC	PROGRAM SUPPORT	2,500
MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS MI 49503	NONE	PC	PROGRAM SUPPORT	5,000
MICHIGAN ADVOCACY PROGRAM 15 S WASHINGTON ST YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	25,000
MICHIGAN LEAGUE OF CONS VOTERS 340 BEAKES ST ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	10,000
MICHIGAN THEATER FOUNDATION 603 E LIBERTY ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	5,000
MIDLAND AREA COMMUNITY FDN 76 ASHMUN CIR MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	15,000
MIDLAND CENTER FOR THE ARTS 1801 W ST ANDREWS MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	120,000
MIDLAND COMM FORMER OFFENDERS 1415 WASHINGTON ST MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	1,500
Total			3a	
b Approved for future payment				
N/A				
Total			3b	

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
MY PLACE JACKSON PO BOX 1301 JACKSON MI 49201	NONE	PC	PROGRAM SUPPORT	20,000
NATURE CONSERVANCY MICHIGAN 101 E GRAND RIVER LANSING MI 48906	NONE	PC	PROGRAM SUPPORT	150,000
NEW DAY FOUNDATION FOR FAMILIES 245 BARCLAY CIR ROCHESTER HILLS MI 48307	NONE	PC	PROGRAM SUPPORT	10,000
OUR BROTHERS KEEPER 405 S THIRD AVE BIG RAPIDS MI 49307	NONE	PC	PROGRAM SUPPORT	30,000
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR MI 48106	NONE	PC	PROGRAM SUPPORT	10,000
POPE FRANCIS CENTER 438 ST ANTOINE ST DETROIT MI 48226	NONE	PC	PROGRAM SUPPORT	21,666
REMUS AREA HISTORICAL SOCIETY PO BOX 71 REMUS MI 49340	NONE	PC	PROGRAM SUPPORT	3,000
RESPIRE VOLUNTEERS OF SHIAWASSEE PO BOX 1777 OWOSSO MI 48867	NONE	PC	PROGRAM SUPPORT	17,000
RIVERSIDE ARTS CENTER 76 N HURON ST YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	20,000
SAGINAW VALLEY STATE UNIVERSITY 7400 BAY RD UNIVERSITY CENTER MI 4871	NONE	PC	PROGRAM SUPPORT	10,000
Total			3a	
b Approved for future payment				
N/A				
Total			3b	

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
SENIOR SERVICES OF MIDLAND COUNTY 4700 DUBLIN AVE MIDLAND MI 48642	NONE	PC	PROGRAM SUPPORT	1,500
SHELTER ASSOCIATION OF WASHTENAW 312 W HURON ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	25,000
SHIAWASSEE ARTS CENTER 206 CURWOOD CASTLE DR OWOSSO MI 48867	NONE	PC	PROGRAM SUPPORT	8,333
SOC FOR REST OF HIST MASONIC TEMPLE 700 N MADISON AVE BAY CITY MI 48708	NONE	PC	PROGRAM SUPPORT	1,500
SOLDIER STRONG 1127 HIGH RIDGE RD STAMFORD CT 06905	NONE	PC	PROGRAM SUPPORT	7,500
SPRING ARBOR UNIVERSITY 106 E MAIN ST SPRING ARBOR MI 49283	NONE	PC	PROGRAM SUPPORT	30,000
ST VINCENT CATHOLIC CHARITIES 2800 W WILLOW ST LANSING MI 48917	NONE	PC	PROGRAM SUPPORT	15,000
SUPERIOR ARTS YOUTH THEATER PO BOX 741 MARQUETTE MI 49855	NONE	PC	PROGRAM SUPPORT	10,000
THE ARC OF MIDLAND 2602 LOUANNA ST MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	30,000
THE BISHOPS SCHOOL 7607 LAJOLLA BLVD LA JOLLA CA 92037	NONE	PC	PROGRAM SUPPORT	2,500
Total			3a	
b Approved for future payment				
N/A				
Total			3b	

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
THE LEELANAU SCHOOL 1 OLD HOMESTEAD RD GLEN ARBOR MI 49636	NONE	PC	PROGRAM SUPPORT	25,000
THE LEGACY CENTER FOR COMM 2417 ABBOTT RD MIDLAND MI 48642	SUCCESS NONE	PC	PROGRAM SUPPORT	20,500
THE MADE INSTITUTE PO BOX 310246 FLINT MI 48531	NONE	PC	PROGRAM SUPPORT	40,000
THE ROCK CENTER FOR YOUTH DEV 6021 EASTMAN AVE MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	30,000
THOMPSONVILLE AREA REVITALIZATION PO BOX 522 BENZIE COUNTY MI 49683	NONE	PC	PROGRAM SUPPORT	10,000
TORCH CONSERVATION CENTER PO BOX 1142 BELLAIRE MI 49615	NONE	PC	PROGRAM SUPPORT	5,000
UM CLEMENTS LIBRARY 909 S UNIVERSITY ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	2,500
UM DEPT OF MUSICAL THEATRE 2005 BAITS DR ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	2,500
UM FORD SCHOOL OF PUBLIC POLICY 3003 S STATE ST ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	150,000
UM KELLOGG EYE CENTER 1000 WALL ST ANN ARBOR MI 48105	NONE	PC	PROGRAM SUPPORT	200,000
Total			3a	
b Approved for future payment				
N/A				
Total			3b	

