

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private FoundationDo 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

2025

Open to Public Inspection

For calendar year **2025** 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							
City or town ANN ARBOR		State or province MI		ZIP or foreign postal code 48104							
G Check all that apply: <table style="width:100%; border: none;"> <tr> <td>☐ Initial return</td> <td>☐ Initial return of a former public charity</td> </tr> <tr> <td>☐ Final return</td> <td>☐ Amended return</td> </tr> <tr> <td>☐ Address change</td> <td>☐ Name change</td> </tr> </table>						☐ Initial return	☐ Initial return of a former public charity	☐ Final return	☐ Amended return	☐ Address change	☐ Name change
☐ Initial return	☐ Initial return of a former public charity										
☐ Final return	☐ Amended return										
☐ Address change	☐ Name change										
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation											
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 83,307,652		J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____									
E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐											

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 ☒ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	141,501	141,501		
	4 Dividends and interest from securities	1,836,410	1,836,410		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	4,145,293			
	b Gross sales price for all assets on line 6a 15,605,619				
	7 Capital gain net income (from Part IV, line 2)		4,142,252		
	8 Net short-term capital gain			0	
	9 Income modifications				
	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	6,123,204	6,120,163	0	
	13 Compensation of officers, directors, trustees, etc.	129,440	13,000		116,440
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) STMT 1	4,100			4,100
	c Other professional fees (attach schedule) STMT 2	100,563	93,563		7,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 3	133,471	1,526		8,971
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	11,316			11,316
	21 Travel, conferences, and meetings	14,872			14,872
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 4	42,704			42,704
	24 Total operating and administrative expenses. Add lines 13 through 23	436,466	108,089	0	205,403
	25 Contributions, gifts, grants paid	3,811,102			3,811,102
	26 Total expenses and disbursements. Add lines 24 and 25	4,247,568	108,089	0	4,016,505
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	1,875,636			
	b Net investment income (if negative, enter -0-)		6,012,074		
	c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2025)

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	122,239	346,342	346,342
	2 Savings and temporary cash investments	7,977,998	8,069,102	8,069,102
	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 5	6,006,007	8,780,641	9,107,536
	b Investments — corporate stock (attach schedule) SEE STMT 6	34,774,534	32,861,635	65,078,588
	c Investments — corporate bonds (attach schedule) SEE STMT 7		696,868	697,669
Liabilities	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)	6,589	8,415	8,415
	16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	48,887,367	50,763,003	83,307,652
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	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	
	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 ☐			
	24 Net assets without donor restrictions			
Net Assets or Fund Balances	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	21,006,938	22,882,574	
	29 Total net assets or fund balances (see instructions)	48,887,367	50,763,003	
	30 Total liabilities and net assets/fund balances (see instructions)	48,887,367	50,763,003	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, line 29, column (a) (must agree with end-of-year figure reported on prior year's return)	1	48,887,367
2 Enter amount from Part I, line 27a	2	1,875,636
3 Other increases not included on line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	50,763,003
5 Decreases not included on line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, line 29, column (b)	6	50,763,003

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	12,000 SHS CORTEVA	D		02/19/25
d	QNTY FRACTIONAL SH	D		12/05/25
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 9,388,250		8,381,110	1,007,140
b 5,444,948		3,058,374	2,386,574
c 772,381		20,840	751,541
d 40		2	38
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	(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			1,007,140
b			2,386,574
c 23,880	20,840	3,040	748,501
d 3	2	1	37
e			

2 Capital gain net income or (net capital loss)	If gain, also enter on Part I, line 7. If (loss), enter -0- on Part I, line 7.	2	4,142,252
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- on Part I, line 8		3	3,393,714

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	83,568
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, column (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	83,568
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	83,568
6 Credits/Payments:		
a 2025 estimated tax payments and 2024 overpayment credited to 2025	6a	100,000
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	100,000
8 Enter any penalty for underpayment of estimated tax. Check here ☒ 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	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	16,432
11 Enter the amount of line 10 to be: Credited to 2026 estimated tax 16,432 Refunded	11	
For Refunded amount, also complete and attach Form 8050. See instructions.		

