Filing Instructions

HARRY A. AND MARGARET D. TOWSLEY FOUNDATION

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended December 31, 2022

Federal Filing Instructions

Your Form 990-PF for the tax year ended 12/31/22 shows a total overpayment of \$38,510, all of which is to be credited to your estimated tax liability for the coming year. Do not mail a copy of this return.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

MARY IVERS, CPA 920 E ANN STREET ANN ARBOR, MI 48104

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Your required 2023 Form 990-PF estimated tax payment are as follows:

Due Date	Remittance
5/15/23	\$0
6/15/23	\$0
9/15/23	\$490
12/15/23	\$13,000

Each payment should be made by a method of Electronic Funds Transfer (EFT). Contact the EFTPS Financial Agent of the United States Treasury and direct the Agent to initiate a withdrawal from your account.

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _______, 2022, and ending ______, 20

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

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Name of filer FIN or SSN HARRY A. AND MARGARET D. TOWSLEY **FOUNDATION** 38-6091798 Name and title of officer or person subject to tax C WENDELL DUNBAR **SECRETARY** 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b X 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here **b Balance due** (Form 8868, line 3c) ________**5b** 6a Form 990-T check here 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) of entity) and that I have examined a copy of the 2022 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 Lauthorize to enter my PIN as my signature ERO firm name on the tax year 2022 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 2022 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. 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 2022 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. Mary Ivers, CPA 5/1/2023 ERO's signature Date

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-PF**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For	calend	dar year 2022 or tax year beginning ,	and ending				
		foundation			A Emp	loyer identification nu	mber
		Y A. AND MARGARET D. TOWSLE	Y				
		DATION				-6091798	
		and street (or P.O. box number if mail is not delivered to street a	address) Ro	oom/suite		phone number (see instr	uctions)
	124	N MAIN ST, STE 1 wn, state or province, country, and ZIP or foreign postal code			/34	4-660-2170	
		ARBOR MI 48104			C If ex	emption application is pe	nding, check here.
_			m of a former public o	hority.	D 4 E	oroign organizations obs	ook boro
G	CHECK	· · · · · · · · · · · · · · · · · · ·	rn of a former public o	лапц		oreign organizations, che	· · · · · · · · · · · · · · ·
		Final return Amended			1	oreign organizations mee 5% test, check here and	
_		Address change Name cha					. Ш
		type of organization: X Section 501(c)(3) exempt privat				vate foundation status w	
		n 4947(a)(1) nonexempt charitable trust Other taxab				on 507(b)(1)(A), check h	
		rket value of all assets at J Accounting method:		rual	l	foundation is in a 60-m	
	-	ear (from Part II, col. (c), Other (specify)			unde	er section 507(b)(1)(B), c	neck nere
	ne 16)	\$ 67,004,830 (Part I, column (d), mus				Γ	(d) Disburgaments
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equ	(a) Revenue and	(b) Net inv		(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	books	incor	ne	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					(
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	24,958	2	24,958		
	4	Dividends and interest from securities	1,406,292		6,292		
	5a	Gross rents	, ,	,			
a	b	Net rental income or (loss)					
ž	6a	Net gain or (loss) from sale of assets not on line 10	2,209,781				
ē	b	Gross sales price for all assets on line 6a 15,647,402					
Revenue	7	Capital gain net income (from Part IV, line 2)		2,20	9,781		
_	8	Net short-term capital gain		,		0	
	9	Income modifications				-	
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	3,641,031	3,64	1,031	0	
es	13	Compensation of officers, directors, trustees, etc.	2,500				2,500
Expenses	14	Other employee salaries and wages	19,905				19,905
be	15	Pension plans, employee benefits					
й	16a	Legal fees (attach schedule)					
tive	b	Accounting fees (attach schedule) STMT 1	7,273		7,273		
냝	С	Other professional fees (attach schedule) STMT 2	80,670	-	73,293		7,377
štra	17	Interest					
.≝	18	Taxes (attach schedule) (see instructions) STMT 3	37,146				1,786
Ξ	19	Depreciation (attach schedule) and depletion					
and Administra	20	Occupancy	10,363				10,363
σ	21	Travel, conferences, and meetings	4,798				4,798
an	22	Printing and publications Other expenses (att. sch.) STMT 4					
	23	Other expenses (att. sch.) STMT 4	35,078				35,078
Ĕ	24	Total operating and administrative expenses.					
ers		Add lines 13 through 23	197,733		30,566	0	81,807
Operating	25	Contributions, gifts, grants paid	4,172,500				4,172,500
_	26	Total expenses and disbursements. Add lines 24 and 25	4,370,233		30,566	0	4,254,307
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	-729,202				
	b	Net investment income (if negative, enter -0-)		3,56	0,465		
_	С	Adjusted net income (if negative, enter -0-)				0	

