EXTENDED TO NOVEMBER 16, 2026

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

For calendar year 2025 or tax year beginning , and ending

Name of foundation
THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION

A Employer identification number
-*4966

Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite
180 EAST WATER STREET, SUITE 3000

B Telephone number
269-488-8484

City or town | State or province | Country | ZIP or foreign postal code
KALAMAZOO | MI | | 49007

C If exemption application is pending, check here ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) $ 40,917,754.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d), must be on cash basis.)

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).)

		(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	50,142,258.			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	597,436.	587,936.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,953,600.			
	b Gross sales price for all assets on line 6a 49,423,934.				
	7 Capital gain net income (from Part IV, line 2)		49,409,038.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 **Total.** Add lines 1 through 11	54,693,294.	49,996,974.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages	1,293,508.	0.	0.	1,293,508.
	15 Pension plans, employee benefits	314,749.	0.	0.	314,749.
	16a Legal fees STMT 2	15,082.	0.	0.	15,082.
	b Accounting fees STMT 3	88,319.	7,968.	0.	80,351.
	c Other professional fees STMT 4	588,984.	179,890.	0.	409,094.
	17 Interest				
	18 Taxes STMT 5	592,000.	0.	0.	0.
	19 Depreciation and depletion	31,690.	0.	44,477.	
	20 Occupancy	144,109.	0.	0.	0.
	21 Travel, conferences, and meetings	35,622.	0.	0.	35,622.
	22 Printing and publications	3,504.	0.	0.	3,504.
	23 Other expenses STMT 6	143,094.	0.	0.	143,094.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	3,250,661.	187,858.	44,477.	2,295,004.
	25 Contributions, gifts, grants paid	48,146,110.			30,591,298.
	26 **Total expenses and disbursements.** Add lines 24 and 25	51,396,771.	187,858.	44,477.	32,886,302.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	3,296,523.			
	b **Net investment income** (if negative, enter -0-)		49,809,116.		
	c **Adjusted net income** (if negative, enter -0-)			0.	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.

		Beginning of year	End of year	
		(a) Book value	(b) Book value	(c) Fair market value
Assets	1 Cash - non-interest-bearing	36,894.	69,366.	69,366.
	2 Savings and temporary cash investments	37,543.	103,774.	103,774.
	3 Accounts receivable 494,164.			
	Less: allowance for doubtful accounts		494,164.	494,164.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges		135,072.	135,072.
	10a Investments - U.S. and state government obligations STMT 9	953,000.	446,716.	446,716.
	b Investments - corporate stock STMT 10	39,125,267.	39,555,039.	39,555,039.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis 345,736.			
	Less: accumulated depreciation STMT 11 232,113.	110,914.	113,623.	113,623.
	15 Other assets (describe)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	40,263,618.	40,917,754.	40,917,754.
Liabilities	17 Accounts payable and accrued expenses		524.	
	18 Grants payable		31,082,036.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe STATEMENT 12)	3,571.	8,209.	
	23 **Total liabilities** (add lines 17 through 22)	3,571.	31,090,769.	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here** ☐ **and complete lines 24, 25, 29, and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ☒ **and complete lines 26 through 30.**			
	26 Capital stock, trust principal, or current funds	71,266,798.	37,537,213.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	-31,006,751.	-27,710,228.	
	29 **Total net assets or fund balances**	40,260,047.	9,826,985.	
	30 **Total liabilities and net assets/fund balances**	40,263,618.	40,917,754.	

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	40,260,047.
2	Enter amount from Part I, line 27a	2	3,296,523.
3	Other increases not included on line 2 (itemize) SEE STATEMENT 7	3	765,740.
4	Add lines 1, 2, and 3	4	44,322,310.
5	Decreases not included on line 2 (itemize) SEE STATEMENT 8	5	34,495,325.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, line 29, column (b)	6	9,826,985.

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

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e	49,423,934.		14,896.	49,409,038.

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				
b				
c				
d				
e				49,409,038.

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	49,409,038.
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	N/A

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	692,347.
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	692,347.
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	692,347.
6	Credits/Payments:			
a	2025 estimated tax payments and 2024 overpayment credited to 2025	6a 820,001.		
b	Exempt foreign organizations - tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d	Backup withholding erroneously withheld	6d 0.		
7	Total credits and payments. Add lines 6a through 6d		7	820,001.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☒ if Form 2220 is attached		8	0.
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	127,654.
11	Enter the amount of line 10 to be: **Credited to 2026 estimated tax** 127,654. **Refunded**		11	0.
	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?	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		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. $ 0. (2) On foundation managers. $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2025 or the tax year beginning in 2025? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 13	10	X	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address STRYKERJOHNSTONFOUNDATION.ORG

14 The books are in care of WILLIAM D. JOHNSTON Telephone no. 269-388-9800
Located at 211 SOUTH ROSE STREET, KALAMAZOO, MI ZIP+4 49007

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 N/A

			Yes	No
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	16		X

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

		Yes	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)		X
(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
c Organizations relying on a current notice regarding disaster assistance, check here ☐			
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?	1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2025, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2025?	2a		X
If "Yes," list the years _____, _____, _____, _____			
b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. _____, _____, _____, _____			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a		X
b If "Yes," did it have excess business holdings in 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	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2025?	4b		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 N/A	5b		
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? 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 pay premiums on a personal benefit contract?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
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.

(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 14		0.	0.	0.

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
WILLIAM BUSTER - 180 E. WATER STREET, SUITE 3000, KALAMAZOO, MI	CHIEF EXECUTIVE OFFICER 40.00	369,481.	0.	0.
YOLONDA LAVENDER - 180 E. WATER STREET, SUITE 3000, KALAMAZOO, MI	GRANT PROGRAM & PARTNERSHIP DIR. 40.00	237,646.	0.	0.
LINDSEY HEMMERLEIN - 180 E. WATER STREET, SUITE 3000, KALAMAZOO, MI	OPERATIONS DIRECTOR 40.00	232,088.	0.	0.
LAURA WINTHER - 180 E. WATER STREET, SUITE 3000, KALAMAZOO, MI 49007	INFORMATION SYSTEMS & GRANT MANAGER 40.00	151,578.	0.	0.
LEATRICE FULLERTON - 180 E. WATER STREET, SUITE 3000, KALAMAZOO, MI	RESOURCE AND RELATIONSHIP PARTNER 40.00	126,315.	0.	0.

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. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
GREENLEAF TRUST 211 SOUTH ROSE STREET, KALAMAZOO, MI 49007	INVESTMENT MANAGEMENT	359,781.
SHARED STRATEGY GROUP LLC PO BOX 20624, JACKSON, MS 39289	GRANT CONSULTING	140,169.
JAMES & SPRINGGATE PLC 490 WEST SOUTH STREET, KALAMAZOO, MI 49007	ACCOUNTING SERVICES	50,910.

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

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**

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	0.

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	58,017,867.
b	Average of monthly cash balances		1b	2,228,189.
c	Fair market value of all other assets (see instructions)		1c	
d	**Total** (add lines 1a, 1b, and 1c)		1d	60,246,056.
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	60,246,056.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)		4	903,691.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3		5	59,342,365.
6	**Minimum investment return.** Enter 5% (0.05) of line 5		6	2,967,118.

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	2,967,118.
2a	Tax on investment income for 2025 from Part V, line 5	2a 692,347.		
b	Income tax for 2025. (This does not include the tax from Part V.)	2b		
c	Add lines 2a and 2b		2c	692,347.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	2,274,771.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	2,274,771.
6	Deduction from distributable amount (see instructions)		6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1		7	2,274,771.

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	32,886,302.
b	Program-related investments - total from Part VIII-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4		4	32,886,302.

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				2,274,771.
2 Undistributed income, if any, as of the end of 2025:				
a Enter amount for 2024 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2025:				
a From 2020 38,660,132.				
b From 2021 61,059,143.				
c From 2022 70,086,208.				
d From 2023 42,633,775.				
e From 2024 52,928,383.				
f **Total** of lines 3a through 3e	265,367,641.			
4 Qualifying distributions for 2025 from Part XI, line 4: $ 32,886,302.				
a Applied to 2024, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2025 distributable amount				2,274,771.
e Remaining amount distributed out of corpus	30,611,531.			
5 Excess distributions carryover applied to 2025 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	295,979,172.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2024. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2020 not applied on line 5 or line 7	38,660,132.			
9 **Excess distributions carryover to 2026.** Subtract lines 7 and 8 from line 6a	257,319,040.			
10 Analysis of line 9:				
a Excess from 2021 61,059,143.				
b Excess from 2022 70,086,208.				
c Excess from 2023 42,633,775.				
d Excess from 2024 52,928,383.				
e Excess from 2025 30,611,531.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 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			
	(a) 2025	(b) 2024	(c) 2023	(d) 2022	(e) Total
2 a 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).)