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
UM SCHOOL OF EDUCATION 610 E UNIVERSITY ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	200,000
UM SCHOOL OF MUSIC 1100 BAITS DR ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	150,000
UM SCHOOL OF NURSING 400 N INGALLS ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	100,000
UNITED WAY OF SOUTHEASTERN 2305 PLATT RD ANN ARBOR MI 48104	MICHIGAN NONE	PC	PROGRAM SUPPORT	3,000
UNIVERSITY MUSICAL SOCIETY 881 N UNIVERSITY AVE ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	25,000
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO CA 92110	NONE	PC	PROGRAM SUPPORT	1,000
WASHTENAW AREA COUNCIL FOR 3075 W CLARK RD YPSILANTI MI 48197	CHIDREN NONE	PC	PROGRAM SUPPORT	20,000
WASHTENAW CAMP PLACEMENT 3135 S STATE ST ANN ARBOR MI 48108	NONE	PC	PROGRAM SUPPORT	19,500
WGTE PUBLIC MEDIA PO BOX 30 TOLEDO OH 43614	NONE	PC	PROGRAM SUPPORT	2,500
WOMENS RESOURCE CTR GRAND 720 S IMWOOD TRAVERSE CITY MI 49684	TRAVERSE NONE	PC	PROGRAM SUPPORT	10,000
Total			3a	
b Approved for future payment N/A				
Total			3b	

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
WOMEN'S RESOURCE CENTER NORTHERN MI 423 PORTER ST PETOSKEY MI 49770	NONE	PC	PROGRAM SUPPORT	17,500
WORLD MEDICAL RELIEF 21725 MELROSE AVE SOUTHFIELD MI 48075	NONE	PC	PROGRAM SUPPORT	15,000
YPSILANTI DISTRICT LIBRARY 5577 WHITTAKER RD YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	80,000
Total				3a
b Approved for future payment				
N/A				
Total				3b

Statement 1 - Form 990-PF, Part I, Line 9 - Income Modifications

Description	Amount
MUNSON HEALTH PRIOR YEAR GRANT RETURNED	\$ 200,000
TOTAL	\$ 200,000

Federal Statements**Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
MARY IVERS CPA TAX PREP	\$ 3,000	\$	\$	\$ 3,000
TOTAL	\$ 3,000	\$ 0	\$ 0	\$ 3,000

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
CHARLES SCHWAB INV MGMT FEES	\$ 57,668	\$ 57,668	\$	\$
COLUMBIA ASSET INV MGMT FEES	15,000	15,000		
BENNETT & ASSOCIATES CPAS AUDIT	12,900	6,450		6,450
HUNTINGTON BANK INV MGMT FEES	8,389	8,389		
TOTAL	\$ 93,957	\$ 87,507	\$ 0	\$ 6,450

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX	\$ 69,000	\$	\$	\$
PAYROLL TAXES	5,091	744		4,347
TOTAL	\$ 74,091	\$ 744	\$ 0	\$ 4,347

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
INSURANCE EXPENSE	10,407			10,407
COMPUTER EXPENSE	14,681			14,681

Federal Statements**Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
OFFICE EXPENSE	\$ 365	\$	\$	\$ 365
DUES	9,781			9,781
BANK SERVICE CHARGES	528			528
POSTAGE	262			262
TELEPHONE	703			703
MISCELLANEOUS	14			14
STATE ANNUAL REPORTING	50			50
TOTAL	<u>\$ 36,791</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 36,791</u>

Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
US TREASURY SECURITIES	\$ 4,504,586	\$ 6,006,007	COST	\$ 6,163,911
TOTAL	<u>\$ 4,504,586</u>	<u>\$ 6,006,007</u>		<u>\$ 6,163,911</u>

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
PUBLICLY TRADED SECURITIES	\$ 33,319,424	\$ 34,774,534	COST	\$ 62,669,569
TOTAL	<u>\$ 33,319,424</u>	<u>\$ 34,774,534</u>		<u>\$ 62,669,569</u>