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		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?		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.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	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 <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2025 or the tax year beginning in 2025? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address TOWSLEYFOUNDATION.ORG	X	
14 The books are in care of BRENDA SHELLENBERGER Telephone no. 734-660-2170 924 N MAIN ST STE 1 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 2025, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

Part 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 person?		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	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)?		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.)		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		X
c Organizations relying on a current notice regarding disaster assistance, check here ☐		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2025?		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 2025, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2025? If "Yes," list the years 20 , 20 , 20 , 20		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		
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?		X
b If "Yes," did it have excess business holdings in 2025 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 2025.) N/A		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2025?		X

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

	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 ☐		
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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	5d	N/A
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? If "Yes" to 6b, file Form 8870.	6b	X
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**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 9				

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 **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	73,007,375
b	Average of monthly cash balances	1b	8,345,324
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, 1b, and 1c)	1d	81,352,699
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	81,352,699
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,220,290
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	80,132,409
6	Minimum investment return. Enter 5% (0.05) of line 5	6	4,006,620

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	4,006,620
2a	Tax on investment income for 2025 from Part V, line 5	2a	83,568
b	Income tax for 2025. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	83,568
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,923,052
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,923,052
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	3,923,052

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, line 26, column (d)	1a	4,016,505
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	4,016,505

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2024	(c) 2024	(d) 2025
1 Distributable amount for 2025 from Part X, line 7				3,923,052
2 Undistributed income, if any, as of the end of 2025:				
a Enter amount for 2024 only			3,476,446	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2025:				
a From 2020				
b From 2021				
c From 2022				
d From 2023				
e From 2024				
f Total of lines 3a through 3e				
4 Qualifying distributions for 2025 from Part XI, line 4: \$ 4,016,505				
a Applied to 2024, but not more than line 2a			3,476,446	
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 2025 distributable amount				540,059
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2025 (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 2024. Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026				3,382,993
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 2020 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2026. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2021				
b Excess from 2022				
c Excess from 2023				
d Excess from 2024				
e Excess from 2025				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2025, enter the date of the ruling _____

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

	Tax year	Prior 3 years			(e) Total
	(a) 2025	(b) 2024	(c) 2023	(d) 2022	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, line 4, for each year listed _____					
d Amounts included on 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, 3b, or 3c 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 on 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 _____					

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed:
ANNE COOPER 734-660-2170
924 N MAIN ST., SUITE 1 ANN ARBOR, MI 48104

b The form in which applications should be submitted and information and materials they should include:
SEE STATEMENT 10

c Any submission deadlines:
SEE STATEMENT 11

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

SEE STATEMENT 12

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
211 NORTHEAST MICHIGAN 2007 AUSTIN ST MIDLAND MI 48642	NONE	PC	PROGRAM SUPPORT	50,000
ACCOUNTING AID SOCIETY 3031 W GRAND BLVD DETROIT MI 48202	NONE	PC	PROGRAM SUPPORT	10,000
AMERICAN HEART ASSOCIATION PO BOX 840692 DALLAS TX 75284	NONE	PC	PROGRAM SUPPORT	2,500
AA HANDS ON MUSEUM & LESLIE SCIENCE 220 E ANN ST ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	25,000
ANN ARBOR SUMMER FESTIVAL 210 HURONVIEW BLVD ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	15,000
ANN ARBOR SYMPHONY ORCHESTRA 35 RESEARCH DR ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	25,000
AVALON HOUSING 1327 JONES DR ANN ARBOR MI 48105	NONE	PC	PROGRAM SUPPORT	15,000
BAY COUNTY HABITAT FOR HUMANITY 3460 S HURON RD BAY CITY MI 48706	NONE	PC	PROGRAM SUPPORT	25,000
BETHANY CHRISTIAN SERVICES OF MI 1800 W 9 MILE RD SOUTHFIELD MI 48075	NONE	PC	PROGRAM SUPPORT	20,000
BIG BROTHERS BIG SISTERS BAY REGION 2200 N SAGINAW RD MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	11,000
Total				3a 3,811,102
b Approved for future payment				
211 NORTHEAST MICHIGAN 2007 AUSTIN ST STE U MIDLAND MI 48642	NONE	PC	PROGRAM SUPPORT	100,000
AA HANDS ON MUSEUM & LESLIE SCIENCE 220 E ANN ST ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	50,000
CENTRAL MICHIGAN UNIVERSITY 524 E BELLOWS ST MT PLEASANT MI 48858	NONE	PC	PROGRAM SUPPORT	50,000
Total				3b 1,607,500