SEE STATEMENT 15

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

NONE

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

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

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

WILLIAM BUSTER, (269) 488-8484
180 EAST WATER STREET, SUITE 3000, KALAMAZOO, MI 49007

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

GRANT APPLICATION AND REQUIREMENTS ARE AVAILABLE ON OUR WEBSITE.

c Any submission deadlines:

GRANT SUBMISSION DEADLINES ARE POSTED ON OUR WEBSITE.

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

RESTRICTIONS AND LIMITATIONS ON GRANT ELIGIBILITY IS OUTLINED ON OUR WEBSITE.

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*				
ALLEN CHAPEL AME CHURCH 804 W NORTH ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
ALZHEIMER'S ASSOCIATION MICHIGAN CHAPTER 25200 TELEGRAPH RD., SUITE 100 SOUTHFIELD, MI 48033	NONE	PUBLIC	WELLNESS FUNDING	150,000.
ALZHEIMER'S ASSOCIATION MICHIGAN CHAPTER 25200 TELEGRAPH RD., SUITE 100 SOUTHFIELD, MI 48033	NONE	PUBLIC	MICHIGAN CHAPTER'S KALAMAZOO CITY AFRICAN AMERICAN DEMENTIA OUTREACH PROGRAM	230,690.
BENT NOT BROKEN 1000 W PATERSON ST KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	600,000.
BLACK WALL STREET KALAMAZOO 225 W WALNUT STREET KALAMAZOO, MI 49007	NONE	PUBLIC	PROGRAMMING SUPPORT/GENERAL OPERATING SUPPORT	300,000.
Total SEE CONTINUATION SHEET(S)			**3a**	30,591,298.
b *Approved for future payment*				
BENT NOT BROKEN 1000 W PATERSON ST KALAMAZOO, MI 49007	NONE	PUBLIC	BENT NOT BROKEN	2,200,000.
CAMPAIGN FOR CRIMINAL JUSTICE TRANSPARENCY 151 S ROSE ST #3000 KALAMAZOO, MI 49007	NONE	PUBLIC	CCJT OPERATIONAL FUNDING	1,700,000.
CARE COLLECTIVE OF SOUTHWEST MICHIGAN 2020 RACE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	DIAPER AND PERIOD PRODUCT DISTRIBUTION	2,300,000.
Total SEE CONTINUATION SHEET(S)			**3b**	17,554,812.

523611 12-06-25 ** SEE PURPOSE OF GRANT CONTINUATIONS

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu-sion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	597,436.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	3,953,600.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		4,551,036.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)					13 4,551,036.

(See worksheet in the line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

			Yes	No
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	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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.

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

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee | Date | EXECUTIVE DIRECTOR Title

May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY L. TAYLOR	Amy L Taylor	07/01/26		P00630479

Firm's name JAMES & SPRINGGATE PLC | Firm's EIN **-***3032

Firm's address 490 WEST SOUTH STREET KALAMAZOO, MI 49007 | Phone no. 269-384-0219

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	MICHIGAN ST HSG DEV AUTH RENTAL 1%	P	07/24/19	04/01/25
b	MICHIGAN ST HSG DEV AUTH RENTAL 1%	P	07/24/19	10/01/25
c	STRYKER CORPORATION 14920 SHS	D	07/25/76	01/02/25
d	STRYKER CORPORATION 2757 SHS	D	07/25/76	01/08/25
e	STRYKER CORPORATION 24204 SHS	D	07/25/76	02/04/25
f	STRYKER CORPORATION 5600 SHS	D	07/25/76	03/24/25
g	STRYKER CORPORATION 2178 SHS	D	07/25/76	04/07/25
h	STRYKER CORPORATION 4535 SHS	D	07/25/76	05/20/25
i	STRYKER CORPORATION 1710 SHS	D	07/25/76	05/30/25
j	STRYKER CORPORATION 19250 SHS	D	07/25/76	06/17/25
k	STRYKER CORPORATION 20833 SHS	D	07/25/76	07/02/25
l	STRYKER CORPORATION 5156 SHS	D	07/25/76	07/17/25
m	STRYKER CORPORATION 2940 SHS	D	07/25/76	08/12/25
n	STRYKER CORPORATION 7000 SHS	D	07/25/76	09/03/25
o	STRYKER CORPORATION 4000 SHS	D	07/25/76	09/16/25

	(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	6,000.		6,000.	0.
b	7,000.		7,000.	0.
c	5,349,480.		216.	5,349,264.
d	1,002,224.		40.	1,002,184.
e	9,450,180.		351.	9,449,829.
f	2,091,956.		81.	2,091,875.
g	757,696.		31.	757,665.
h	1,766,566.		66.	1,766,500.
i	650,763.		25.	650,738.
j	7,197,323.		279.	7,197,044.
k	8,200,483.		302.	8,200,181.
l	2,004,902.		75.	2,004,827.
m	1,109,709.		43.	1,109,666.
n	2,715,266.		102.	2,715,164.
o	1,501,880.		58.	1,501,822.

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

	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a				0.
b				0.
c				5,349,264.
d				1,002,184.
e				9,449,829.
f				2,091,875.
g				757,665.
h				1,766,500.
i				650,738.
j				7,197,044.
k				8,200,181.
l				2,004,827.
m				1,109,666.
n				2,715,164.
o				1,501,822.