<u></u>)IIII 99t	3-PF (2022) HARRI A. AND MARGAREI D. IOWSLEI	30 00917		Page Z
	Part I	Balance Sheets Attached schedules and amounts in the description colum should be for end-of-year amounts only. (See instructions	1	End c	r ´
_		, , , , , , , , , , , , , , , , , , , ,	(a) book value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	189,261	117,953	·
	2	Savings and temporary cash investments	7,365,515	5,670,394	5,670,394
	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			
S	8	Inventories for sale or use			
혅	9	Dranaid aynoness and deferred sharess			
Assets	10a	Investments – U.S. and state government obligations (attach schedule) STMT 5		3,909,696	3,926,158
`	b	Investments – corporate stock (attach schedule) SEE STMT 6	37,737,633	35,162,846	·
	C	Investments – corporate bonds (attach schedule)	317131733	20,101,010	0.72007200
	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			
	17	Land, buildings, and equipment: basis			
	15	Less: accumulated depreciation (attach sch.) Other assets (describe SEE STATEMENT 7)	301,718	4,036	4,036
	16	Total assets (to be completed by all filers – see the	301,710	4,030	4,030
	10	instructions. Also, see page 1, item I)	45,594,127	44,864,925	67,004,830
Ⅎ	17	Accounts payable and accrued expenses	10,001,111	11,001,020	0.70017030
	18				
ဖွ	19	Grants payable			
Liabilities	20	Deferred revenue Loans from officers, directors, trustees, and other disqualified persons			
ᅙ	21	Mortgages and other notes payable (attach schedule)			
اڌ	22				
	23	Other liabilities (describe) Total liabilities (add lines 17 through 22))	0	0	
\exists	25	Foundations that follow FASB ASC 958, check here	, i		
es		and complete lines 24, 25, 29, and 30.			
2	24	Not appate without donor rectrictions			
Balances	25				
_	23	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here			
Net Assets or Fund		and complete lines 26 through 30.			
띄	26	Conital stock twist principal or surrent funds	27,880,429	27,880,429	
ō	27	Paid-in or capital surplus, or land, bldg., and equipment fund	_:,,,,,,,	_:,,,,,,,	
es	28	Retained earnings, accumulated income, endowment, or other funds	17,713,698	16,984,496	
SS	29	Total not consta or fund belonger (one instructions)	45,594,127	44,864,925	
¥	30	Total liabilities and net assets/fund balances (see	10,001,111	11,001,020	
割	- 00	instructions)	45,594,127	44,864,925	
_	Part I		10 / 00 1 / 11 1	11,001,010	
		net assets or fund balances at beginning of year – Part II, column (a), line 29 (m	nust agree with		
•		of-year figure reported on prior year's return)		1	45,594,127
2				١ ٠	-729,202
3		r increases not included in line 2 (itemize)			. 23,202
		. 40 . 10		4	44,864,925
5				····	, = = = , = = 0
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column			44,864,925
_	10101	3555.5 or raina salarisoo at ond or your fillio + fillings line of - f art II, column	(~), mio 20	J	Form 990-PF (2022

(a) List and describe the kindig of propenty sold (for example, real estates, 2-story brick warehouse; or common stock, 200 she, MLC Co.) 1a CHARLES SCHWAB SECURITIES b VANGUARD MUTUAL FUNDS c SECURITIES LITIGATION PROCEEDS P (b) Gross sales price (c) Gross sales price (d) Depocalation allowed (or allowed (or allowed)) (or allowable) 11, 449,220 10, 842, 911 606,309 b 4,198,129 2,594,710 1,603,419 c 53 d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (d) Five very col. (i), if any cover col. (i), if gain, also enter in Part I, line 7 if gain, also enter in Part I, line 7 and cover col. (i), cover col. (i), if gain, also enter in Part I, line 7 is cover col. (i), cover c	Pa	art IV Capital Gains a	nd Losses for Tax on Investi	ment Income			
EVANGUARD MUTUAL FUNDS P		(a) List and describe the 2-story brick wareh	kind(s) of property sold (for example, real couse; or common stock, 200 shs. MLC Co.	estate,)	` P – Purchase		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Cains (col. (h) gain minus (d))	1a	CHARLES SCHWAB	SECURITIES		P		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundations on 12/31/69. Complete only for assets showing gain in	_b				P		
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis (h) Gain or (loss) (e) plus (f) minus (g)) a 11,449,220 10,842,911 606,309 b 4,198,129 2,594,710 1,603,419 c 53 d 53 d 6	C	SECURITIES LIT	IGATION PROCEEDS		P		
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Plus expense of sale ((e) plus (f) minus (g)	е	T					
b 4,198,129		(e) Gross sales price					
c 53 d d e 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 (ii) Adjusted basis as of 12/31/69 (iii) FMV as of 12/31/69 (iii) FMV as of 12/31/69 (iv) FMV	а	11,449,220					
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(i) FMV as of 12/31/69		Complete only for assets showin	g gain in column (h) and owned by the	foundation on 12/3	1/69.	(I) Gains (Co	ol. (h) gain minus
b 1,603,419 c		(i) FMV as of 12/31/69					
c d d	a						606,309
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 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 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 Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) 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-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at brough 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	b						1,603,419
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 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 and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) 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-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here of Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	С						53
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 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 Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 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 and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) 1 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-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations – tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	d						
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10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 38,510							
					id		38.510
	11						= - , -

1 6	at VI-A Citatements regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	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	1b		Х
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
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.\$			
е	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?	2		Х
	If "Yes," attach a detailed description of the activities.			
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		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
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	Х	
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	Х	
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 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		х
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		Х
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?	13	X	
14	The books are in care of BRENDA SHELLENBERGER Telephone no. 734-6	60-	217	0
	924 N MAIN ST STE 1 Located at ANN ARBOR MI ZIP+4 48104			
15	Located at ANN ARBOR MI ZIP+4 481U4 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			· · · · · —
15				
16	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
	over a bank cocurities or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	.0		
	the foreign country			
	are recognized and	00	A DE	

<u>Pa</u>	art 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?			X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified	1a(1)		
	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)	$oxed{oxed}$	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	oxdot	X
С	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 2022?	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)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		X
	If "Yes," list the years 20 , 20 , 20 , 20			
b	77			
	(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	\sqcup	
С	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	,,,			
	during the year?	3a		X
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2022.) N/A	3b		
4a	5 , ,			32
	purposes?	4a	\vdash	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			37
	in 2022?	4b		X