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">(a) Line no.</th> <th style="width: 15%;">(b) Amount involved</th> <th style="width: 35%;">(c) Name of noncharitable exempt organization</th> <th style="width: 40%;">(d) Description of transfers, transactions, and sharing arrangements</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </tbody> </table>	(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements	N/A																																																																																<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>1a(1)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1a(2)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(1)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(2)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(3)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(4)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(5)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(6)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1c</td> <td></td> <td align="center">X</td> </tr> </table>		Yes	No	1a(1)		X	1a(2)		X	1b(1)		X	1b(2)		X	1b(3)		X	1b(4)		X	1b(5)		X	1b(6)		X	1c		X
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No b If "Yes," complete the following schedule. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">(a) Name of organization</th> <th style="width: 20%;">(b) Type of organization</th> <th style="width: 45%;">(c) Description of relationship</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </tbody> </table>	(a) Name of organization	(b) Type of organization	(c) Description of relationship	N/A																		
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N/A																						

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Signature of officer or trustee _____ MARY IVERS, CPA	Date _____ 5/1/26	Title _____ TREASURER
---	-----------------------------	---------------------------------

Preparer's name MARY IVERS, CPA	Preparer's signature <i>Mary Ivers, CPA</i>	Date 5/1/26	Check ☐ if self-employed
Firm's name IVERS & RICKELMANN, CPAS PLLC	PTIN P00177371		
Firm's address PO BOX 189 DEXTER, MI 48130	Firm's EIN 45-3630198		
	Phone no. 734-904-8192		

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
BIG BROTHERS BIG SISTERS SE MICH 11 W MICHIGAN AVE YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	1,000
BIRTHDAY SMILES FOR KIDS 1731 MONTEREY CT ANN ARBOR MI 48108	NONE	PC	PROGRAM SUPPORT	2,000
BUILD A TEAM OF HOPE 6349 HEATHER RIDGE KALAMAZOO MI 49009	NONE	PC	PROGRAM SUPPORT	5,000
CALVIN UNIVERSITY 3201 BURTON ST SE GRAND RAPIDS MI 49546	NONE	PC	PROGRAM SUPPORT	85,000
CENTRAL MICHIGAN UNIVERSITY 524 E BELLOWS ST MT PLEASANT MI 48858	NONE	PC	PROGRAM SUPPORT	25,000
CHANGING LIVES AND STAYING SOBER 22000 GRAND RIVER DETROIT MI 48219	NONE	PC	PROGRAM SUPPORT	50,000
CHEM COATERS ASSN EDUCATION FDN 6985 PROFESSIONAL PKWY SARASOTA FL 34240	NONE	PC	PROGRAM SUPPORT	4,500
CHILD & FAMILY SERVICE SAGINAW CTY 2838 AUTOMOTIVE CENTRE SAGINAW MI 48603	NONE	PC	PROGRAM SUPPORT	40,000
CHILDRENS HEALING CENTER 1580 E BELTLINE AVE SE GRAND RAPIDS MI 49546	NONE	PC	PROGRAM SUPPORT	15,000
CHILDRENS LITERACY NETWORK 1100 N MAIN ST ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	5,000
Total			3a	
b Approved for future payment				
ENTERPRISE COMMUNITY PARTNERS 11000 BROKEN LAND PKWY COLUMBIA MD 21044	NONE	PC	PROGRAM SUPPORT	75,000
FRIENDS OF FIFE LAKE PUBLIC LIBRARY 77 LAKECREST LN FIFE LAKE MI 49633	NONE	PC	PROGRAM SUPPORT	35,000
GRAND RAPIDS SYMPHONY 300 OTTAWA DR NW GRAND RAPIDS MI 49508	NONE	PC	PROGRAM SUPPORT	50,000
Total			3b	

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
CLEVELAND MANOR 2200 CLEVELAND AVE MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	1,000
COMMON GROUND 30200 TELEGRAPH BINGHAM FARMS MI 48025	NONE	PC	PROGRAM SUPPORT	25,000
COMMUNITIES FIRST 1112 W BRISTOL RD FLINT MI 48507	NONE	PC	PROGRAM SUPPORT	50,000
COMMUNITY ACTION NETWORK PO BOX 130076 ANN ARBOR MI 48113	NONE	PC	PROGRAM SUPPORT	2,000
CORNER HEALTH CENTER 47 N HURON YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	50,000
CREATIVE WASHTENAW 1100 N MAIN ST ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	10,000
CULVER EDUCATIONAL FDN 1300 ACADEMY RD CULVER IN 46511	NONE	PC	PROGRAM SUPPORT	5,000
DELTA COLLEGE FDN 1961 DELTA RD UNIVERSITY CENTER MI 4871	NONE	PC	PROGRAM SUPPORT	7,500
DETROIT DOG RESCUE PO BOX 806119 ST CLAIR SHORES MI 48080	NONE	PC	PROGRAM SUPPORT	2,500
DOWNTOWN BOXING GYM 6445 E VERNOR HWY DETROIT MI 48207	NONE	PC	PROGRAM SUPPORT	15,000
Total			3a	
b <i>Approved for future payment</i>				
HOME OF NEW VISION 3115 PROFESSIONAL DR ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	25,000
IHN AT ALPHA HOUSE 4290 JACKSON RD ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	400,000
LEELANAU CONSERVANCY PO BOX 1007 LELAND MI 49654	NONE	PC	PROGRAM SUPPORT	50,000
Total			3b	