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

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	STRYKER CORPORATION 3500 SHS	D	07/25/76	10/30/25
b	STRYKER CORPORATION 350 SHS	D	07/25/76	11/19/25
c	STRYKER CORPORATION 10850 SHS	D	07/25/76	12/10/25
d	STRYKER CORPORATION 1135 SHS	D	07/25/76	12/29/25
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,292,464.		51.	1,292,413.
b	125,820.		5.	125,815.
c	3,794,441.		155.	3,794,286.
d	399,781.		16.	399,765.
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				1,292,413.
b				125,815.
c				3,794,286.
d				399,765.
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter "-0-" in Part I, line 7 }	2	49,409,038.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BLACK WALL STREET KALAMAZOO 225 W WALNUT STREET KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
BUILDING BLOCKS OF KALAMAZOO 1009 E. STOCKBRIDGE AVENUE KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
BUILDING BLOCKS OF KALAMAZOO 1009 E. STOCKBRIDGE AVENUE KALAMAZOO, MI 49001	NONE	PUBLIC	NEIGHBORHOOD ORGANIZER PAYROLL - EASTSIDE AND VINE	50,000.
BUILDING BLOCKS OF KALAMAZOO 1009 E. STOCKBRIDGE AVENUE KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
CAMPAIGN FOR CRIMINAL JUSTICE TRANSPARENCY 151 S ROSE ST #3000 KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500,000.
CARE COLLECTIVE OF SOUTHWEST MICHIGAN 2020 RACE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	DIAPER AND PERIOD PRODUCT DISTRIBUTION	200,000.
CARE COLLECTIVE OF SOUTHWEST MICHIGAN 2020 RACE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
CARE COLLECTIVE OF SOUTHWEST MICHIGAN 2020 RACE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
COMMUNITIES IN SCHOOLS OF KALAMAZOO 180 E WATER ST SUITE 2000 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
COMMUNITIES IN SCHOOLS OF KALAMAZOO 180 E WATER ST SUITE 2000 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
Total from continuation sheets				29,310,358.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	NONE	PUBLIC	EMERGENCY FUNDING REQUEST	150,000.
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	NONE	PUBLIC	GENERAL OPERATING SUPPORT	135,018.
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
COMMUNITY HOMEWORKS 810 BRYANT STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
CONFIDENT S.O.L.E. 4000 PORTAGE STREET SUITE 103 KALAMAZOO, MI 49001	NONE	PUBLIC	EMPOWERMENT AND SEL INITIATIVE	400,000.
CONFIDENT S.O.L.E. 4000 PORTAGE STREET SUITE 103 KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON ST KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT & CAPITAL CAMPAIGN	850,000.
DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EASTSIDE YOUTH STRONG PO BOX 50227 KALAMAZOO, MI 49005	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
ECUMENICAL SENIOR CENTER 702 N BURDICK ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
ECUMENICAL SENIOR CENTER 702 N BURDICK ST KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	212,000.
ECUMENICAL SENIOR CENTER 702 N BURDICK ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
ERACCE PO BOX 10195 KALAMAZOO, MI 49019	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
ERACCE PO BOX 10195 KALAMAZOO, MI 49019	NONE	PUBLIC	GENERAL OPERATING SUPPORT	450,000.
FIRE HISTORICAL & CULTURAL ARTS COLLABORATIVE PO BOX 51161 KALAMAZOO, MI 49005	NONE	PUBLIC	OPERATIONAL & PROGRAM EXPANSION SUPPORT	150,000.
FIRE HISTORICAL & CULTURAL ARTS COLLABORATIVE PO BOX 51161 KALAMAZOO, MI 49905	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
FIRE HISTORICAL & CULTURAL ARTS COLLABORATIVE PO BOX 51161 KALAMAZOO, MI 49005	NONE	PUBLIC	BUILDING IMPROVEMENT & REPAIR	96,310.
FIRST DAY SHOE FUND 5416 MEREDITH STREET PORTAGE, MI 49002	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FIRST DAY SHOE FUND 5416 MEREDITH STREET PORTAGE, MI 49002	NONE	PUBLIC	EXPANSION OF SHOE DISTRIBUTIONS 2025-2029	182,500.
FRIENDS WITH DISABILITIES 151 S ROSE ST #102 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
HEALTHY HOUSE 1835 NICHOLS ROAD KALAMAZOO, MI 49006	NONE	PUBLIC	BE WELL PROGRAM, CAPACITY BUILDING AND EXPANSION	569,345.
HELPING HANDS WELLNESS CENTER 310 N ROSE STREET KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
HELPING OTHER PEOPLE EXCEED THROUGH NAVIGATION/JABS 806 S WESTNEDGE AVE KALAMAZOO, MI 49008	NONE	PUBLIC	GENERAL OPERATING SUPPORT	750,000.
HISPANIC AMERICAN COUNCIL, INC. 2501 MILLCORK ST KALAMAZOO, MI 49001	NONE	PUBLIC	THRIVING COMMUNITY: EQUITY, EDUCATION AND CULTURE	1,000,000.
IMMIGRATION LAW & JUSTICE MICHIGAN 212 S PARK ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
IMMIGRATION LAW & JUSTICE MICHIGAN 212 S PARK ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
INNER CITY YOUTH FOR CHANGE PO BOX 19223 KALAMAZOO, MI 49019	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
INSTITUTE FOR PUBLIC SCHOLARSHIP 313 N BURDICK ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INSTITUTE FOR PUBLIC SCHOLARSHIP 313 N BURDICK ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
INTERFAITH STRATEGY FOR ADVOCACY AND ACTION IN THE COMMUNITY (ISAAC) 247 W. LOVELL STREET KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
INTERFAITH STRATEGY FOR ADVOCACY AND ACTION IN THE COMMUNITY (ISAAC) 247 W. LOVELL STREET KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
INTERFAITH STRATEGY FOR ADVOCACY AND ACTION IN THE COMMUNITY (ISAAC) 247 W. LOVELL STREET KALAMAZOO, MI 49007	NONE	PUBLIC	BUILDING AND SUSTAINING THE BELOVED COMMUNITY	400,000.
KALAMAZOO BLACK MALE ALLIANCE 2421 GLENWOOD DR KALAMAZOO, MI 49008	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
KALAMAZOO BLACK MALE ALLIANCE 2421 GLENWOOD DR KALAMAZOO, MI 49008	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
KALAMAZOO COUNTY DEFENDER 151 S ROSE ST #300 KALAMAZOO, MI 49007	NONE	GOVERNMENT UNIT	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
KALAMAZOO COUNTY DEFENDER 151 S ROSE ST #300 KALAMAZOO, MI 49007	NONE	GOVERNMENT UNIT	GENERAL OPERATING SUPPORT AND WELLNESS FUNDING	775,000.
KALAMAZOO COUNTY READY 4S 241 E MICHIGAN AVE SUITE 135 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
KALAMAZOO COUNTY READY 4S 241 E MICHIGAN AVE SUITE 135 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KALAMAZOO EARLY LEARNING NETWORK 120 ROBERSON STREET KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,295,854.
KALAMAZOO EASTSIDE NEIGHBORHOOD ASSOCIATION 1301 E MAIN ST KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
KALAMAZOO HOUSING ADVOCATES 821 W SOUTH ST STE D KALAMAZOO, MI 49007	NONE	PUBLIC	HOUSING STABILITY AND ADVOCACY	300,000.
KALAMAZOO LITERACY COUNCIL 420 E. ALCOTT ST SUITE 400 KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
KALAMAZOO LITERACY COUNCIL 420 E. ALCOTT ST SUITE 400 KALAMAZOO, MI 49001	NONE	PUBLIC	GENERAL OPERATING SUPPORT	350,000.
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	GENERAL OPERATING SUPPORT	100,000.
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	GROCERY PANTRY PROGRAM - LOCAL FOOD PURCHASES	180,000.
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	EMERGENCY FOOD PURCHASES - RESPONSE TO SNAP BENEFIT DELAYS	150,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC. 1219 S PARK ST KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC. 1219 S PARK ST KALAMAZOO, MI 49001	NONE	PUBLIC	PROGRAM AND OPERATIONS SUPPORT	300,000.
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC. 1219 S PARK ST KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
KALAMAZOO PUBLIC SCHOOLS 1222 HOWARD KALAMAZOO, MI 49008	NONE	PUBLIC SCHOOL	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
KALAMAZOO REFUGE RESOURCE COLLABORATIVE 6346 BROGAN HILL KALAMAZOO, MI 49009	NONE	PUBLIC	GENERAL OPERATING SUPPORT AND WELLNESS FUNDING	250,000.
KALAMAZOO REFUGE RESOURCE COLLABORATIVE 6346 BROGAN HILL KALAMAZOO, MI 49009	NONE	PUBLIC	EDUCATIONAL SUPPORT FOR REFUGE YOUTH THROUGH COORDINATED NAVIGATION SERVICES	50,000.
KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION 6767 WEST O AVENUE KALAMAZOO, MI 49009	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION 6767 WEST O AVENUE KALAMAZOO, MI 49009	NONE	PUBLIC	GENERAL OPERATING SUPPORT AND PROGRAMMING	500,000.
KALAMAZOO YOUTH DEVELOPMENT NETWORK 4000 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
KALAMAZOO YOUTH DEVELOPMENT NETWORK 4000 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS FUNDING - MAY BE USED TO SUPPORT OBJECTIVES OF FATHERHOOD NETWORK AT THE DISCRETION OF THE	150,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KALAMAZOO YOUTH DEVELOPMENT NETWORK 4000 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
KALAMAZOO YOUTH DEVELOPMENT NETWORK 4000 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS FUNDING- MAY BE USED TO SUPPORT DOMINICA'S PROMISE AT THE DISCRETION OF THE ORG	150,000.
KALAMAZOO YOUTH DEVELOPMENT NETWORK 4000 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	PARTNER FEEDBACK STIPEND, DOMINICAS PROMISE	1,000.
KALAMAZOO YOUTH DEVELOPMENT NETWORK 4000 PORTAGE STREET KALAMAZOO, MI 49001	NONE	PUBLIC	PARTNER FEEDBACK STIPEND	1,000.