Form **990-PF** (2022)

	n 990-PF (2022) HARRY A. AND MARGARET D. TOWSL art VI-B Statements Regarding Activities for Which Form			continued)		Pa	age 6
	During the year did the foundation pay or incur any amount to:	1 4720 May D	e required (<i>continued)</i>		Yes	No
эа		40.45(-)\0			F-/4\	162	No X
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''			5a(1)		Λ
	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, direc	uy or		5 - (O)		v
	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						
	(4)(A)? See instructions				5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational pur	poses, 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 un						
	in Regulations section 53.4945 or in a current notice regarding disaster assista				5b		
С	Organizations relying on a current notice regarding disaster assistance, check	here					
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax becau	se it				
	maintained expenditure responsibility for the grant?			N/A	5d		
	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 p	oay premiums on a	a personal				
	benefit contract?	•	·		6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit co	ntract?		6b		Х
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction	?		7a		Х
b	If "Yes," did the foundation receive any proceeds or have any net income attrib				7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$						
•	excess parachute payment(s) during the year?				8		х
D:	art VII Information About Officers, Directors, Trustees, F						
	and Contractors	Carraction in	anagers, riig	iny i ala Lini	Jioye	.00,	
1 1	List all officers, directors, trustees, and foundation managers and their co	ompensation. Se	e instructions.				
	· · · · · · · · · · · · · · · · · · ·			(d) Contributions to			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation		pense ao r allowa	
SE	E STATEMENT 8						
2	Compensation of five highest-paid employees (other than those included "NONE."	d on line 1 – see	instructions). If	none, enter			
	(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		pense ao r allowa	
NC)NE						
				I			

Form **990-PF** (2022)

0

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

Form 990-PF (2022) HARRY A. AND MARGARET D. TOWSLEY 38-6	091798	Page 7
Part VII Information About Officers, Directors, Trustees, Foundation Mand Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See instru	ctions. If none, enter "I	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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the number of	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		
<u> </u>		
2		

Form **990-PF** (2022)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part IX see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 64,983,612 Average monthly fair market value of securities 1a 7,494,761 Average of monthly cash balances 1b Fair market value of all other assets (see instructions) 1c С 72,478,373 Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 72,478,373 3 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 1,087,176 Net value of noncharitable-use assets. Subtract line 4 from line 3 71,391,197 5 3,569,560 6 Minimum investment return. Enter 5% (0.05) of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part X and certain foreign organizations, check here and do not complete this part.) 3,569,560 Minimum investment return from Part IX, line 6 1 Tax on investment income for 2022 from Part V, line 5 49,490 Income tax for 2022. (This does not include the tax from Part V.) 2b b 2c 49,490 С 3,520,070 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 3,520,070 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 3,520,070 Qualifying Distributions (see instructions) Part XI Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 4,254,307 1a Program-related investments – total from Part VIII-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 4,254,307 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 4

Form **990-PF** (2022)

<u> </u>	art XII Undistributed income (see instructions)			
		(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1	Distributable amount for 2022 from Part X, line 7	- Co.pub	1 54.15 1.15 1.5 1.5	2021	3,520,070
2	Undistributed income, if any, as of the end of 2022:				3,320,010
	Enter amount for 2021 only			3,232,629	
h	Total for prior years: 20 , 20 , 20			3,232,323	
3	Excess distributions carryover, if any, to 2022:				
	From 2017				
h	From 2018				
c	From 2019				
d	From 2020				
	From 2021				
	Total of lines 3a through e				
4	Qualifying distributions for 2022 from Part XI,				
	line 4: \$4,254,307				
а	Applied to 2021, but not more than line 2a			3,232,629	
	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2022 distributable amount				1,021,678
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2022				
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	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				
е	Undistributed income for 2021. Subtract line				
	4a from line 2a. Taxable amount – see				
	instructions				
f	Undistributed income for 2022. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2023				2,498,392
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 2017 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2023.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

factors:

SEE STATEMENT 11

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ALBION COLLEGE 611 E PORTER PC NONE ALBION MI 49224 PROGRAM SUPPORT 100,000 ALPHA PHI FOUNDATION PO BOX 7410667 PC NONE CHICAGO IL 60674 PROGRAM SUPPORT 3,750 AMERICAN BIRD CONSERVANCY PO BOX 249 NONE PC THE PLAINS VA 20198 PROGRAM SUPPORT 117,000 ANN ARBOR ART CENTER PC 117 W LIBERTY NONE ANN ARBOR MI 48104 PROGRAM SUPPORT 133,000 ANN ARBOR SYMPHONY ORCHESTRA PC NONE 35 RESEARCH DRIVE ANN ARBOR MI 48103 PROGRAM SUPPORT 15,000 ARBOR HOSPICE FOUNDATION 2366 OAK VALLEY DR NONE PC ANN ARBOR MI 48103 PROGRAM SUPPORT 30,000 AVALON HOUSING 1327 JONES DR STE 102 NONE PC ANN ARBOR MI 48105 PROGRAM SUPPORT 25,000 BIG BROTHERS BIG SISTERS WASHTENAW 11 W MICHIGAN AVE NONE PC YPSILANTI MI 48197 PROGRAM SUPPORT 1,000 BISHOP'S SCHOOL 7607 LA JOLLA BLVD NONE PC 2,500 LA JOLLA CA 92037 PROGRAM SUPPORT BRILLIANT DETROIT PC 5675 LARKINS ST NONE DETROIT MI 48210 PROGRAM SUPPORT 15,000 Total 4,172,500 3a **b** Approved for future payment AVALON HOUSING NONE PC 1327 JONES DR STE 102 ANN ARBOR MI 48105 PROGRAM SUPPORT 50,000 50,000 Total 3h