Federal Statements**Statement 8 - Form 990-PF, Part II, Line 15 - Other Assets**

Description	Beginning of Year	End of Year	Fair Market Value
VANGUARD DIVIDEND IN TRANSIT	\$ 4,542	\$ 5,789	\$ 5,789
OFFICE SECURITY DEPOSIT	800	800	800
TOTAL	<u>\$ 5,342</u>	<u>\$ 6,589</u>	<u>\$ 6,589</u>

Statement 9 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
PRIOR GRANT RETURNED	\$ 200,000
TOTAL	<u>\$ 200,000</u>

Statement 10 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JUDITH D. RUMELHART 924 N MAIN ST STE 1 ANN ARBOR MI 48104	FORMER VP	1.00	2,500	0	0
JENNIFER POTEAT 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	3,500	0	0
DAVID WINSTON INGLISH 924 N MAIN ST STE 1 ANN ARBOR MI 48104	PRESIDENT	5.00	4,000	0	0
DOUGLAS INGLISH 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	2,000	0	0
TINA S. VAN DAM 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	2.00	11,500	0	0
C WENDELL DUNBAR 924 N MAIN ST STE 1 ANN ARBOR MI 48104	SECRETARY	5.00	3,000	0	0
LYNN T. WHITE 924 N MAIN ST STE 1 ANN ARBOR MI 48104	CHAIRPERSON	1.00	0	0	0
HEATHER KOCH 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	4,000	0	0
STEPHANIE SCHEETS 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	4,000	0	0
SARAH THOMPSON	TRUSTEE	1.00	2,500	0	0

**Statement 10 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees,
Etc. (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
924 N MAIN ST STE 1 ANN ARBOR MI 48104					
BRENDA SHELLENBERGER 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TREASURER	15.00	52,500	0	0
ANNE COOPER 924 N MAIN ST STE 1 ANN ARBOR MI 48104	FDN MANAGER	10.00	40,000	0	0

Statement 11 - Form 990-PF, Part XIV, Line 2b - Application Format and Required Contents

Description

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.

Statement 12 - Form 990-PF, Part XIV, Line 2c - Submission Deadlines

Description

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

Statement 13 - Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations

Description

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.

Form

2220

Department of the Treasury
Internal Revenue Service

FORM 990-PF

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2024

OMB No. 1545-0123

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name

HARRY A. AND MARGARET D. TOWSLEY
FOUNDATION

Employer identification number

38-6091798

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I

Required Annual Payment

1	Total tax (see instructions)	1	97,650
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c	Credit for federal tax paid on fuels (see instructions)	2c	
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	97,650
4	Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	46,324
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	46,324

Part II

Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
7	<input checked="" type="checkbox"/>	The corporation is using the annualized income installment method.
8	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III

Figuring the Underpayment

		(a)	(b)	(c)	(d)	
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/24	06/15/24	09/15/24	12/15/24
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	2,265	13,267	19,211	11,581
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	5,676	15,000	32,000	22,000
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		3,411	5,144	17,933
13	Add lines 11 and 12	13		18,411	37,144	39,933
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	5,676	18,411	37,144	39,933
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	0	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	0	0	0	0
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	3,411	5,144	17,933	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 366 x 8% (0.08)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 366 x 8% (0.08)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 366 x 8% (0.08)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x **%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x **%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x **%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 365 x **%	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns			38	\$

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Part II

Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)	20			
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	108,612	380,837	1,478,567
22	Annualization amounts (see instructions)	22	6.00000	4.00000	2.00000
23a	Annualized taxable income. Multiply line 21 by line 22	23a	651,672	1,523,348	2,957,134
b	Extraordinary items (see instructions)	23b		711,366	1,483,706
c	Add lines 23a and 23b	23c	651,672	2,234,714	4,440,840
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24	9,058	31,063	61,728
25	Enter any alternative minimum tax for each payment period. See instructions	25			
26	Enter any other taxes for each payment period. See instructions	26			
27	Total tax. Add lines 24 through 26	27	9,058	31,063	61,728
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28			
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	9,058	31,063	61,728
30	Applicable percentage	30	25%	50%	75%
31	Multiply line 29 by line 30	31	2,265	15,532	46,296

Part III

Required Installments

		1st installment	2nd installment	3rd installment	4th installment
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	2,265	15,532	46,296
33	Add the amounts in all preceding columns of line 38. See instructions	33		2,265	15,532
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	2,265	13,267	30,764
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	11,581	11,581	11,581
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36		9,316	7,630
37	Add lines 35 and 36	37	11,581	20,897	19,211
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	2,265	13,267	19,211

Form 2220		Form 2220 Worksheet			2024	
		For calendar year 2024, or tax year beginning , and ending				
Name HARRY A. AND MARGARET D. TOWSLEY FOUNDATION					Employer Identification Number 38-6091798	
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter		
Due date of estimated payment	<u>05/15/24</u>	<u>06/15/24</u>	<u>09/15/24</u>	<u>12/15/24</u>		
Amount of underpayment	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
Prior year overpayment applied	<u>5,676</u>					
	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment	
Date of payment	<u> </u>	<u>06/15/24</u>	<u>09/15/24</u>	<u>12/15/24</u>	<u> </u>	
Amount of payment	<u> </u>	<u>15,000</u>	<u>32,000</u>	<u>22,000</u>	<u> </u>	