LEGAL AID OF WESTERN MICHIGAN 25 DIVISION AVE SOUTH SUITE 300 GRAND RAPIDS, MI 49503	NONE	GOVERNMENT UNIT	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
LEGAL AID OF WESTERN MICHIGAN 25 DIVISION AVE SOUTH SUITE 300 GRAND RAPIDS, MI 49503	NONE	GOVERNMENT UNIT	WELLNESS SUPPORT	150,000.
LOCAL INITIATIVES SUPPORT CORPORATION 201 W KALAMAZOO AVE #310 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
MEN OF PURPOSE 1095 RAINBOW SUITE 2 PORTAGE, MI 49024	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
MICHIGAN IMMIGRANT RIGHTS CENTER 350 E MICHIGAN AVE, SUITE 315 KALAMAZOO, MI 49007	NONE	PUBLIC	PROTECTING IMMIGRANT RIGHTS IN KALAMAZOO COUNTY	959,262.
MICHIGAN IMMIGRANT RIGHTS CENTER 350 E MICHIGAN AVE, SUITE 315 KALAMAZOO, MI 49007	NONE	PUBLIC	LEGAL SERVICES FOR KALAMAZOO'S IMMIGRANT COMMUNITY	150,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MINISTRY WITH COMMUNITY 500 N EDWARDS ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
MINISTRY WITH COMMUNITY 500 N EDWARDS ST KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	800,000.
MINISTRY WITH COMMUNITY 500 N EDWARDS ST KALAMAZOO, MI 49007	NONE	PUBLIC	MEALS PROGRAM	28,500.
MINISTRY WITH COMMUNITY 500 N EDWARDS ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
MOTHERS OF HOPE 603 ADA ST KALAMAZOO, MI 49007	NONE	PUBLIC	MOTHERS OF HOPE RECOVERY PROGRAM	60,000.
MOTHERS OF HOPE 603 ADA ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
MOTHERS OF HOPE 603 ADA ST KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	150,000.
NEW CONNECTIONS OF KALAMAZOO 1700 NORTH DRAKE RD KALAMAZOO, MI 49006	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
OPEN DOORS KALAMAZOO 1141 S. ROSE STREET, SUITE B KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
OPEN DOORS KALAMAZOO 1141 S. ROSE STREET, SUITE B KALAMAZOO, MI 49001	NONE	PUBLIC	GENERAL OPERATING	500,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OPEN DOORS KALAMAZOO 1141 S. ROSE STREET, SUITE B KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
OPEN ROADS BIKE PROGRAM 914 E VINE ST KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
OPEN ROADS BIKE PROGRAM 914 E VINE ST KALAMAZOO, MI 49001	NONE	PUBLIC	GENERAL OPERATING SUPPORT AND CAPITAL CAMPAIGN	350,000.
OUTFRONT KALAMAZOO 340 S ROSE ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
PARENTS FOR TRANSITION 1226 FOSTER AVE KALAMAZOO, MI 49048	NONE	PUBLIC	GENERAL OPERATING SUPPORT	42,878.
PARENTS FOR TRANSITION 1226 FOSTER AVE KALAMAZOO, MI 49048	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT SURVEY GRANT	250.
PEACE DURING WAR 612 MARKETPLACE BLVD KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	350,000.
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, SUITE 100 ANN ARBOR, MI 48108	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, SUITE 100 ANN ARBOR, MI 48108	NONE	PUBLIC	GENERAL OPERATING SUPPORT	100,000.
PREMIER ATHLETICS FOR YOUTH DEVELOPMENT 717 HARRISON ST KALAMAZOO, MI 49007	NONE	PUBLIC	THE LEARNING LAB	482,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
REACH SOBER LIVING, INC 2047 W. MAIN ST KALAMAZOO, MI 49006	NONE	PUBLIC	GENERAL OPERATING	700,000.
REACH SOBER LIVING, INC 2047 W. MAIN ST KALAMAZOO, MI 49006	NONE	PUBLIC	STAFFING GRANT	30,000.
REACH SOBER LIVING, INC 2047 W. MAIN ST KALAMAZOO, MI 49006	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
REACH SOBER LIVING, INC 2047 W. MAIN ST KALAMAZOO, MI 49006	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
READ & WRITE KALAMAZOO 802 S WESTNEDGE AVE KALAMAZOO, MI 49008	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
READ & WRITE KALAMAZOO 802 S WESTNEDGE AVE KALAMAZOO, MI 49008	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
ROOTEAD ENRICHMENT CENTER 505 E KALAMAZOO AVE STE 3 KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500,000.
ROOTEAD ENRICHMENT CENTER 505 E KALAMAZOO AVE STE 3 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
ROOTEAD ENRICHMENT CENTER 505 E KALAMAZOO AVE STE 3 KALAMAZOO, MI 49007	NONE	PUBLIC	ORGANIZATIONAL BUDGET & CAPITAL PROJECT	1,000,000.
ROOTEAD ENRICHMENT CENTER 505 E KALAMAZOO AVE STE 3 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SHARE (SOCIETY FOR HISTORY AND RACIAL EQUITY) 471 W SOUTH ST SUITE 42A KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
SOUTHWEST CHILD CARE RESOURCES AND REFERRAL 5250 LOVERS LANE STE 120 PORTAGE, MI 49002	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
SOUTHWEST CHILD CARE RESOURCES AND REFERRAL 5250 LOVERS LANE STE 120 PORTAGE, MI 49002	NONE	PUBLIC	SWCCR CDA/APPRENTICESHIP PROGRAM	197,124.
SPEAK IT FORWARD, INC 617 DOUGLAS AVE STE #1 KALAMAZOO, MI 49007	NONE	PUBLIC	OPERATIONAL GRANT REQUEST	125,000.
SPEAK IT FORWARD, INC 617 DOUGLAS AVE STE #1 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
SPEAK IT FORWARD, INC 617 DOUGLAS AVE STE #1 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
STARA COLLABORATIVE 814 PALMER AVE SUITE C KALAMAZOO, MI 49001	NONE	PUBLIC	GENERAL OPERATING SUPPORT	600,000.
STARA COLLABORATIVE 814 PALMER AVE SUITE C KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
STARA COLLABORATIVE 814 PALMER AVE SUITE C KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
STEPS TO VICTORY INC 1914 MARCH ST KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SYNERGY HEALTH CENTER 625 HARRISON ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
THE ARC COMMUNITY ADVOCATES 814 S WESTNEDGE AVE KALAMAZOO, MI 49008	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
THE SYNERGY CENTER 625 HARRISON ST KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
THE URBAN FOLK ART EXPLORATORY 736 W JACKSON ST KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088	NONE	PUBLIC	WELLNESS SUPPORT- MAY BE USED TO SUPPORT THE OBJECTIVES OF MICHIGAN TRANSFORMATION COLLECTIVE AT THE	150,000.
TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088	NONE	PUBLIC	MICHIGAN TRANSFORMATION COLLECTIVE, WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
UNITED WAY OF SOUTH CENTRAL MICHIGAN 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007	NONE	PUBLIC	KALAMAZOO COUNTY CONTINUUM OF CARE	1,166,667.
UNITED WAY OF SOUTH CENTRAL MICHIGAN 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT- MAY BE USED TO SUPPORT THE OBJECTIVES OF VOICES OF YOUTH AT THE DISCRETION OF UNITED	155,900.
UNITED WAY OF SOUTH CENTRAL MICHIGAN 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007	NONE	PUBLIC	MAY BE USED TO SUPPORT THE OBJECTIVES OF VOICES OF YOUTH AT THE DISCRETION OF UNITED WAY OF THE BATTLE	150,000.
UNITED WAY OF SOUTH CENTRAL MICHIGAN 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNITED WAY OF SOUTH CENTRAL MICHIGAN 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
UNITED WAY OF SOUTH CENTRAL MICHIGAN 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007	NONE	PUBLIC	LIFTING ALICE AND ADVANCING EQUITY	150,000.
URBAN ALLIANCE 1009 E. STOCKBRIDGE AVE, STE 100 KALAMAZOO, MI 49001		PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
URBAN ALLIANCE 1009 E. STOCKBRIDGE AVE, STE 100 KALAMAZOO, MI 49001	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
YOUNG KINGS AND QUEENS, INC. 1021 NORTH ROSE STREET KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	150,000.
YOUNG KINGS AND QUEENS, INC. 1021 NORTH ROSE STREET KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	250,000.
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF KALAMAZOO 353 E MICHIGAN AVE KALAMAZOO, MI 49007	NONE	PUBLIC	YWCA KALAMAZOO ORGANIZATION WIDE OPERATIONAL FUNDING	1,006,000.
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF KALAMAZOO 353 E MICHIGAN AVE KALAMAZOO, MI 49007	NONE	PUBLIC	CRADLE KALAMAZOO	1,900,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CONFIDENT S.O.L.E. 4000 PORTAGE STREET SUITE 103 KALAMAZOO, MI 49001	NONE	PUBLIC	CONFIDENT SOLE EMPOWERMENT AND SEL INITIATIVE	1,800,000.
FIRST DAY SHOE FUND 5416 MEREDITH STREET PORTAGE, MI 49002	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
HEALTHY HOUSE 1835 NICHOLS ROAD KALAMAZOO, MI 49006	NONE	PUBLIC	BE WELL PROGRAM, CAPACITY BUILDING AND EXPANSION	1,503,074.
KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION 6767 WEST O AVENUE KALAMAZOO, MI 49009	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
LEGAL AID OF WESTERN MICHIGAN 25 DIVISION AVE SOUTH SUITE 300 GRAND RAPIDS, MI 49503	NONE	PUBLIC	LEGAL SERVICES	150,000.
LOCAL INITIATIVES SUPPORT CORPORATION (LISC)- KALAMAZOO 201 W KALAMAZOO AVE #310 KALAMAZOO, MI 49007	NONE	PUBLIC	WELLNESS SUPPORT	250.
MICHIGAN IMMIGRANT RIGHTS CENTER 350 E MICHIGAN AVE, SUITE 315 KALAMAZOO, MI 49007	NONE	PUBLIC	PROTECTING IMMIGRANT RIGHTS IN KALAMAZOO COUNTY	4,040,738.
NEW CONNECTIONS OF KALAMAZOO 1700 NORTH DRAKE RD KALAMAZOO, MI 49006	NONE	PUBLIC	WELLNESS SURVEY PARTICIPANT STIPEND GRANT	250.
PEACE DURING WAR 612 MARKETPLACE BLVD KALAMAZOO, MI 49001	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,250,000.
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, SUITE 100 ANN ARBOR, MI 48108	NONE	PUBLIC	PATIENT CARE FUND	60,000.
Total from continuation sheets				11,354,812.