		_			MARGARET		SLEY 38-6	<u> </u>	98	Page 1
F	Part XV-A	Analy	sis of	Income-	Producing Ac	ctivities				
Ent	er gross am	ounts unless	otherwis	e indicated.		Unrelate	ed business income	Excluded	by section 512, 513, or 514	4-3
	_					(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	ŭ	rvice revenue								(000 monucuono.)
	d									
	е									
	f									
	g Fees an	nd contracts f	rom gove	ernment age	encies					
2	Membership	dues and a	ssessme	nts				_	24.27	
3	Interest on	savings and t	temporar	y cash inve	stments			14	24,958	
4	Dividends a	nd interest fr	om secu	rities				14	1,406,292	
5		ncome or (los								
	a Debt-fina	anced prope	rty							
	b Not deb	ot-financed pr	operty							
				personal pro	perty					
		tment income						1.0	2 222 -24	
8	Gain or (los	s) from sales	of asset	s other than	inventory			18	2,209,781	
9	Net income	or (loss) from	n special	events						
10	Gross profit	or (loss) fron	n sales c	of inventory						
11										
	d									
	е								2 641 021	
		ld columns (b						0	3,641,031	0.644.004
		line 12, colum		-					13 <u> </u>	3,641,033
_		in line 13 ins					4 6 =			
	Part XV-B						ment of Exemp			
	Line No.			-		•	` '		ributed importantly to t	he accomplishment
	_				·	by providing for	unds for such purpos	es). (See	instructions.)	
_	3				MAKING					
	4				MAKING					
	8	FUNDS	FOR	GRANT	MAKING					
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Form 990-PF (2022) HARRY A. AND MARGARET D. TOWSLEY 38-6091798 Page 13 Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the orga	anization directly or in	directly engaç	ge in any of the fo	ollowing with any	y other organiz	ation described			Yes	No
	in section 50	01(c) (other than sect	ion 501(c)(3)	organizations) or	in section 527,	relating to poli-	tical				i
	organization	s?									i
а	Transfers fro	om the reporting foun	dation to a n	oncharitable exen	npt organization	of:					i
	(1) Cash				. 0				1a(1)		X
									1a(2)		Х
h	Other trans	ssets							.u(<u>-</u>)		
b			itable avemnt	t organization					16/1		v
		f assets to a nonchar			· · · · · · · · · · · · · · · · · · ·				1b(1)		X
	(2) Purchas	es of assets from a	noncnaritable	exempt organiza	tion				1b(2)		X
	(3) Rental of	of facilities, equipmen	t, or other as	sets					1b(3)		X
	(4) Reimbur	rsement arrangemen	ts						1b(4)		X
	(5) Loans o	r loan guarantees							1b(5)		X
	(6) Perform	ance of services or r	nembership o	or fundraising soli	citations				1b(6)		X
С	Sharing of fa	acilities, equipment, r	nailing lists, o	other assets, or pa	aid employees				1c		X
		er to any of the above									
		goods, other assets,			-		-				
		transaction or sharing	-		•						
(:	a) Line no.	(b) Amount involved	ĭ	of noncharitable exem		T		insactions, and sharing a	rrangem	ents	
N/Z	•	(b) / inodit involved	(c) rtaine	or nononanable exem	pt organization	(a) Boo	onphon or transiers, tre	modelene, and enaming e	Tungum	01110	
IN / E	7										
2a	Is the found	ation directly or indire	ctly affiliated	with, or related to	o, one or more t	ax-exempt orga	anizations				
	described in	section 501(c) (othe	r than section	501(c)(3)) or in	section 527?				Ye	s X	No
b		nplete the following s		· / //	• •				_		,
	,) Name of organization		(b) Type of o	rganization		(c) Descript	tion of relationship			
	1/A	,		(, .),,			(-)	-			
	1/ FL										
						-					
						<u> </u>					
		nalties of perjury, I declare that complete. Declaration of						of my knowledge and be	∍lief, it is	true,	
	Corroot, ur	ia complete. Beclaration of	property (outer	than taxpayor, to base	a on an imorniation	or willor property	ido dily kilowicago.	May the IRS disc			
Sigr	1							with the preparer			¬ I
Here	l l							See instructions.	X	Yes	No
							SECRETARY	•			
	Signature	of officer or trustee			Date	Title				_	
	1 5:47								-		
	Print/ [y	pe preparer's name			Preparer's signati	ле		Date		Check	if if
Paid		TITED 0 000			Mary In	vers, CPA		5/1/2	23	self-em	ployed
Prepa	arer MARY	IVERS, CPA		OTTO			Т	ala ala a			
Use (Eirm's n			<u> CKELMANN,</u>	CPAS P	LLC		FIIIN	***		
J	Firm's a		OX 189]		3630		
		DEXT	ER, MI	48130					<u>-904</u>		
								For	m 990)-PF	(2022)

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CANCER SERVICES OF MIDLAND PC 400 ASHMAN ST STE 200 NONE MIDLAND MI 48640 PROGRAM SUPPORT 27,500 CHILDRENS LITERACY NETWORK PC 1100 N MAIN STE 207 NONE ANN ARBOR MI 48104 PROGRAM SUPPORT 15,000 COMMUNITIES FIRST 415 W COURT ST NONE PC **FLINT MI 48503** PROGRAM SUPPORT 50,000 CONSERVATION RESOURCE ALLIANCE NONE PC 10850 TRAVERSE HWY TRAVERSE CITY MI 49684 PROGRAM SUPPORT 50,000 CORNER HEALTH CENTER PC NONE 47 N HURON YPSILANTI MI 48197 PROGRAM SUPPORT 50,000 COUNCIL ON DOMESTIC VIOLENCE 2500 WALDO AVE NONE PC MIDLAND MI 49642 PROGRAM SUPPORT 100,000 CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD PC NONE CULVER IN 46511 PROGRAM SUPPORT 10,000 DETROIT CREATIVITY PROJECT 30000 NORTHWESTERN HWY NONE PC FARMINGTON HILLS MI 48334 PROGRAM SUPPORT 5,000 DETROIT CRISTO REY HIGH SCHOOL 5679 W VERNOR HWY NONE PC 25,000 DETROIT MI 48209 PROGRAM SUPPORT DIRECT RELIEF PC 27 S LA PATERA LANE NONE SANTA BARBARA CA 93117 PROGRAM SUPPORT 1,000 Total 3a **b** Approved for future payment N/A Total 3h