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ECHO HIS LOVE 525 MICHAEL MANISTEE MI 49660	NONE	PC	PROGRAM SUPPORT	20,000
ELE'S PLACE ANN ARBOR 5665 HINES DR ANN ARBOR MI 48108	NONE	PC	PROGRAM SUPPORT	2,000
ENTERPRISE COMMUNITY PARTNERS 11000 BROKEN LAND PKWY COLUMBIA MD 21044	NONE	PC	PROGRAM SUPPORT	25,000
FAMILY LEARNING INSTITUTE 1954 S INDUSTRIAL ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	2,000
FOOD GATHERERS 1 CARROT WAY ANN ARBOR MI 48105	NONE	PC	PROGRAM SUPPORT	5,000
FREEDOM RIVER 9305 HURON RAPIDS DR WHITMORE LAKE MI 48189	NONE	PC	PROGRAM SUPPORT	200,000
FRIENDS OF FIFE LAKE PUBLIC LIBRARY 77 LAKECREST LN FIFE LAKE MI 49633	NONE	PC	PROGRAM SUPPORT	35,000
GIRLS GROUP 2531 JACKSON ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	25,000
GRAND RAPIDS SYMPHONY 300 OTTAWA DR NW GRAND RAPIDS MI 49508	NONE	PC	PROGRAM SUPPORT	50,000
GRAND TRAVERSE REGIONAL LAND CONS 2846 3 MILE RD N TRAVERSE CITY MI 49686	NONE	PC	PROGRAM SUPPORT	50,000
Total			3a	
b Approved for future payment				
LOWERTOWN RIVERFRONT CONSERVANCY 340 BEAKES ST ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	150,000
MANY HANDS LIFESHARING COMM 1032 LOUISE ST YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	200,000
MICH ASSOC OF CONSERVATION DIST PO BOX 477 FLINT MI 48501	NONE	PC	PROGRAM SUPPORT	80,000
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				
GREAT LAKES RECOVERY CENTERS				
100 MALTON RD	NONE	PC	PROGRAM SUPPORT	25,000
NEGAUNEE MI 49866				
HIS EYE IS ON THE SPARROW				
PO BOX 278	NONE	PC	PROGRAM SUPPORT	5,000
SALINE MI 48176				
HOME OF NEW VISION				
3115 PROFESSIONAL DR	NONE	PC	PROGRAM SUPPORT	25,000
ANN ARBOR MI 48104				
HOME START				
5005 TEXAS ST	NONE	PC	PROGRAM SUPPORT	25,000
SAN DIEGO CA 92108				
HOMES GIVING HOPE				
PO BOX 285	NONE	PC	PROGRAM SUPPORT	10,000
ROCKFORD MI 49341				
HOPE CLINIC				
PO BOX 980311	NONE	PC	PROGRAM SUPPORT	61,500
YPSILANTI MI 48198				
HOPE FOR SINGLE MOMS				
2130 BLUEBERRY DR NW	NONE	PC	PROGRAM SUPPORT	35,000
GRAND RAPIDS MI 49504				
HUMBLE DESIGN				
21420 MELROSE AVE	NONE	PC	PROGRAM SUPPORT	10,000
SOUTHFIELD MI 48075				
HURON-CLINTON METROPARKS				
13000 HIGHRIDGE DR	NONE	PC	PROGRAM SUPPORT	10,000
BRIGHTON MI 48114				
IHN AT ALPHA HOUSE				
4290 JACKSON RD	NONE	PC	PROGRAM SUPPORT	100,000
ANN ARBOR MI 48103				
Total			3a	
b Approved for future payment				
MICH REGIONAL COUNCIL OF CARPENTERS				
11687 AMERICAN ST	NONE	PC	PROGRAM SUPPORT	50,000
DETROIT MI 48204				
MIDLAND SOCCER CLUB				
901 SOCCER DR	NONE	PC	PROGRAM SUPPORT	50,000
MIDLAND MI 48642				
PLANNED PARENTHOOD OF MICHIGAN				
PO BOX 3673	NONE	PC	PROGRAM SUPPORT	50,000
ANN ARBOR MI 48106				
Total			3b	