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PREMIER ATHLETICS FOR YOUTH DEVELOPMENT 717 HARRISON ST KALAMAZOO, MI 49007	NONE	PUBLIC	THE LEARNING LAB	850,000.
SPEAK IT FORWARD, INC 617 DOUGLAS AVE STE #1 KALAMAZOO, MI 49007	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500,000.
STARA COLLABORATIVE 814 PALMER AVE SUITE C KALAMAZOO, MI 49001	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,200,000.
Total from continuation sheets				

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - KALAMAZOO YOUTH DEVELOPMENT NETWORK

WELLNESS FUNDING - MAY BE USED TO SUPPORT OBJECTIVES OF FATHERHOOD NETWORK AT THE DISCRETION OF THE ORG

NAME OF RECIPIENT - TIDES CENTER

WELLNESS SUPPORT- MAY BE USED TO SUPPORT THE OBJECTIVES OF MICHIGAN TRANSFORMATION COLLECTIVE AT THE DISCRETION OF THE TIDES CENTER

NAME OF RECIPIENT - UNITED WAY OF SOUTH CENTRAL MICHIGAN

WELLNESS SUPPORT- MAY BE USED TO SUPPORT THE OBJECTIVES OF VOICES OF YOUTH AT THE DISCRETION OF UNITED WAY OF SOUTH CENTRAL MICHIGAN

NAME OF RECIPIENT - UNITED WAY OF SOUTH CENTRAL MICHIGAN

MAY BE USED TO SUPPORT THE OBJECTIVES OF VOICES OF YOUTH AT THE DISCRETION OF UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization
THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION

Employer identification number
-*4966

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION

Employer identification number
-*4966

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RONDA E STRYKER 211 SOUTH ROSE ST KALAMAZOO, MI 49007	$ 50,142,258.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION

Employer identification number
-*4966

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	128,205 SHARES OF STRYKER CORPORATION STOCK (SYK)	$ 50,142,258.	02/13/25
		$	
		$	
		$	
		$	
		$	

Name of organization: THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION

Employer identification number: **-***4966

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Form **2220**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. FORM 990-PF

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

OMB No. 1545-0123

2025

Name THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION

Employer identification number **-***4966

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	692,347.
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	692,347.
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	763,214.
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	692,347.

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	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 Sch 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	173,087.	173,087.	173,086.	173,087.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	820,001.			
	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		646,914.	473,827.	300,741.
13	Add lines 11 and 12		646,914.	473,827.	300,741.
14	Add amounts on lines 16 and 17 of the preceding column				
15	Subtract line 14 from line 13. If zero or less, enter -0-	820,001.	646,914.	473,827.	300,741.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		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				
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	646,914.	473,827.	300,741.	

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

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. **(C corporations with tax years ending June 30 and S corporations:** Use 3rd month instead of 4th month. **Form 990-PF and Form 990-T filers:** Use 5th month instead of 4th month.) See instructions	19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2025 and before 7/1/2025	21				
22 Underpayment on line 17 x 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 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 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 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 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 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 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 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** $ 0.

* 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.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: *For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.*

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(c)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2022	1a				
b Tax year beginning in 2023	1b				
c Tax year beginning in 2024	1c				
2 Enter taxable income for each period for the tax year beginning in 2025. See the instructions for the treatment of extraordinary items	2				
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2022	3a				
b Tax year beginning in 2023	3b				
c Tax year beginning in 2024	3c				
4 Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 1, or comparable line of corp's return	10				
11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax for each payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	19				

Part II ** Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First 2 months	First 3 months	First 6 months	First 9 months
20 Annualization periods (see instructions)	20				
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	15,882,262.	17,977,847.	28,571,463.	44,235,259.
22 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22	23a	95,293,572.	71,911,388.	57,142,926.	58,980,198.
b Extraordinary items (see instructions)	23b				
c Add lines 23a and 23b	23c	95,293,572.	71,911,388.	57,142,926.	58,980,198.
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	1,324,581.	999,568.	794,287.	819,825.
25 Enter any alternative minimum tax for each payment period. See instructions	25				
26 Enter any other taxes for each payment period. See instr.	26				
27 Total tax. Add lines 24 through 26	27	1,324,581.	999,568.	794,287.	819,825.
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	1,324,581.	999,568.	794,287.	819,825.
30 Applicable percentage	30	25%	50%	75%	100%
31 Multiply line 29 by line 30	31	331,145.	499,784.	595,715.	819,825.

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	331,145.	499,784.	595,715.	819,825.
33 Add the amounts in all preceding columns of line 38. See instructions	33		173,087.	346,174.	519,260.
34 **Adjusted seasonal or annualized income installments.** Subtract line 33 from line 32. If zero or less, enter -0-	34	331,145.	326,697.	249,541.	300,565.
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	173,087.	173,087.	173,086.	173,087.
36 Subtract line 38 of the preceding column from line 37 of the preceding column	36				
37 Add lines 35 and 36	37	173,087.	173,087.	173,086.	173,087.
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	173,087.	173,087.	173,086.	173,087.

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS DIVIDENDS	587,936.	0.	587,936.	587,936.	587,936.
MISCELLANEOUS TAX-EXEMPT INTEREST	9,500.	0.	9,500.	0.	9,500.
TO PART I, LINE 4	597,436.	0.	597,436.	587,936.	597,436.

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ATTORNEY FEES	15,082.	0.	0.	15,082.
TO FM 990-PF, PG 1, LN 16A	15,082.	0.	0.	15,082.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX RETURN PREPARATION/ACCOUNTING	50,910.	7,968.	0.	42,942.
ACCESSIBILITY AUDIT/CONSULTANT	3,800.	0.	0.	3,800.
FINANCIAL AUDIT	33,609.	0.	0.	33,609.
TO FORM 990-PF, PG 1, LN 16B	88,319.	7,968.	0.	80,351.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	359,781.	179,890.	0.	179,891.
OTHER PROFESSIONAL SERVICES	229,203.	0.	0.	229,203.
TO FORM 990-PF, PG 1, LN 16C	588,984.	179,890.	0.	409,094.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	592,000.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	592,000.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TECHNOLOGY	69,816.	0.	0.	69,816.
DUES AND MEMBERSHIPS	34,344.	0.	0.	34,344.
BANK FEES	225.	0.	0.	225.
MEALS/INCIDENTALS FOR MEETINGS/EVENTS	9,778.	0.	0.	9,778.
OFFICE SUPPLIES	3,104.	0.	0.	3,104.
INSURANCE	8,207.	0.	0.	8,207.
TELEPHONE & INTERNET	3,879.	0.	0.	3,879.
BOARD/STAFF TRAINING AND SUPPORT	5,968.	0.	0.	5,968.
OFFICE TECHNOLOGY	7,773.	0.	0.	7,773.
TO FORM 990-PF, PG 1, LN 23	143,094.	0.	0.	143,094.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 7

