Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs gov/Form990 for instructions and the latest information.

2018
Open to Public

| | | 18 calendar year, or tax year beginning , 2018, and ending C Name of organization, MARY CROSS TIPPMANN FOUNDATION | D Employer identification | , 20 ation number |
|--------------|---------------------------------|--|---|-------------------------|
| Всн | neck if applica | C/O TIPPMANN GROUP | 35-666590 | 8 |
| | Address change | Doing business as | | |
| | Name char | Number and street (as D.O. hours well a get delivered to street address) | E Telephone number | |
| | Initial retu | 9009 COLDWATER ROAD | (260) 490-3 | 3000 |
| | Final retur | City or town, state or province, country, and ZIP or foreign postal code | | |
| | terminated Amended return | FORT WAYNE, IN 46825 | G Gross receipts \$ | 8,157,62 |
| | Application | F Name and address of principal officer JOHN V. TIPPMANN, JR. | H(a) Is this a group retu | rn for Yes X |
| · · · · · | _ panding | 9009 COLDWATER ROAD,, FORT WAYNE, IN 46825 | subordinates? H(b) Are all subordinates of | ncluded? Yes |
| ī · | Tax-exemp | t status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 523 | If "No, ' attach a | list (see instructions) |
| J , | Website | | H(c) Group exemption r | number 🕨 |
| K | Form of o | ganization Corporation X Trust Association Other ▶ L Year of | formation 1998 M State | of legal domicile |
| _ | | Summary | | |
| | | efly describe the organization's mission or most significant activities TO SUPPORT PU | BLIC CHARITIES. | |
| به | | | | |
| Governance | | | | |
| E E | 2 Ch | eck this box If the organization discontinued its operations or disposed of more that | n 25% of its net assets | |
| ွှဲ | | mber of voting members of the governing body (Part VI, line 1a) | 1 1 | 12 |
| | | mber of independent voting members of the governing body (Part VI, line 1b) | | 12 |
| ties | | al number of individuals employed in calendar year 2018 (Part V, line 2a) | · · · · · · · · · · · · · · · · · · · | (|
| Activities & | | al number of volunteers (estimate if necessary) | | 13 |
| ٧ | 7a ⊺∧ | at unrelated husiness revenue from Part VIII. column (Cit-line-19 | 7a | (|
| | b Ne | unrelated business taxable income from Form 990-T, Ine 38 RECEIVED | 7b | |
| \neg | 2 110 | - A5 78 | Prior Year | Current Year |
| | 8 Cc | ntributions and grants (Part VIII, line 1h) | 234,927. | 1,078,47 |
| Revenue | 9 Pr | 13.3 IVIA 16.39 / 1/19 1 i I | 0. | |
| Š | | estment income (Part VIII, line 2g) | 3,282,025. | 902,15 |
| ĕ | 11 Ot | ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and GerbEN, UT | 2,820,426. | 2,414,28 |
| | | al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,337,378. | 4,394,91 |
| \neg | | ants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,774,673. | 5,010,878 |
| | | nefits paid to or for members (Part IX, column (A), line 4) | 0. | |
| | | aries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | |
| ادە | | ofessional fundraising fees (Part IX, column (A), line 11e) | 0. | |
| je l | | al fundraising expenses (Part IX, column (D), line 25) | | |
| ũ | 1 | ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 108,279. | 154,59 |
| j | 1 | al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,882,952. | 5,165,47 |
| 1 | 1 | venue less expenses Subtract line 18 from line 12 | 3,454,426. | -770,559 |
| e o | | venue ress expenses dubitact fine to from fine 12 | Beginning of Current Year | End of Year |
| တ္မ | 20 To | al assets (Part X, line 16) | 113,108,651. | 112,353,573 |
| Ass | 21 To | al liabilities (Part X, line 26) | 26,637. | 42,118 |
| | | t assets or fund balances Subtract line 21 from line 20 | 113,082,014. | 112,311,455 |
| | rt II | Signature Block | ., . | |
| | | es of perjury, I declare that I have examined this return, including accompanying schedules and staten | nents, and to the best of my | knowledge and belief, |
| true | e, correct, | and complete Declaration of preparer (other than officer) is based on all information of which preparer has | s any knowledge | |
| | | I W Delance de | 5715 | 119 |
| Sig | | Signature of officer | Date | ··· / |
| Her | re | John V TIPPMANN SR CHAIRMAN | / | |
| | | Type or print name and title | | |
| _ | P | int/Type preparer's name Preparer's signature Date | Check If | PTIN |
| Paid | ı _{S.} | ANDRA E HOFMANN Shake & Herry 2019.05.15 13:15 | 1 | P00408287 |
| | parer 📙 | rm's name CROWE LLP | | 0921680 |
| Hse | Only — | | | -489-1949 |
| 000 | | m's address MOGIO DIPONT CIR DR F STF 230 FORT WAVNE IN AGR25-1612 | | |
| | | m's address ▶9910 DUPONT CIR DR E STE 230 FORT WAYNE, IN 46825-1612 discuss this return with the preparer shown above? (see instructions) | Priorie no 200 | . X Yes I |