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
INSIDEOUT LITERARY ARTS PROJECT 5201 CASS AVE DETROIT MI 48202	NONE	PC	PROGRAM SUPPORT	15,000
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN MI 49643	NONE	PC	PROGRAM SUPPORT	269,500
INTERLOCHEN PUBLIC RADIO PO BOX 199 INTERLOCHEN MI 49643	NONE	PC	PROGRAM SUPPORT	2,500
JUBILEE MINISTRIES 96 W 15TH ST HOLLAND MI 49423	NONE	PC	PROGRAM SUPPORT	30,000
KALAMAZOO COLLEGE 1200 ACADEMY ST KALAMAZOO MI 49006	NONE	PC	PROGRAM SUPPORT	18,000
KEWEENAW LAND TRUST 49902 LIMERICK ST HANCOCK MI 49930	NONE	PC	PROGRAM SUPPORT	25,000
LACASA CENTER 1920 TOOLEY RD HOWELL MI 48855	NONE	PC	PROGRAM SUPPORT	100,000
LEELANAU CONSERVANCY PO BOX 1007 LELAND MI 49654	NONE	PC	PROGRAM SUPPORT	50,000
LITTLE FORKS CONSERVANCY 125 MCDONALD MIDLAND MI 48640	NONE	PC	PROGRAM SUPPORT	7,500
LIVINGSTON CTY CATHOLIC CHARITIES 2020 E GRAND RIVER HOWELL MI 48843	NONE	PC	PROGRAM SUPPORT	20,000
Total			3a	
b Approved for future payment				
ST LOUIS CENTER 16195 W OLD US 12 CHELSEA MI 48118	NONE	PC	PROGRAM SUPPORT	100,000
STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER MI 48141	NONE	PC	PROGRAM SUPPORT	27,500
WAVE 12172 JACKSON RD DEXTER MI 48130	NONE	PC	PROGRAM SUPPORT	25,000
Total			3b	