DESCRIPTION	AMOUNT
CHANGE IN UNAMORTIZED DISCOUNT OF GRANTS PAYABLE	337,740.
CANCELLED GRANT REPORTED IN PRIOR YEAR	428,000.
TOTAL TO FORM 990-PF, PART III, LINE 3	765,740.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8

DESCRIPTION	AMOUNT
ADJUSTMENT FROM PRIOR YEAR CASH BASIS TO ACCRUAL BASIS	29,746,888.
ADJUST BOOK VALUE OF INVESTMENTS TO FAIR MARKET VALUE FROM COST	4,748,437.
TOTAL TO FORM 990-PF, PART III, LINE 5	34,495,325.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 9

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MICHIGAN ST. HSG DEV AUTH REN		X	446,716.	446,716.
TOTAL U.S. GOVERNMENT OBLIGATIONS				
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			446,716.	446,716.
TOTAL TO FORM 990-PF, PART II, LINE 10A			446,716.	446,716.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
STRYKER CORPORATION	37,709,216.	37,709,216.
CATCHAFIRE INC	1,845,823.	1,845,823.
TOTAL TO FORM 990-PF, PART II, LINE 10B	39,555,039.	39,555,039.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE & FIXTURES	305,563.	228,864.	76,699.
CONFERENCE ROOM MICROPHONES	5,774.	3,249.	2,525.
TOTAL TO FM 990-PF, PART II, LN 14	311,337.	232,113.	79,224.

FORM 990-PF OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
HUNTINGTON BANK CREDIT CARD	3,571.	2,957.
ACCRUED PAYROLL	0.	5,252.
TOTAL TO FORM 990-PF, PART II, LINE 22	3,571.	8,209.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VI-A, LINE 10 STATEMENT 13

NAME OF CONTRIBUTOR	ADDRESS
RONDA E STRYKER	211 S. ROSE STREET KALAMAZOO, MI 49007

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RONDA E. STRYKER 211 SOUTH ROSE STREET KALAMAZOO, MI 49007	PRESIDENT AND DIRECTOR 0.30	0.	0.	0.
WILLIAM D. JOHNSTON 211 SOUTH ROSE STREET KALAMAZOO, MI 49007	SECRETARY/TREASURER & DIRE 0.30	0.	0.	0.
ANNE E. HENN 211 SOUTH ROSE STREET KALAMAZOO, MI 49007	DIRECTOR 0.10	0.	0.	0.
MEGAN M. JOHNSTON 211 SOUTH ROSE STREET KALAMAZOO, MI 49007	DIRECTOR 0.30	0.	0.	0.
MICHAEL B. JOHNSTON 211 SOUTH ROSE STREET KALAMAZOO, MI 49007	DIRECTOR 0.10	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

FORM 990-PF PART XIV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 15

NAME OF MANAGER

RONDA E. STRYKER
WILLIAM D. JOHNSTON

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE FURNITURE & FIXTURES	12/30/21	200DB	7.00	MQ	17	305,563.				305,563.	198,184.		30,680.	228,864.
2	CONFERENCE ROOM MICROPHONES	04/30/23	200DB	7.00	HY	17	5,774.				5,774.	2,239.		1,010.	3,249.
	* TOTAL 990-PF PG 1 DEPR						311,337.				311,337.	200,423.		31,690.	232,113.

528111 04-01-25

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE FURNITURE & FIXTURES	12 30 21	200DB	7.00	17	305,563.			305,563.	198,184.		30,680.
2	CONFERENCE ROOM MICROPHONES	04 30 23	200DB	7.00	17	5,774.			5,774.	2,239.		1,010.
	* TOTAL 990-PF PG 1 DEPR					311,337.		0.	311,337.	200,423.		31,690.

528102 04-01-25

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2026 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	OFFICE FURNITURE & FIXTURES	12 30 21	200DB	7.00	305,563.		305,563.	228,864.	26,678.
2	CONFERENCE ROOM MICROPHONES	04 30 23	200DB	7.00	5,774.		5,774.	3,249.	721.
	* TOTAL 990-PF PG 1 DEPR				311,337.		311,337.	232,113.	27,399.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Form **3115**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Application for Change in Accounting Method

Go to www.irs.gov/Form3115 for instructions and the latest information.

OMB No. 1545-2070

Attachment Sequence No. **315**

Name of filer (name of parent corporation if a consolidated group) (see instructions)	**Identification number** (see instructions)
THE RONDA E. STRYKER AND WILLIAM D. JOHNSTON FOUNDATION	**-***4966
	Principal business activity code number (see instructions) 813000
Number, street, and room or suite no. If a P.O. box, see the instructions. 180 EAST WATER STREET, SUITE 3000	Tax year of change begins (MM/DD/YYYY) 01/01/2025
	Tax year of change ends (MM/DD/YYYY) 12/31/2025
City or town, state, and ZIP code KALAMAZOO, MI 49007	Name of contact person (see instructions) WILLIAM BUSTER
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Contact person's telephone number 269-488-8484

Does the filer want to receive a copy of the change in method of accounting letter ruling or other correspondence related to this Form 3115 by fax or encrypted email attachment? If "Yes," see instructions ☐ Yes ☒ No

If the applicant is a member of a consolidated group, check this box ☐

If **Form 2848,** Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box ☐

Check the box to indicate the type of applicant.

- ☐ Individual
- ☐ Corporation
- ☐ Controlled foreign corporation (Sec. 957)
- ☐ 10/50 corporation (Sec. 904(d)(2)(E))
- ☐ Qualified personal service corporation (Sec. 448(d)(2))
- ☒ Exempt organization. Enter Code section: 501(C)(3)
- ☐ Cooperative (Sec. 1381)
- ☐ Partnership
- ☐ S corporation
- ☐ Insurance co. (Sec. 816(a))
- ☐ Insurance co. (Sec. 831)
- ☐ Other (specify): _____

Check the appropriate box to indicate the type of accounting method change being requested. See instructions.

- ☐ Depreciation or Amortization
- ☐ Financial Products and/or Financial Activities of Financial Institutions
- ☐ Other (specify): _____

Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes **(1)** all relevant information requested on this Form 3115 (including its instructions), and **(2)** any other relevant information, even if not specifically requested on Form 3115.

The taxpayer must attach all applicable statements requested throughout this form.

Part I Information for Automatic Change Request

		Yes	No
1	Enter the applicable designated automatic accounting method change number ("DCN") for the requested automatic change. Enter only one DCN, except as provided for in guidance published by the IRS. If the requested change has no DCN, check "Other," and provide both a description of the change and a citation of the IRS guidance providing the automatic change. See instructions.		
a	(1) DCN: 122 (2) DCN: ____ (3) DCN: ____ (4) DCN: ____ (5) DCN: ____ (6) DCN: ____ (7) DCN: ____ (8) DCN: ____ (9) DCN: ____ (10) DCN: ____ (11) DCN: ____ (12) DCN: ____		
b	Other ☐ Description: _____		
2	Do any of the eligibility rules restrict the applicant from filing the requested change using the automatic change procedures (see instructions)? If "Yes," attach an explanation		X
3	Has the filer provided all the information and statements required **(a)** on this form and **(b)** by the List of Automatic Changes under which the applicant is requesting a change? See instructions	X	
	Note: Complete Part II and Part IV of this form, and, Schedules A through E, if applicable.		

Part II Information for All Requests

		Yes	No
4	During the tax year of change, did or will the applicant **(a)** cease to engage in the trade or business to which the requested change relates, or **(b)** terminate its existence? See instructions.		X
5	Is the applicant requesting to change to the principal method in the tax year of change under Regulations section 1.381(c)(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)?		X
	If "No," go to line 6a. If "Yes," the applicant cannot file a Form 3115 for this change. See instructions.		

Sign Here

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.