JSA

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| Form 990 | (3018) Page 2 |
|----------------|--|
| Part I | Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| | fly describe the organization's mission SUPPORT PUBLIC CHARITIES. |
| 10 | SUPPORT PUBLIC CHARITIES. |
| | |
| | |
| 2 Did | the organization undertake any significant program services during the year which were not listed on the |
| | r Form 990 or 990-EZ? Yes X No |
| if "Y | es," describe these new services on Schedule O |
| 3 Did | the organization cease conducting, or make significant changes in how it conducts, any program |
| | ices? |
| | es," describe these changes on Schedule O |
| ехр | cribe the organization's program service accomplishments for each of its three largest program services, as measured by enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others total expenses, and revenue, if any, for each program service reported. |
| | total expenses, and revenue, if any, for each program convice reported |
| 4a (Co | de) (Expenses \$ 5,010,878 including grants of \$ 5,010,878) (Revenue \$ 3,076) |
| | PORTS THE ACTIVITIES OF PUBLIC CHARITIES. |
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| 4h /Ca | de) (Expenses \$ including grants of \$) (Revenue \$) |
| 4 b (CO | The |
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| | |
| 4c (Co | de) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
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| | |
| | er program services (Describe in Schedule O) |
| | penses \$ including grants of \$) (Revenue \$) |
| 4e Tot | al program service expenses ► 5,010,878. |

Form **990** (2018)

| `Eorm 9 | 990 (3018) HO | | F | age 3 |
|---------|--|----------|----------|--|
| Pari | Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | v | |
| • | complete Schedule A | 1 2 | X | |
| 2 3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | Λ | - |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | <u> </u> | _ | |
| 7 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | ١ |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | X |
| ^ | complete Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | ļ | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | <u> </u> | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | ١., | | l v |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| a | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ļ | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ļ | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 14b | | X |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 140 | | |
| 13 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 1.0 | | |
| ,,, | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | <u> </u> | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | ,, |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | <u> </u> | \vdash |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| | domestic government on Fartin, column (n), line F. II. res, complete donedule i, Farts Farti II | | | |

| Part | Checklist of Required Schedules (continued) | | | |
|------|---|--------------|------|-------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Х |
| 24- | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | _23 | | |
| 24 a | | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | l | | v |
| | through 24d and complete Schedule K If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | l | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 20 | | 21 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | ! | Х |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ^ |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | l <u>.</u> | | ., |
| | Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | ٠,, |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and œase operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | İ |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| ٠. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | " | | |
| 50 | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Part | | 1 30 | | Ц |
| ran | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | . No |
| _ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | | 162 | 140 |
| | Enter the helitact reported in Box of Ferrit 1000 Enter of infortable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | - | | |
| | Enter the name of the time to 20 moladed in the talent of interapplicable | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | _ | | |
| | reportable gaming (gambling) winnings to prize winners? | | 000 | (2018) |
| | | Form | 4411 | 1701B |