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
LOWERTOWN RIVERFRONT CONSERVANCY 340 BEAKES ST ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	50,000
LUTHERAN SPECIAL ED MINISTRIES 3773 GEDDES RD ANN ARBOR MI 48105	NONE	PC	PROGRAM SUPPORT	10,000
M&M CHILDRENS MUSEUM 425 FIRST ST MENOMINEE MI 49858	NONE	PC	PROGRAM SUPPORT	50,000
MANY HANDS LIFESHARING COMM 1032 LOUISE ST YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	100,000
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	1,000
MICHAEL'S PLACE 1212 VETERANS DR TRAVERSE CITY MI 49684	NONE	PC	PROGRAM SUPPORT	32,000
MICHIGAN ADVOCACY PROGRAM 15 S WASHINGTON ST YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	25,000
MICH ASSOC OF CONSERVATION DIST PO BOX 477 FLINT MI 48501	NONE	PC	PROGRAM SUPPORT	40,000
MICH ENVIRONMENTAL COUNCIL 602 W IONIA ST LANSING MI 48933	NONE	PC	PROGRAM SUPPORT	5,000
Total			3a	
b Approved for future payment				
WEST MIDLAND FAMILY CENTER 4011 W ISABELLA RD SHEPHERD MI 48883	NONE	PC	PROGRAM SUPPORT	40,000
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					
MICHIGAN FOSTER CARE CLOSET 37 ENTERPRISE DR ANN ARBOR MI 48103		NONE	PC	PROGRAM SUPPORT	55,000
MICHIGAN LEAGUE OF CONS VOTERS 340 BEAKES ST ANN ARBOR MI 48104		NONE	PC	PROGRAM SUPPORT	6,500
MICH REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST DETROIT MI 48204		NONE	PC	PROGRAM SUPPORT	50,000
MIDLAND AREA COMMUNITY FDN 76 ASHMUN CIR MIDLAND MI 48640		NONE	PC	PROGRAM SUPPORT	7,000
MIDLAND CENTER FOR THE ARTS 1801 W ST ANDREWS MIDLAND MI 48640		NONE	PC	PROGRAM SUPPORT	128,000
MIDLAND SOCCER CLUB 901 SOCCER DR MIDLAND MI 48642		NONE	PC	PROGRAM SUPPORT	50,000
NORTH STAR REACH 1200 UNIVERSITY CAMP DR PINCKNEY MI 48169		NONE	PC	PROGRAM SUPPORT	40,000
OUR HOUSE 111 S WALLACE BLVD YPSILANTI MI 48197		NONE	PC	PROGRAM SUPPORT	2,000
PER SCHOLAS 3031 W GRAND BLVD DETROIT MI 48202		NONE	PC	PROGRAM SUPPORT	15,000
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR MI 48106		NONE	PC	PROGRAM SUPPORT	77,000
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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
POPE FRANCIS CENTER 438 ST ANTOINE ST DETROIT MI 48226	NONE	PC	PROGRAM SUPPORT	21,668
RIVERSIDE ARTS CENTER 76 N HURON ST YPSILANTI MI 48197	NONE	PC	PROGRAM SUPPORT	20,000
ROLLINS COLLEGE 1000 HOLT AVE WINTER PARK FL 32789	NONE	PC	PROGRAM SUPPORT	2,000
SACRED BEGINNINGS 339 DIVISION AVE S GRAND RAPIDS MI 49503	NONE	PC	PROGRAM SUPPORT	40,000
SAGINAW VALLEY STATE UNIVERSITY 7400 BAY RD UNIVERSITY CENTER MI 4871	NONE	PC	PROGRAM SUPPORT	2,000
SCIENCE IS ELEMENTARY 2483 OLD MIDDLEFIELD MOUNTAIN VIEW CA 94043	NONE	PC	PROGRAM SUPPORT	14,000
SHELTER ASSOCIATION OF WASHTENAW 312 W HURON ANN ARBOR MI 48103	NONE	PC	PROGRAM SUPPORT	27,000
SHIAWASSEE ARTS CENTER 206 CURWOOD CASTLE DR OWOSSO MI 48867	NONE	PC	PROGRAM SUPPORT	8,334
ST LOUIS CENTER 16195 W OLD US 12 CHELSEA MI 48118	NONE	PC	PROGRAM SUPPORT	100,000
STARFISH FAMILY SERVICES 30000 HIVELY INKSTER MI 48141	NONE	PC	PROGRAM SUPPORT	27,500
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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
THE BISHOPS SCHOOL 7607 LAJOLLA BLVD LA JOLLA CA 92037	NONE	PC	PROGRAM SUPPORT	2,500
THE LEELANAU SCHOOL 1 OLD HOMESTEAD RD GLEN ARBOR MI 49636	NONE	PC	PROGRAM SUPPORT	17,500
THE MADE INSTITUTE PO BOX 310246 FLINT MI 48531	NONE	PC	PROGRAM SUPPORT	45,000
THE PUBLIC BROADCASTING FDN NW OHIO PO BOX 30 TOLEDO OH 43614	NONE	PC	PROGRAM SUPPORT	7,000
TOP OF MICHIGAN TRAILS COUNCIL 1687 M-119 PETOSKEY MI 49770	NONE	PC	PROGRAM SUPPORT	5,000
TORCH CONSERVATION CENTER PO BOX 1142 BELLAIRE MI 49615	NONE	PC	PROGRAM SUPPORT	5,000
THE TREVOR PROJECT PO BOX 69232 W HOLLYWOOD CA 90069	NONE	PC	PROGRAM SUPPORT	25,000
UM CLEMENTS LIBRARY 909 S UNIVERSITY ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	2,500
UM BELLEVILLE HIGH SBHC 1000 VICTORS WAY ANN ARBOR MI 48108	NONE	PC	PROGRAM SUPPORT	155,400
UM FORD SCHOOL OF PUBLIC POLICY 3003 S STATE ST ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	150,000
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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
UM KELLOGG EYE CENTER 3003 S STATE ST ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	200,000
UNITED WAY OF SE MICHIGAN 2305 PLATT RD ANN ARBOR MI 48104	NONE	PC	PROGRAM SUPPORT	5,500
UNIVERSITY MUSICAL SOCIETY 881 N UNIVERSITY AVE ANN ARBOR MI 48109	NONE	PC	PROGRAM SUPPORT	25,000
VOLUNTEERS OF AMERICA MICH 21700 NW HWY SOUTHFIELD MI 48202	NONE	PC	PROGRAM SUPPORT	15,000
WAVE 12172 JACKSON RD DEXTER MI 48130	NONE	PC	PROGRAM SUPPORT	25,000
WAYNE STATE UNIVERSITY WDET 4600 CASS AVE DETROIT MI 48201	NONE	PC	PROGRAM SUPPORT	15,000
WEST MIDLAND FAMILY CENTER 4011 W ISABELLA RD SHEPHERD MI 48883	NONE	PC	PROGRAM SUPPORT	40,000
WOMENS RESOURCE CTR NORTHERN MI 423 PORTER ST PETOSKEY MI 49770	NONE	PC	PROGRAM SUPPORT	12,500
WTVS DETROIT PUBLIC TELEVISION 48305 ALPHA DR WIXOM MI 48393	NONE	PC	PROGRAM SUPPORT	7,000
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	