Signature of filer (and spouse, if joint return) | Date | Name and title (print or type): WILLIAM BUSTER, E

Preparer (other than filer/applicant)

Print/Type preparer's name: AMY L. TAYLOR | Preparer's signature | Date

Firm's name: JAMES & SPRINGGATE PLC

Part II Information for All Requests *(continued)*

		Yes	No
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)? If "No," go to line 7a.		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s))? See instructions		
c	Enter the name and telephone number of the examining agent and the tax year(s) under examination. Name _____ Telephone no. _____ Tax year(s) _____		
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?		
7a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions If "No," attach an explanation.	X	
b	If "Yes," check the applicable box and attach the required statement. [X] Not under exam [ ] 3-month window [ ] 120 day: Date examination ended _____ [ ] Method not before director [ ] Negative adjustment [ ] CAP: Date member joined group _____ [ ] Audit protection at end of exam [ ] Other		
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court? If "No," go to line 9.		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? See instructions If "Yes," attach an explanation.		
c	If "Yes," enter the name of the (check the box) [ ] Appeals officer and/or [ ] counsel for the government, telephone number, and the tax year(s) before Appeals and/or a federal court. Name _____ Telephone no. _____ Tax year(s) _____		
d	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 8c?		
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's **(a)** name, **(b)** identification number, **(c)** address, and **(d)** tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a federal court.		
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax return of a partner, member, or shareholder of that entity?		X
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or non-automatic change procedure) a change in method of accounting within any of the 5 tax years ending with the tax year of change? If "No," go to line 12.		X
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
c	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.		
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? If "Yes," for each request attach a statement providing **(a)** the name(s) of the taxpayer, **(b)** identification number(s), **(c)** the type of request (private letter ruling, change in method of accounting, or technical advice), and **(d)** the specific issue(s) in the request(s).		X
13	Is the applicant requesting to change its **overall** method of accounting? If "Yes," complete Schedule A on page 4 of the form.	X	

Part II Information for All Requests *(continued)*

		Yes	No
14	If the applicant is either **(i) not** changing its overall method of accounting, or **(ii)** changing its overall method of accounting **and** changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions):		
a	The item(s) being changed.		
b	The applicant's present method for the item(s) being changed.		
c	The applicant's proposed method for the item(s) being changed.		
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).		
15a	Attach a detailed and complete description of the applicant's trade(s) or business(es). See section 446(d).		
b	If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe **(i)** whether each trade or business is accounted for separately; **(ii)** the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; **(iii)** the overall method of accounting for each trade or business; and **(iv)** which trade or business is requesting to change its accounting method as part of this application or a separate application. SEE STATEMENT 16		
	Note: If you are requesting an automatic method change, see the instructions to see if you are required to complete lines 16a-16c.		
16a	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method.		
b	Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.		
c	Include either a discussion of the contrary authorities or a statement that no contrary authority exists.		
17	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions ..... If "No," attach an explanation.	X	
18	Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response? ...		X
19a	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 471 or 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.		

1st preceding year ended: mo. 12 yr 2024	2nd preceding year ended: mo. 12 yr 2023	3rd preceding year ended: mo. 12 yr 2022
$ 63,552,870.	$ 56,807,123.	$ 34,298,037.

b	If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change: 4th preceding year ended: mo. _____ yr. _____ $ _____		

Part III Information for Non-Automatic Change Request

		Yes	No
20	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? ..... If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures.		
21	Attach a copy of all documents related to the proposed change (see instructions).		
22	Attach a statement of the applicant's reasons for the proposed change.		
23	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? ..... If "No," attach an explanation.		
24a	Enter the amount of **user fee** attached to this application (see instructions) ..... $ _____		
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).		

Part IV Section 481(a) Adjustment	Yes	No
25 Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the requested change in method of accounting on a cut-off basis? If "Yes," attach an explanation and do not complete lines 26, 27, 28, and 29 below.		X
26 Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. $ -29,746,888 Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If the applicant waived any deductions with respect to the method of accounting pursuant to Regulations section 1.59A-3(c)(6)(i), include a summary of the waived deductions. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant.		
27 Is the applicant required to take into account in the year of change any remaining portion of a section 481(a) adjustment from a prior change (see instructions)? If "Yes," enter the amount. $		X
28 Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change? If "Yes," check the box for the applicable elective provision used to make the election (see instructions). ☐ $50,000 de minimis election ☐ Eligible acquisition transaction election		
29 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		X

Schedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

1 Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.

Present method: ☒ Cash ☐ Accrual ☐ Hybrid (attach description)

Proposed method: ☐ Cash ☒ Accrual ☐ Hybrid (attach description)

2 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 2a through 2g.

		Amount
a	Income accrued but not received (such as accounts receivable)	$ 746,273.
b	Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method	NONE
c	Expenses accrued but not paid (such as accounts payable)	-30,493,161.
d	Prepaid expenses previously deducted	NONE
e	Supplies on hand previously deducted and/or not previously reported	NONE
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	NONE
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. SEE STATEMENT 17	NONE
h	**Net section 481(a) adjustment** (Combine lines 2a -2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26	$ -29,746,888.

3 Is the applicant also requesting the recurring item exception under section 461(h)(3)? ☐ Yes ☒ No

4 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with the amounts shown on the balance sheet, attach a statement explaining the differences.

5 Is the applicant making a change to the overall cash method or to a method in which a taxpayer uses an accrual method for purchases and sales of inventory and uses the cash method for computing all other items of income and expense (see instructions)? ☐ Yes ☒ No

Part II Change to the Cash Method for Non-Automatic Change Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.

2 An explanation as to whether the applicant is required to use an accrual method under any section of the Code or regulations.

Schedule B - Changes Related to the Deferral Method for Advance Payments, Cost Offset Methods, and/or the Applicable Financial Statement Income Inclusion Rule (see instructions)

1 If the applicant is requesting to change to the deferral method for advance payments under Regulations section 1.451-8(c) or (d), as described in the instructions, attach the information specified in the instructions.

2 If the applicant is requesting to change to or within a cost offset method under Regulations section 1.451-3(c) and/or Regulations section 1.451-8(e), as described in the instructions, attach the information specified in the instructions.

3 If the applicant is requesting to change to or within a method to conform to the applicable financial statement (AFS) income inclusion rule under section 451(b) and Regulations section 1.451-3, as described in the instructions, attach a detailed description of the proposed method including the information specified in the instructions.

Schedule C - Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:

a Valuing inventory (for example, unit method or dollar-value method).

b Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).

c Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).

d Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).

2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.

3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.

4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.

5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.

6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.

2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):

a A description of the types of products produced by the applicant. If possible, attach a brochure.

b A description of the types of processes and raw materials used to produce the products in each proposed pool.

c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.

d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.

e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.

f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.

3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).

4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletions) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.

2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? ☐ Yes ☐ No

b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? ☐ Yes ☐ No
If line 2b is "No," attach an explanation.

c Is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? ☐ Yes ☐ No

d If line 2c is "Yes," in computing the completion factor of a contract, will the applicant use the simplified cost-to-cost method described in Regulations section 1.460-5(c)? ☐ Yes ☐ No

e If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)? ☐ Yes ☐ No
If line 2e is "Yes," attach an explanation of what method the applicant will use to determine a contract's completion factor.
If line 2e is "No," attach an explanation of what method the applicant is using and the authority for its use.

3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? ☐ Yes ☐ No

b If "Yes," attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.

4a Does the applicant enter into cost-plus long-term contracts? ☐ Yes ☐ No

b Does the applicant enter into federal long-term contracts? ☐ Yes ☐ No

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.)

1 Attach a description of the inventory goods being changed.

2 Attach a description of the inventory goods (if any) NOT being changed.

3a Is the applicant subject to section 263A? If "No," go to line 4a ☐ Yes ☐ No

b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation ☐ Yes ☐ No

4a Check the appropriate boxes in the chart.

	Inventory Method Being Changed		Inventory Method Not Being Changed
	Present method	Proposed method	Present method
Identification methods:			
Specific identification			
FIFO			
LIFO			
Other (attach explanation)			
Valuation methods:			
Cost			
Cost or market, whichever is lower			
Retail cost			
Retail, lower of cost or market			
Other (attach explanation)			
b Enter the value at the end of the tax year preceding the year of change	$	$	

5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).

a Copies of Form(s) 970 filed to adopt or expand the use of the method.

b **Only for applicants requesting a non-automatic change.** A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.

c **Only for applicants requesting an automatic change.** The statement required by section 23.01(5) of Rev. Proc. 2022-14 (or its successor).