| Form | 990 (2018) | | F | age 5 |
|------|--|-----------|-------|----------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0. | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | _ | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | _X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | ., |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | ., |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | . ' | | ., |
| | solicit any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | <u> </u> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | ., |
| | and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | ٠,, |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | ٠ |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | - | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | - |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] | | | , |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | | |
| а | is the organization licensed to issue qualified health plans in more than one state? | 13a | | - |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | , |
| þ | Enter the amount of reserves the organization is required to maintain by the states in which | | | ĺ |
| | the organization is licensed to issue qualified health plans | 1 | | |
| | Enter the amount of reserves on hand | 44- | | <u> </u> |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ^ |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization 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? | 15 | - | <u> </u> |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | - | |
| | If "Yes," complete Form 4720, Schedule O | | . 000 | (2018) |
| | | rom | ∵ プラリ | (2018) |

| _i ,₽art | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | | | |
|--------------------|--|---------|------------|--------|
| | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | <u></u> | Х |
| Sect | on A. Governing Body and Management | | Yes | No |
| | Enter the number of voting members of the governing body at the end of the tax year. | _ | 165 | 140 |
| та | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or | | | |
| | If the governing body delegated broad authority to an executive committee or similar | | | |
| h | committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent | | | |
| р 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| - | any other officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| • | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | i | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | l | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | ,, | |
| | rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | , <i>,</i> | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | <u> </u> | ļ., |
| а | The organization's CEO, Executive Director, or top management official | 15a | <u> </u> | X |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | ١ | | ļ |
| | with a taxable entity during the year? | 15a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 401 | | - |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | ion C. Disclosure | | · · · | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► IN, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 | (Sec | tion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | polic | y, and |
| | financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record BRIAN EHRSAM 9009 COLDWATER ROAD, FORT WAYNE, IN 46825 | is ▶ | | |
| | · | | 990 | (2018) |
| | | | | ,,0 |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees. and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any | box, | not ch unles | s pe | ntion more | e than c is both or/trust | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|----------------------------|--|-------|-----------------------|---------|---------------|---------------------------------|--------|---|---|--|
| | hours for related organizations below dotted line) | 1 4 5 | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1)JOHN V. TIPPMANN, SR. | 1.00 | | | | | | | | | |
| CHAIRMAN | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (2) JOHN V. TIPPMANN, JR. | 1.00 | | | | | | | | | |
| PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (3)JEFF HASTINGS | 1.00 | | | | | | | | | |
| TREASURER | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (4)DR. MICHAEL MASTRANGELO | 1.00 | | | | | | | | | |
| MANAGING TRUSTEE | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (5)WILLIAM D. SWIFT | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 |
| (6)JAMES FITZPATRICK | 1.00 | | | | | | | | | |
| MANAGING TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 |
| (7)BOBBY WILLIAMS | 1.00 | | | | | | | | | |
| MANAGING TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 |
| (8)OTTO BONAHOOM | 1.00 | | | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | ļ | 0. | 0. | 0 |
| (9)KEVIN JOYCE | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 |
| (10)CHRIS TIPPMANN | 1.00 | | | | | 1 | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 |
| (11)JOE WHARTON | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 |
| (12)CARL MINICK | 1.00 | | | | | | | | | |
| MANAGING TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 |
| (13) | | | | | | | | | | |
| (14) | | | H | | | | | | | |
| | | | | | | | | | | |