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 <i>Paid during the year</i> YPSILANTI YOUTH ORCHESTRA 13 N WASHINGTON ST YPSILANTI MI 48197		NONE	PC	PROGRAM SUPPORT	8,200
Total				3a	
b <i>Approved for future payment</i> N/A					
Total				3b	

TOWSLEY HARRY A. AND MARGARET D. TOWSLEY

38-6091798

FYE: 12/31/2025

Federal Statements**Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net
MARY IVERS CPA TAX PREP	\$ 4,100	\$	\$
TOTAL	\$ 4,100	\$ 0	\$ 0

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net
CHARLES SCHWAB INV MGMT FEES	\$ 64,399	\$ 64,399	\$
COLUMBIA ASSET INV MGMT FEES	15,000	15,000	
BENNETT & ASSOCIATES CPAS AUDIT	14,000	7,000	
HUNTINGTON BANK INV MGMT FEES	7,164	7,164	
TOTAL	\$ 100,563	\$ 93,563	\$ 0

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net
FEDERAL EXCISE TAX	\$ 122,974	\$	\$
PAYROLL TAXES	10,497	1,526	
TOTAL	\$ 133,471	\$ 1,526	\$ 0

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net
EXPENSES	\$	\$	\$
INSURANCE EXPENSE	10,920		
COMPUTER EXPENSE	16,730		

Federal Statements

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

Description	Total	Net Investment	Adjusted Net
OFFICE EXPENSE	\$ 781	\$	\$
DUES	11,089		
BANK SERVICE CHARGES	886		
POSTAGE	234		
TELEPHONE	1,002		
PRINTING & REPRO	1,022		
STATE ANNUAL REPORTING	40		
TOTAL	\$ 42,704	\$ 0	\$ 0

Statement 5 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	Beginning of Year	End of Year	Basis of Valuation
US TREASURY SECURITIES	\$ 6,006,007	\$ 8,780,641	COST
TOTAL	\$ 6,006,007	\$ 8,780,641	

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation
PUBLICLY TRADED SECURITIES	\$ 34,774,534	\$ 32,861,635	COST
TOTAL	\$ 34,774,534	\$ 32,861,635	

TOWSLEY HARRY A. AND MARGARET D. TOWSLEY
38-6091798
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Federal Statements

Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE BONDS	\$	\$ 696,868	COST
TOTAL	\$ 0	\$ 696,868	

TOWSLEY HARRY A. AND MARGARET D. TOWSLEY

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Federal Statements

FYE: 12/31/2025

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	\$ 5,789	\$ 7,615	\$ 7,615
OFFICE SECURITY DEPOSIT	800	800	800
TOTAL	\$ 6,589	\$ 8,415	\$ 8,415

TOWSLEY HARRY A. AND MARGARET D. TOWSLEY

38-6091798

FYE: 12/31/2025

Federal Statements**Statement 9 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Ben</u>
JENNIFER POTEAT 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	4,000	
DAVID WINSTON INGLISH 924 N MAIN ST STE 1 ANN ARBOR MI 48104	PRESIDENT	5.00	4,000	
DOUGLAS INGLISH 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	2,500	
TINA S. VAN DAM 924 N MAIN ST STE 1 ANN ARBOR MI 48104	VICE PRES	2.00	11,500	
C WENDELL DUNBAR 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	2.00	1,000	
LYNN T. WHITE 924 N MAIN ST STE 1 ANN ARBOR MI 48104	CHAIRPERSON	1.00	0	
HEATHER KOCH 924 N MAIN ST STE 1 ANN ARBOR MI 48104	SECRETARY	1.00	4,000	
STEPHANIE SCHEETS 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	4,000	
SARAH THOMPSON 924 N MAIN ST STE 1 ANN ARBOR MI 48104	TRUSTEE	1.00	2,500	
BRENDA SHELLENBERGER	TREASURER	15.00	54,500	

TOWSLEY HARRY A. AND MARGARET D. TOWSLEY
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Federal Statements