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year DISABILITY SERVICES RESOURCE CENTER NONE PC 1820 N TRUMBULL DR BAY CITY MI 48708 PROGRAM SUPPORT 20,000 DIXBORO VILLAGE GREEN PC 5221 CHURCH RD NONE ANN ARBOR MI 48105 PROGRAM SUPPORT 1,000 DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E VERNOR HWY PC NONE DETROIT MI 48207 PROGRAM SUPPORT 10,000 DUCKS UNLIMITED NONE PC 1 WATERFOWL WAY MEMPHIS TN 38102 PROGRAM SUPPORT 45,000 EAGLE VILLAGE 5407 170TH AVE PC NONE HERSEY MI 49639 PROGRAM SUPPORT 50,000 EDUCATE YOUTH 501C3 104 S HURON ST NONE PC YPSILANTI MI 48197 PROGRAM SUPPORT 5,000 ELE'S PLACE ANN ARBOR 5665 HINES DR NONE PC ANN ARBOR MI 48108 PROGRAM SUPPORT 50,000 FAIR FOOD NETWORK 1250 N MAIN NONE PC ANN ARBOR MI 48104 PROGRAM SUPPORT 10,000 FEEDING AMERICA WEST MICHIGAN 864 W RIVER CENTER DR N NONE PC 25,000 COMSTOCK PARK MI 49321 PROGRAM SUPPORT FINLANDIA UNIVERSITY 601 QUINCY ST PC NONE HANCOCK MI 49930 PROGRAM SUPPORT 44,000 Total 3a **b** Approved for future payment N/A Total 3h

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year FLAT RIVER ACADEMY PC 9481 JORDAN LAKE RD NONE GREENVILLE MI 48838 PROGRAM SUPPORT 15,000 FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER RD NONE PC **FLINT MI 48503** PROGRAM SUPPORT 50,000 FOOD GATHERERS 1 CARROT WAY NONE PC ANN ARBOR MI 48105 PROGRAM SUPPORT 25,000 FOSTERING HOPE IN MICHIGAN PO BOX 1665 NONE PC MIDLAND MI 48641 PROGRAM SUPPORT 10,000 FRIENDS OF THE MASTER PC NONE 616 WASHTENAW AVE YPSILANTI MI 48197 PROGRAM SUPPORT 50,000 GIRLS GROUP 1100 N MAIN ST NONE PC ANN ARBOR MI 48104 PROGRAM SUPPORT 20,000 GRAND RAPIDS SYMPHONY PC 300 OTTAWA AVE NW STE 100NONE GRAND RAPIDS MI 49503 PROGRAM SUPPORT 52,500 GRAND TRAVERSE REGIONAL LAND CONSER 3860 N LONG LAKE RD STE DNONE PC TRAVERSE CITY MI 49686 PROGRAM SUPPORT 50,000 GREAT LAKES BOAT BUILDING SCHOOL 485 S MERIDIAN NONE PC 50,000 CEDARVILLE MI 49719 PROGRAM SUPPORT GREATER LANSING FOOD BANK PO BOX 16224 PC NONE LANSING MI 48901 PROGRAM SUPPORT 10,000 Total 3a **b** Approved for future payment N/A Total 3h

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year GREATER MIDLAND COMMUNITY CENTER 2205 JEFFERSON AVE PC NONE MIDLAND MI 48640 PROGRAM SUPPORT 45,000 GROW BENZIE PC 5885 FRANKFORT HWY NONE BENZONIA MI 49616 PROGRAM SUPPORT 12,500 HABITAT FOR HUMANITY HURON VALLEY 950 VICTORS WAY NONE PC ANN ARBOR MI 48108 PROGRAM SUPPORT 12,000 HAND 2 HAND 306 CHICAGO DR NONE PC JENNISON MI 49428 PROGRAM SUPPORT 10,000 HOPE CLINIC PC PO BOX 980311 NONE YPSILANTI MI 48198 PROGRAM SUPPORT 60,000 HOPE NETWORK 3075 ORCHARD VISTA DR SE NONE PC GRAND RAPIDS MI 49546 PROGRAM SUPPORT 10,000 HURON CLINTON METROPARKS FOUNDATION 13000 HIGH RIDGE DR PC NONE BRIGHTON MI 48114 PROGRAM SUPPORT 5,000 INTERFAITH HOSP NETWORK ALPHA HOUSE 4290 JACKSON RD NONE PC ANN ARBOR MI 48103 PROGRAM SUPPORT 2,500 INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 NONE PC 25,000 INTERLOCHEN MI 49643 PROGRAM SUPPORT ISLAMIC CENTER OF DETROIT PC 14350 TIREMAN NONE DETROIT MI 48228 PROGRAM SUPPORT 10,000 Total 3a **b** Approved for future payment N/A Total 3h

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year JACKSON INTERFAITH SHELTER PC 414 S BLACKSTONE NONE JACKSON MI 49201 PROGRAM SUPPORT 5,000 KIDS FOOD BASKET PC 1300 PLYMOUTH AVE NE NONE GRAND RAPIDS MI 49505 PROGRAM SUPPORT 5,000 KIDS KICKING CANCER 27600 NORTHWESTERN HWY PC NONE 10,000 SOUTHFIELD MI 48034 PROGRAM SUPPORT KINGS DAUGHTERS & SONS MIDLAND PO BOX 2255 NONE PC MIDLAND MI 48641 PROGRAM SUPPORT 7,000 LA JOLLA COUNTRY DAY SCHOOL 9490 GENESEE AVE PC NONE LA JOLLA CA 92037 PROGRAM SUPPORT 2,750 LACASA CENTER 2895 W GRAND RIVER AVE NONE PC HOWELL MI 48843 PROGRAM SUPPORT 100,000 LEGACY LAND CONSERVANCY 6276 JACKSON RD STE G PC NONE ANN ARBOR MI 48103 PROGRAM SUPPORT 20,000 LIVINGSTON COUNTY CATHOLIC CHARITIE 2020 E GRAND RIVER #104 NONE PC HOWELL MI 48843 PROGRAM SUPPORT 15,000 MASSACHUSETTS GENERAL HOSPITAL PC 125 NASHUA NONE 2,500 BOSTON MA 02114 PROGRAM SUPPORT MENTOR 2 YOUTH PC 111 S WALLACE BLVD NONE YPSILANTI MI 48197 PROGRAM SUPPORT 5,000 Total 3a **b** Approved for future payment N/A Total 3h