Form 990 (2018)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|---|--|-----------------------------------|-----------------------|----------------------|--------------|------------------------------|--------------|--------------------------------------|---|--------------|----------------|---|
| (A) Name and title | (B) Average hours per week (list any hours for | box, office | unle: | Pos heck ss pe | rson | than o | an ee) | (D) Reportable compensation from the | (E) Reporta compensation relate organizat | on from d | Esti amo | (F) mated punt of ther ensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | -MISC) | orga and | m the nization related nizations |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | 0 | | | | |
| 1b Sub-total | ection A . | | | | | <u>.</u> | * * * | 0. | | 0. 0. | _ | 0. |
| Total number of individuals (including but not reportable compensation from the organization) | | hose 0 | | d a | bov | e) who | o re | eceived more than | \$100,000 | of | | |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | | 3 | Yes No |
| 4 For any individual listed on line 1a, is the organization and related organizations groups | sum of rep eater than | oortab | le 6 | com | per | satioi "Yes | n ai | nd other compens | sation from <i>le J for</i> | the such | | |
| Individual | accrue co | mpen | satı | on | fron | n any | un | related organization | on or indiv | idual | 5 | X |
| Section B. Independent Contractors | es, compre | 16 301 | 1600 | 110 0 | , 101 | Sucii | ρει | 3011 | <u> </u> | · · · | | |
| | 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax | | | | | | | | | | | |
| (A) Name and business add | dress | | | | | | | (B) Description of se | ervices | c | (C) Compens | ation |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| Total number of independent contractors (ii more than \$100,000 in compensation from the | ncluding bi | ut no | t lin | nite | | thos | se I | isted above) who | received | | | |

| _{t.} Par | t Vil | | | | | | | |
|---|--------------|--|-------------------------------------|-------------------|---|--|---|--|
| | | Check if Schedule O co | ntains a respor | nse or note to an | y line in this Part V (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Grants | 1a b | Federated campaigns | <u>1b</u> | | | .,, | | |
| Program Service Revenue and Other Similar Amounts | | Fundraising events | 1d tions) 1e | | | | | |
| | g | and similar amounts not included. | above . 1f n lines 1a-1f \$ | 1,078,474 | 1,078,474 | | | |
| | h 2a | Total. Add lines 1a-1f | | Business Code | 1,076,474 | | | |
| | b d | | | | | | | |
| Program | e f g | All other program service rev | | | 0 | | | |
| | 3 | and other similar amounts). | | | 655,006 | | | 655,006 |
| | 5 5 | Income from investment of Royalties | • | · . | 0 | | | |
| | 6a b | Gross rents | 5,095,895 2,684,686 2,411,209 | | | | | |
| | d 7a | Rental income or (loss) Net rental income or (loss) . Gross amount from sales of | (i) Securities | (II) Other | 2,411,209 | | | 2,411,209 |
| | b | Less cost or other basis and sales expenses | 1,325,175 | | • | | | |
| | c d 8a | Gain or (loss) | | <u> </u> ▶ | 247,151 | | | |
| Other Revenue | | events (not including \$ of contributions reported on See Part IV, line 18 | line 1c) | 0 | | | | |
| ğ | С | Less direct expenses Net income or (loss) from fu | ndraising events | | 0 | | | |
| | | Gross income from gaming See Part IV, line 19 Less direct expenses | a | | | | | |
| | 10a | Net income or (loss) from g | aming activities ory, less | · · · · · · · • | 0 | | | |
| | b c | Less cost of goods sold Net income or (loss) from sa | les of inventory. | <u> </u> | 0 | | | |
| | 11a | Miscellaneous Revenu | e | Business Code | 3,076 | 3,076 | | |
| | b c d | All other revenue | | | | ' | | |
| | e 12 | Total Add lines 11a-11d . Total revenue. See instruction | | | 3,076 4,394,916 | 3,076 | | 3,066,215 |