6 Is the applicant presently using the AFS cost offset method as described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-8(e), or is the applicant changing to such methods for the same year of change as the requested change in inventory method? If "Yes," see the instructions for rules regarding concurrent changes ☐ Yes ☒ No

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

1. The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
2. The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
3. Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, modified simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B - Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

Part III Method of Cost Allocation *(continued)* See instructions.

Section C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs.)		

Schedule E - Change in Depreciation or Amortization. (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants **must** provide this information for each item or class of property for which a change is requested.

Note: See the **Summary of the List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, or 197, or former sections 168, 1400I, or 1400L. Do not file Form 3115 with respect to certain late elections and election revocations. See instructions.

1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? ☐ **Yes** ☐ **No**
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).

2 Is any of the depreciation or amortization required to be capitalized under any Code section, such as section 263A? ☐ **Yes** ☐ **No**
If "Yes," enter the applicable section _____

3 Has a depreciation, amortization, expense, or disposition election been made for the property, such as the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)? ☐ **Yes** ☐ **No**
If "Yes," state the election made _____

4a Attach a statement describing the property subject to the change. Include the property's description, type, placed-in-service year, and use in the applicant's trade or business or income-producing activity. Also include the type and amount of any federal tax credit claimed or grant received, along with any necessary adjustments to basis required under the Internal Revenue Code, with respect to the property.

b If the property is residential rental property, did the applicant live in the property before renting it? ☐ **Yes** ☐ **No**

c Is the property public utility property? ☐ **Yes** ☐ **No**

5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).

6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.

7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:

a The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).

b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under former section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.

c The facts to support the asset class for the proposed method.

d The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).

e The useful life, recovery period, or amortization period of the property.

f The applicable convention of the property.

g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), or former section 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

FORM 3115 TRADE OR BUSINESS INFORMATION STATEMENT 16

DESCRIPTION	BUS. CODE	ACCT SEP.	GOODS & SERVICES	METHOD OF ACCOUNTING	REQ CHNG
PRIVATE FAMILY FOUNDATION	813000				

FORM 3115 SCHEDULE A, PART I STATEMENT 17

LINE	DESCRIPTION
4	BALANCE SHEET AS OF 12/31/2024 WAS USING THE CASH BASIS. GRANTS PAYABLE OF $30,493,161 AND ACCOUNTS RECEIVABLE OF $746,273 ARE NOT INCLUDED ON THE BALANCE SHEET DATED 12/31/2024. THESE ACCRUALS WILL BE INCLUDED EFFECTIVE JANUARY 1, 2025 AND ARE NOW PART OF THEIR ACCRUAL METHOD FINANCIALS.

Electronic Filing PDF Attachment

The Ronda E. Stryker and William D. Johnston Foundation
Balance Sheet
As of December 31, 2024

	Dec 31, 24
ASSETS	
Current Assets	
Checking/Savings	
Cash-Greenleaf	37,542.52
Huntington Bank	36,893.71
Total Checking/Savings	74,436.23
Total Current Assets	74,436.23
Fixed Assets	
Accumulated Depreciation	-200,422.96
Office Furniture & Fixtures	311,337.13
Total Fixed Assets	110,914.17
Other Assets	
Greenleaf Trust	
Catchafire, Inc (Pref Stock)	1,847,999.62
MSHDA	953,000.00
Stryker Stock	37,277,266.92
Total Greenleaf Trust	40,078,266.54
Total Other Assets	40,078,266.54
TOTAL ASSETS	**40,263,616.94**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.00
Total Accounts Payable	0.00
Credit Cards	
Huntington Bank Credit Card	3,570.60
Total Credit Cards	3,570.60
Total Current Liabilities	3,570.60
Total Liabilities	3,570.60
Equity	
Increase/Decrease in FMV Assets	49,783,707.25
Unrestricted Net Assets	-16,970,121.78
Net Income	7,446,460.87
Total Equity	40,260,046.34
TOTAL LIABILITIES & EQUITY	**40,263,616.94**

The Ronda E. Stryker and William D. Johnston Foundation
Profit Loss
For the Year ended December 31, 2024

	Jan - Dec 24
Ordinary Income/Expense	
Income	
Contributions Received	54,657,148.75
Dividends	
Dividend Income - Stryker	456,136.00
Dividends - Other	141,112.79
Total Dividends	597,248.79
Interest Income	
Tax Exempt Interest Income	9,620.00
Taxable Interest Income	0.27
Total Interest Income	9,620.27
Realized Gain/Losses	8,288,852.36
Total Income	63,552,870.17
Expense	
Grants Paid	
Multi-Year Grant Commitments	36,665,160.00
Participation Donation Grants	14,000.00
Responsive Grant Round 1	0.00
Responsive Grant Round 2	0.00
Special Initiatives	5,000,000.00
Wellness Grant	11,550,000.00
Total Grants Paid	53,229,160.00
Operating & Administrative	
Bank Fees	305.00
Board/Staff Training & Support	
Board of Director Trainings	0.00
Board/Staff Retreat	0.00
Monthly Staff Development Days	622.09
Staff Meetings & Celebrations	770.75
Staff Training/Professional Dev	6,000.00
Total Board/Staff Training & Support	7,392.84
Dues & Memberships	
Catchafire Capacity Building Pr	100,000.00
Council of Michigan Foundations	6,100.00
EPIP	150.00
Grantmakers for Effective Orgs	16,000.00
Dues & Memberships - Other	403.00
Total Dues & Memberships	122,653.00
Education/Conferences	
Professional Develop/Conference	32,227.22
Total Education/Conferences	32,227.22

The Ronda E. Stryker and William D. Johnston Foundation
Profit Loss
For the Year ended December 31, 2024

	Jan - Dec 24
Insurance	
Empl Prac Liab Dir & Officers	5,631.28
Workers Comp Insurance	1,394.00
Insurance - Other	0.00
Total Insurance	7,025.28
Meals/Incidentals Meeting/Event	
Board Meeting	2,398.56
Community Partner Meeting	275.31
Grant Partner Convenings	986.81
Staff Meeting	0.00
Total Meals/Incidentals Meeting/Event	3,660.68
Office Equip/Furnishings/Supply	
Depreciation Expense	44,941.00
Office Supplies	3,147.78
Office Technology	7,612.24
Printer-Copier-Scanner	218.49
Verizon - Mobile Phones	2,396.39
Work Station Setup	0.00
Total Office Equip/Furnishings/Supply	58,315.90
Payroll Expenses	
401K Profit Sharing & Match	53,832.34
Employee Wellness Support	23,750.00
Employer Funded HSA	19,200.00
Medical Dental Vision Life ins	113,884.34
Payroll Taxes	61,662.29
Payroll/Leased Employee Exp	0.00
Salaries & Wages	892,518.78
Total Payroll Expenses	1,164,847.75
Professional Services	
Accounting Fees	34,030.00
Anti Racism & DEI Consultant	0.00
Comm/Branding Consult/Website	781.75
GLT Investment/Admin Services	333,899.75
Housing Strategy Consultant	0.00
HR/Personal Consultant	0.00
IT Management & Support	467.50
Learning Design Consultant	29,550.00
Legal Fees	18,370.50
Total Professional Services	417,099.50
Taxes	
Federal Excise Tax	965,000.00
Total Taxes	965,000.00

The Ronda E. Stryker and William D. Johnston Foundation
Profit Loss
For the Year ended December 31, 2024

	Jan - Dec 24
Technology, Fees & Licensing	
Asana	1,318.80
BoardPaq	0.00
Calendly Subscriptions	600.00
Dialpad Phone Service	2,126.37
Expensify	580.00
Fluxx (Grant Management System)	70,000.00
Google Workspace	2,789.70
Internet, Network management	2,940.94
iSpring Software	3,780.20
Misc Tech Needs	0.00
Paycor	2,629.04
Software license Subscriptions	6,018.42
Squarespace	168.00
Survey monkey	372.00
Zoom Video Conferencing	1,423.80
Total Technology, Fees & Licensing	94,747.27
Travel-mileage	
Community partner meetings	0.00
Travel-mileage - Other	138.86
Total Travel-mileage	138.86
Total Operating & Administrative	2,873,413.30
Total Expense	56,102,573.30
Net Ordinary Income	7,450,296.87
Other Income/Expense	
Other Expense	
Loss on Disposal of Furniture	3,836.00
Total Other Expense	3,836.00
Net Other Income	-3,836.00
Net Income	**7,446,460.87**