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year MICHIGAN ABILITY PARTNERS 3810 PACKARD STE 260 PC NONE ANN ARBOR MI 48108 PROGRAM SUPPORT 10,000 MICHIGAN CIVIL WAR ASSOCIATION 350 S MAIN STE 300 NONE PC ANN ARBOR MI 48104 PROGRAM SUPPORT 5,000 MICHIGAN STATE UNIV KELLOGG BIRD SA 300 SPARTAN WAY NONE PC EAST LANSING MI 48824 PROGRAM SUPPORT 50,000 MICHIGAN THEATER FOUNDATION 603 E LIBERTY NONE PC ANN ARBOR MI 48104 PROGRAM SUPPORT 40,000 MIDLAND AREA COMMUNITY FOUNDATION PC NONE 76 ASHMAN CIRCLE MIDLAND MI 48640 PROGRAM SUPPORT 20,000 MIDLAND CENTER FOR THE ARTS 1801 W ST ANDREWS NONE PC MIDLAND MI 48640 PROGRAM SUPPORT 120,000 MIDLAND CENTER FOR ACCESSIBLE HEALT 1509 WASHINGTON STE D PC NONE MIDLAND MI 48640 PROGRAM SUPPORT 15,000 MIDMICHIGAN BIG BROTHERS BIG SISTER PO BOX 345 NONE PC **CLARE MI 48617** PROGRAM SUPPORT 25,000 MISSOURI BAPTIST CONVENTION 400 E HIGH ST NONE PC 5,000 JEFFERSON CITY MO 65101 PROGRAM SUPPORT MOTOR CITY MITTEN MISSION PC 24623 HARPER AVE NONE ST CLAIR SHORES MI 48080 PROGRAM SUPPORT 10,000 Total 3a **b** Approved for future payment N/A Total 3h

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year MSU COLLEGE OF LAW 535 CHESTNUT RD RM 300 PC NONE EAST LANSING MI 48824 PROGRAM SUPPORT 5,000 MUNSON HEALTHCARE FOUNDATION PC 1150 MEDICAL CAMPUS DR NONE TRAVERSE CITY MI 49684 PROGRAM SUPPORT 50,000 MY FRIENDS PLACE PO BOX 3867 NONE PC LOS ANGELES CA 90078 PROGRAM SUPPORT 25,000 NATURE CONSERVANCY MICHIGAN NONE PC 101 E GRAND RIVER LANSING MI 48906 PROGRAM SUPPORT 150,000 NEUTRAL ZONE PC NONE 310 E WASHINGTON ANN ARBOR MI 48104 PROGRAM SUPPORT 50,000 NEW YORK UNIVERSITY 25 W 4TH ST, 4TH FL NONE PC NEW YORK NY 10012 PROGRAM SUPPORT 1,000 NORTHWESTERN MICHIGAN COLLEGE 1701 E FRONT ST PC NONE TRAVERSE CITY MI 49868 PROGRAM SUPPORT 50,000 PACKARD HEALTH 5200 VENTURE DR NONE PC ANN ARBOR MI 48108 PROGRAM SUPPORT 25,000 PADDLE ANTRIM PO BOX 323 NONE PC 10,000 ELK RAPIDS MI 49629 PROGRAM SUPPORT PARTNERS FOR JUSTICE PC 125 LINCOLN PLACE NONE BROOKLYN NY 11217 PROGRAM SUPPORT 25,000 Total 3a **b** Approved for future payment N/A Total 3h

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year PER SCHOLAS NONE PC 3031 W GRAND BLVD PROGRAM SUPPORT DETROIT MI 48202 15,000 PLANET ANT THEATRE PC 2320 CANIFF NONE HAMTRAMCK MI 48212 PROGRAM SUPPORT 2,500 PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 NONE PC PROGRAM SUPPORT ANN ARBOR MI 48106 5,000 RAINFOREST TRUST NONE PC PO BOX 841 WARRENTON VA 20118 PROGRAM SUPPORT 1,000 RESPITE VOLUNTEERS OF SHIAWASSEE PC NONE 710 W KING SE OWOSSO MI 48867 PROGRAM SUPPORT 15,000 RIVER HOUSE 1009 W NORTH DOWN RIVER KNONE PC GRAYLING MI 49738 PROGRAM SUPPORT 25,000 RIVERSIDE ARTS CENTER 76 N HURON ST NONE PC YPSILANTI MI 48197 PROGRAM SUPPORT 25,000 SALINE AREA SOCIAL SERVICE 224 W MICHIGAN AVE NONE PC SALINE MI 48176 PROGRAM SUPPORT 25,000 SHELTER ASSOCIATION OF WASHTENAW CO 312 W HURON NONE PC 30,000 ANN ARBOR MI 48103 PROGRAM SUPPORT SOS COMMUNITY SERVICES PC 101 S HURON ST NONE YPSILANTI MI 48197 PROGRAM SUPPORT 30,000 Total 3a **b** Approved for future payment N/A Total 3h