HARRY A. AND MARGARET D. TOWSLEY
FOUNDATION

38-6091798 FORM 990-PF ESTIMATES

Form **990-W**
(Worksheet)
Department of the Treasury
Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**
(and on Investment Income for Private Foundations)
▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047
2024

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	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. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	97,650
b	Enter the tax shown on the 2023 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	97,650
c	2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	97,650

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	05/15/25	06/16/25	09/15/25	12/15/25
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 installment method, or is a "large organization."	12	25,000	25,000	25,000	25,000
13	2023 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14	25,000	25,000	25,000	25,000

Underdistribution and Excess Distributions for Part XII		2024
Form 990-PF	For calendar year 2024, or tax year beginning , ending	
Name HARRY A. AND MARGARET D. TOWSLEY FOUNDATION		Employer Identification Number 38-6091798

Undistributed Income Carryovers

Form 990-PF, Part XII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2024	Total per Year		Nontaxable or Previously Taxed	Taxable in 2025
Years prior						
20 20						
20 21						
20 22						
2023		3,310,787	3,310,787	3,310,787		
2024			3,969,845	493,399		3,476,446
Total Carryover to Next Year						3,476,446

* Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers

Form 990-PF, Part XII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2019		
2020		
2021		
2022		
2023		
Current Year Excess Distribution Generated (2024)		0
Total Carryover to Next Year		0

Form 990/990-PF	Electronic Filing - PDF Attachment Report	2024
For calendar year 2024, or tax year beginning , and ending		

Name HARRY A. AND MARGARET D. TOWSLEY FOUNDATION	Taxpayer Identification Number 38-6091798
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Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN CHANGES TO ARTICLES OR BYLAWS	\\TSCLIENT\C\USERS\MHI\DESKTOP\PDF ATTACHMENTS\TOWSLEY 2 024 BYLAWS AMENDED.PDF	NO
CHANGES TO ARTICLES OR BYLAWS	\\TSCLIENT\C\USERS\MHI\DESKTOP\PDF ATTACHMENTS\TOWSLEY 2 024 RESTATED ARTICLES.PDF	NO

Form **990PF****Tax Return History****2024**

Use the 2Yr Report for more recent historical information

Name

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

Taxpayer Identification Number

38-6091798

		2020		2021		2022	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
Revenue	1. Contributions, gifts, grants, and similar amounts received	1.					
	2. Interest on savings and temporary cash investments	2.				24,958	24,958
	3. Dividends and interest from securities	3.				1,406,292	1,406,292
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.				2,209,781	
	6. Capital gain net income	6.					2,209,781
	7. Gross profit or (loss)	7.					
	8. Other income	8.					
	9. Total. Add lines 1 through 8	9.	0	0	0	3,641,031	3,641,031
Expenses & Deductions	10. Compensation of officers, directors, trustees, etc.	10.				2,500	
	11. Other employee salaries and wages	11.				19,905	
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.				87,943	80,566
	14. Interest	14.					
	15. Taxes	15.				37,146	
	16. Depreciation and depletion	16.					
	17. Occupancy	17.				10,363	
	18. Other expenses	18.				39,876	
	19. Contributions, gifts, grants paid	19.		0		4,172,500	
	20. Total expenses and disbursements. Add lines 10 through 19	20.				4,370,233	80,566
	21. Net income (if negative investment activity, enter -0-)	21.	0	0	0	-729,202	3,560,465
Taxes	22. Excise Tax	22.					49,490
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. Total Taxes	25.					49,490
Due / Refund	26. Estimates and overpayments credited	26.					88,000
	27. Foreign tax withheld	27.					
	28. Other Payments	28.					
	29. Total payments and credits	29.					88,000
	30. Balance due / (Overpayment)	30.		0	0		0
	31. Overpayment credited to next year	31.					38,510
	32. Penalty	32.					
	33. Net due / (Refund)	33.		0	0		0
Other	34. Total assets	34.	0	0		44,864,925	
	35. Total liabilities	35.	0	0		0	
	36. Net assets	36.	0	0		44,864,925	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
HUNTINGTON BANK	\$ 104		14		
HUNTINGTON MONEY MARKET FUND	177,965		14		
TOTAL	\$ 178,069				

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
Schwab Dividends	\$ 415,732		14		
Vanguard	852,774		14		
DOW, CORTEVA, DUPONT	294,129		14		
Schwab US Treasury Interest	180,765		14		
TOTAL	\$ 1,743,400				