Statement 9 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees,
(continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Ben</u>
924 N MAIN ST STE 1 ANN ARBOR MI 48104				
ANNE COOPER 924 N MAIN ST STE 1 ANN ARBOR MI 48104	FDN MANAGER	10.00	41,440	

Statement 10 - 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 11 - 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 12 - 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****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.**2025**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	83,568
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	83,568
4 Enter the tax shown on the corporation's 2024 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	97,650
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	83,568

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** ☐ The corporation is using the adjusted seasonal installment method.
- 7** ☒ The corporation is using the annualized income installment method.
- 8** ☐ 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 05/15/25	06/15/25	09/15/25	12/15/25
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 20,892	20,892	20,892	20,892
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 25,000	25,000	25,000	25,000
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	4,108	8,216	12,324
13 Add lines 11 and 12	13	29,108	33,216	37,324
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 25,000	29,108	33,216	37,324
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 4,108	8,216	12,324	

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.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2025)

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. (<i>C corporations with tax years ending June 30 and S corporations:</i> Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers:</i> 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 4/15/2025 and before 7/1/2025	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 7% (0.07)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2025 and before 10/1/2025	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 7% (0.07)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2025 and before 1/1/2026	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 7% (0.07)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2025 and before 4/1/2026	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2026 and before 7/1/2026	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x **%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2026 and before 10/1/2026	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x **%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2026 and before 1/1/2027	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x **%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2026 and before 3/16/2027	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ 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	1,002,012	1,503,019	3,006,037
22	Annualization amounts (see instructions)	22	6.00000	4.00000	2.00000
23a	Annualized taxable income. Multiply line 21 by line 22	23a	6,012,072	6,012,076	6,012,074
b	Extraordinary items (see instructions)	23b			
c	Add lines 23a and 23b	23c	6,012,072	6,012,076	6,012,074
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return	24	83,568	83,568	83,568
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	83,568	83,568	83,568
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	83,568	83,568	83,568
30	Applicable percentage	30	25%	50%	75%
31	Multiply line 29 by line 30	31	20,892	41,784	62,676

Part III Required Installments

		1st installment	2nd installment	3rd installment	4th installment
Note: Complete lines 32 through 38 of one column before completing the next column.					
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	20,892	41,784	62,676
33	Add the amounts in all preceding columns of line 38. See instructions	33		20,892	41,784
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	20,892	20,892	20,892
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	20,892	20,892	20,892
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36			
37	Add lines 35 and 36	37	20,892	20,892	20,892
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	20,892	20,892	20,892

Form 2220		Form 2220 Worksheet			2025	
		For calendar year 2025, 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>05/15/25</u>	<u>06/15/25</u>	<u>09/15/25</u>	<u>12/15/25</u>		
Amount of underpayment						
Prior year overpayment applied						
	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment	
Date of payment	<u>05/15/25</u>	<u>06/15/25</u>	<u>09/15/25</u>	<u>12/15/25</u>		
Amount of payment	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>	<u>25,000</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

2025

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	77,000
b	Enter the tax shown on the 2024 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	
c	2025 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	77,000

	(a)	(b)	(c)	(d)
11 Installment due dates. See instructions	11 05/15/26	06/15/26	09/15/26	12/15/26
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 30,432	21,000	21,000	21,000
13 2024 Overpayment. See instructions	13 16,432			
14 Payment due (Subtract line 13 from line 12)	14 14,000	21,000	21,000	21,000

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form 990-PF		Underdistribution and Excess Distributions for Part XII	2025
		For calendar year 2025, 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 2025	Total per Year		Nontaxable or Previously Taxed	Taxable in 2026
Years prior						
20 21						
20 22						
20 23						
2024		3,476,446	3,476,446	3,476,446		
2025			3,923,052	540,059		3,382,993
Total Carryover to Next Year						3,382,993

* 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
2020		
2021		
2022		
2023		
2024		
Current Year Excess Distribution Generated (2025)		0
Total Carryover to Next Year		0

TOWSLEY HARRY A. AND MARGARET D. TOWSLEY

38-6091798

Federal Statements

FYE: 12/31/2025

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
HUNTINGTON BANK	\$ 108		14		
HUNTINGTON MONEY MARKET FUND	141,393		14		
TOTAL	<u>\$ 141,501</u>				

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
Schwab Dividends	\$ 409,630		14		
Vanguard	932,573		14		
DOW, CORTEVA, DUPONT, QNITY	220,196		14		
Schwab Bond Interest	274,011		14		
TOTAL	<u>\$ 1,836,410</u>				