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SOUTHERN CALIFORNIA CARE COMMUNITY 120 N ASH ST NONE PC ESCONDIDO CA 92027 PROGRAM SUPPORT 25,000 SPECTRUM HEALTH FOUNDATION PC 100 MICHIGAN ST NE NONE GRAND RAPIDS MI 49503 PROGRAM SUPPORT 25,000 SPRING ARBOR UNIVERSITY 106 E MAIN ST NONE PC SPRING ARBOR MI 49283 PROGRAM SUPPORT 30,000 ST JOSEPH MERCY HOSPITAL PO BOX 995 NONE PC ANN ARBOR MI 48106 PROGRAM SUPPORT 200,000 STARR COMMONWEALTH SCHOOL\$ 13725 STARR COMMONWEALTH NONE PC ALBION MI 49224 PROGRAM SUPPORT 25,000 TORCH CONSERVATION CENTER PO BOX 1142 NONE PC BELLAIRE MI 49615 PROGRAM SUPPORT 12,500 UM BENTLEY DETROIT OBSERVATORY 3003 S STATE ST PC NONE ANN ARBOR MI 48109 PROGRAM SUPPORT 50,000 UM FORD SCHOOL OF PUBLIC POLICY 3003 S STATE ST NONE PC ANN ARBOR MI 48109 PROGRAM SUPPORT 150,000 UM KELLOGG EYE CENTER 1000 WALL ST NONE PC 200,000 ANN ARBOR MI 48105 PROGRAM SUPPORT UM SCHOOL OF EDUCATION PC 610 E UNIVERSITY NONE ANN ARBOR MI 48109 PROGRAM SUPPORT 200,000 Total 3a **b** Approved for future payment N/A Total 3h

Page 11

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year UM SCHOOL OF MUSIC 1100 BAITS DR PC NONE ANN ARBOR MI 48109 PROGRAM SUPPORT 150,000 UM SCHOOL OF NURSING PC 400 N INGALLS NONE ANN ARBOR MI 48109 PROGRAM SUPPORT 100,000 UNITED METHODIST RETIREMENT COMMUNI 805 W MIDDLE ST NONE PC CHELSEA MI 48118 100,000 PROGRAM SUPPORT UNITED WAY OF WASHTENAW COUNTY 2305 PLATT RD NONE PC ANN ARBOR MI 48104 PROGRAM SUPPORT 3,000 UNIVERSITY OF SAN DIEGO PC NONE 5998 ALCALA PARK SAN DIEGO CA 92110 PROGRAM SUPPORT 1,000 UNIVERSITY MUSICAL SOCIETY 881 N UNIVERSITY NONE PC ANN ARBOR MI 48109 PROGRAM SUPPORT 15,000 THOMPSON SCH UNIVERSITY OF MICHIGAN 3003 S STATE ST PC NONE ANN ARBOR MI 48109 PROGRAM SUPPORT 26,500 VISTA MARIA 20651 W WARREN NONE PC DEARBORN HTS MI 48127 PROGRAM SUPPORT 40,000 WASHTENAW AREA COUNCIL FOR CHILDREN 3075 W CLARK RD NONE PC 20,000 YPSILANTI MI 48197 PROGRAM SUPPORT WASHTENAW COUNTY CONSERVATION DISTR PC 705 N ZEEB RD NONE ANN ARBOR MI 48103 PROGRAM SUPPORT 20,000 Total 3a **b** Approved for future payment N/A

3h

Total

Page 11

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Recipient Purpose of grant or status of Amount contribution recipient Name and address (home or business) or substantial contributor a Paid during the year WELLSPRING NONE PC 16742 LAMPHERE DETROIT MI 48219 PROGRAM SUPPORT 10,000 WEST MIDLAND FAMILY CENTER PC 4011 W ISABELLA RD NONE SHEPHERD MI 48883 PROGRAM SUPPORT 5,000 WILLIAM L CLEMENTS LIBRARY 909 S UNIVERSITY NONE PC PROGRAM SUPPORT ANN ARBOR MI 48109 52,500 WILLIS PATTERSON CHORALE NONE PC 1401 S ZEEB RD ANN ARBOR MI 48103 PROGRAM SUPPORT 20,000 WOMEN'S CENTER OF SOUTHEAST MICHIGA PC NONE 1100 VICTORS WAY ANN ARBOR MI 48108 PROGRAM SUPPORT 5,000 YPSILANTI DISTRICT LIBRARY 5577 WHITTAKER RD NONE PC 80,000 YPSILANTI MI 48197 PROGRAM SUPPORT YPSILANTI MEALS ON WHEELS 1110 W CROSS ST NONE PC 10,000 YPSILANTI MI 48197 PROGRAM SUPPORT Total 3a **b** Approved for future payment N/A Total 3h

38-6091798	Federal	Statements							
Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees									
Description	Total	Net Investment	Adjusted Net	Charitable Purpose					
IRP CPAS TAX PREP TOTAL	\$ 7,273 \$ 7,273	\$ 7,273 \$ 7,273	\$ 0	\$					
Statement	2 - Form 990-PF, Part	, Line 16c - Other Profe	essional Fees						
Description	Total	Net Investment	Adjusted Net	Charitable Purpose					
M JOHNSON ADMINISTRATIVE FEES CHARLES SCHWAB INV MGMT FEES COLUMBIA ASSET INV MGMT FEES BENNETT & ASSOCIATES CPAS AUDIT	\$ 927 43,684 15,000 12,900	\$ 43,684 15,000 6,450	\$	\$ 927 6,450					
HUNTINGTON BANK INV MGMT FEES TOTAL	\$ 8,159 \$ 80,670	8,159 \$ 73,293	\$ 0	\$ 7,377					
2	tatement 3 - Form 990	-PF, Part I, Line 18 - Ta	<u>xes</u>						
Description	Total	Net Investment	Adjusted Net	Charitable Purpose					
PAYROLL TAXES FEDERAL EXCISE TAX	\$ 1,786 35,360	\$	\$	\$ 1,786					
TOTAL	\$ 37,146	\$ 0	\$ 0	\$ 1,786					
<u>Staten</u>	nent 4 - Form 990-PF,	Part I, Line 23 - Other E	xpenses						
Description	 \$	Net Investment \$	Adjusted Net \$	Charitable Purpose					
EXPENSES INSURANCE EXPENSE COMPUTER EXPENSE OFFICE EXPENSE DUES	9,188 10,825 1,339 10,781			9,188 10,825 1,339 10,781					
				1-4					

	•	es (continued)	
Total	Net Investment	Adjusted Net	Charitable Purpose
\$ 408 188 667 1,682	\$	\$	\$ 408 188 667 1,682
\$ 35,078	\$ 0	\$ 0	\$ 35,078
- Form 990-PF, Part II, Lin	e 10a - US and State Gove	ernment Investment	<u>.</u>
Beginnir of Yea	ng End of r Year	Basis of Valuation	Fair Market Value
\$	\$ 3,909,696	COST	\$ 3,926,158
\$	\$ 3,909,696		\$ 3,926,158
<u>t 6 - Form 990-PF, Part l</u>	I, Line 10b - Corporate Sto	ock Investments	
Beginnir of Yea	ng End of r Year	Basis of Valuation	Fair Market Value
\$ 37,737,	,633 \$ 35,162,846		\$ 57,286,289
	\$ 408 188 667 1,682 \$ 35,078 Form 990-PF, Part II, Lin Beginnir of Yea \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Investment \$ 408	Total Investment Net \$ 408

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Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	 End of Year	 Fair Market Value
VANGUARD DIVIDEND IN TRANSIT OFFICE SECURITY DEPOSIT	\$ 300 , 918 800	\$ 3,236 800	\$ 3 , 236 800
TOTAL	\$ 301,718	\$ 4,036	\$ 4,036

38-6091798 Federal Statements

Statement 8 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JUDITH D. RUMELHART 924 N MAIN ST STE 1 ANN ARBOR MI 48104	VICE PRES	1.00	0	0	0
MARY IVERS 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TREASURER	4.00	0	0	0
JENNIFER POTEAT 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	0	0	0
MARGARET E. THOMPSON 924 N MAIN ST STE 1 ANN ARBOR MI 48104	PAST 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	PRESIDENT	5.00	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	2.00	0	0	0
C WENDELL DUNBAR 924 N MAIN ST STE 1 ANN ARBOR MI 48104	SECRETARY	5.00	0	0	0
LYNN T. WHITE 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	0	0	0

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Federal Statements

Statement 8 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
HEATHER KOCH 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	0	0	0
STEPHANIE THOMPSON 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	0	0	0
BRENDA SHELLENBERGER 924 N MAIN ST STE 1 ANN ARBOR MI 48104	CONTROLLER	4.00	2,500	0	0

Federal Statements

Statement 9 - 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 10 - 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 11 - 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.

HARRY A. AND MARGARET D. TOWSLEY FOUNDATION

38-6091798 FORM 990-PF ESTIMATES

Form **990-W**

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0047

Depa	(Worksheet) Department of the Treasury Internal Revenue Service (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.									
	•									
1	Unrelated business taxable income	expecte	d in the tax year			1				
2	Tax on the amount on line 1. See ins		2							
3	Alternative minimum tax for trusts.	See inst	ructions			3				
4	Total. Add lines 2 and 3					4				
5	Estimated tax credits. See instruction	ons				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 inst	ructions			9				
10a	Subtract line 9 from line 8. Note: If required to make estimated tax pay instructions	ments. I	Private foundations, see		49,490					
b	Enter the tax shown on the 2021 re	turn. Se	e instructions. Caution: If ze	ero or	,					
	the tax year was for less than 12 m	onths, sl	kip this line and enter the am							
					49,490					
С	2022 Estimated Tax. Enter the sm line 10b, enter the amount from line					10c	49,490			
	ine rob, enter the amount nom line	TOA OII	(a)	(b)	(c)	100	(d)			
			(α)	(5)	(0)		(u)			
11	Installment due dates. See instructions	11	05/15/23	06/15/23	09/15/23		12/15/23			
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	13,000	13,000	13,	000	13,000			
13	2021 Overpayment. See									
	instructions	13	13,000	13,000	12,	510				
14	Payment due (Subtract line 13 from line 12)	14				490	13,000			

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form 990-PF	Underdistribution and Excess Dis	stributions for Part X	(II 2022
	For calendar year 2022, or tax year beginning	, ending	
Name HARRY A. AI FOUNDATION	ND MARGARET D. TOWSLEY		Employer Identification Number 38-6091798

Undistributed Income Carryovers Form 990-PF, Part XII

	Prior Undistributed Income			Next Year	· Carryover	
Tax Year	Nontaxable or Previously Taxed	Taxable in 2022	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2023
Years prior						
20 18						
20 19						
20 20						
2021		3,232,629	3,232,629	3,232,629		
2022			3,520,070	1,021,678		2,498,392
Total Carryove	er to Next Year	-	•	•		2,498,392

^{*} Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers Form 990-PF, Part XII

	FUIII 990-FF, Fait Ali	
	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2017		
2018		
2019		
2020		
2021		
Current Year Excess Distribution Generated	0	
Total Carryover to Next Year	0	

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Federal Statements

Taxable Interest on Investments

Description	_	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
HUNTINGTON BANK	\$	83		14		
HUNTINGTON MONEY MARKET FUND	_	24,875		14		
TOTAL	\$	24,958				

Taxable Dividends from Securities

Description	Amount	Unrelated Exclusion Business Code	Postal US Code Obs (\$ or %)
CHARLES SCHWAB	\$ 339 , 775	14	
VANGUARD	762,786	14	
DOW, CORTEVA, DUPONT	303,731	14	
TOTAL	\$ 1,406,292		