Form 990 (2018) MARY CROSS TI Part IX • Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(1) organizations must complete all column | All other organizations must complete column (Λ) |
|--|--|
|--|--|

| | Check if Schedule O contains a resp | onse or note to any lin | e in this Part IX | | |
|----|--|-------------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | 1 | |
| | and domestic governments. See Part IV, line 21 | 5,010,878. | 5,010,878. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | 0. | | | |
| 3 | Grants and other assistance to foreign | | | | |
| - | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | 0. | | | |
| 4 | Benefits paid to or for members | 0. | | | <u> </u> |
| | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | 0. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| U | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 | Other salaries and wages | 0. | | | |
| | | | | | |
| ۰ | Pension plan accruals and contributions (include | 0. | | | |
| _ | section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 | Other employee benefits | 0. | | | |
| 10 | Payroll taxes | 0. | | | |
| | Fees for services (non-employees) | 0. | | ŀ | |
| | Management | 3,694. | | 3,694. | |
| | Legal | 6,800. | • | 6,800. | |
| | Accounting | 0,000. | | 0,000. | |
| d | Lobbying | 0. | | | |
| | Professional fundraising services See Part IV, line 17. | 0. | | | |
| f | Investment management fees | 0. | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | ra 051 | | E7 0E1 | |
| | (A) amount, list line 11g expenses on Schedule O) | 57,251. | | 57,251. | |
| 12 | Advertising and promotion | 2,259. | | 2,259. | |
| 13 | Office expenses | 78,050. | | 78,050. | |
| 14 | Information technology | 0. | | | |
| 15 | Royalties | 0. | | | |
| 16 | Occupancy | 0. | | | |
| 17 | Travel | 6,266. | | 6,266. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0. | | | |
| 19 | Conferences, conventions, and meetings | 0. | | | |
| 20 | Interest | 0. | | | |
| 21 | | 0. | | | |
| 22 | Depreciation, depletion, and amortization | 0. | | - | |
| | Insurance | 0. | | | |
| | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e if | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | MEALS | 127. | | 127. | |
| _ | SEMINARS/CONFERENCES | 150. | | 150. | |
| | | | | | |
| - | | - | | | |
| d | | | | _ | |
| | All other expenses Add lines 1 through 24a | 5,165,475. | 5,010,878. | 154,597. | |
| | Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the | 3,103,473. | 5,010,070. | 101,007. | |
| 20 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | 0. | | | |
| _ | | | | | |

Part X Balance Sheet

| ıaı | נאן | Check if Schedule O contains a reangue or note to any line in this B | | | · - |
|-----------------------------|-------------|--|--------------------------|-------|-----------------------------|
| | | Check if Schedule O contains a response or note to any line in this P | | • • • | |
| | | | (A) Beginning of year | | (B) End of year |
| \Box | 1 | Cash - non-interest-bearing | 0. | 1 | 0. |
| | 2 | Savings and temporary cash investments | 15,360,752. | 2 | 4,010,197. |
| | 3 | Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 | Accounts receivable, net | 1,100. | 4 | 410. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | _ | trustees, key employees, and highest compensated employees | | | |
| 40 | 6 | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0. | 6 | 0. |
| et | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 8 | Inventories for sale or use | 0. | 8 | 0. |
| ~ | 9 | Prepaid expenses and deferred charges | 0. | 9 | 3,909. |
| | 10 a | Land, buildings, and equipment cost or | | | |
| | | other basis Complete Part VI of Schedule D 10a 85,513,517. | | | |
| | b | Less accumulated depreciation 10b 13,639,102. | 73,422,930. | 10c | 71,874,415. |
| | 11 | Investments - publicly traded securities | 23,738,807. | 11 | 35,904,616. |
| | 12 | Investments - other securities See Part IV, line 11 | 0. | 12 | 0. |
| | 13 | Investments - program-related See Part IV, line 11 | 0. | 13 | 0. |
| | 14 | Intangible assets | | 14 | 0. |
| | 15 | Other assets See Part IV, line 11 | 585,062. | | 560,026. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 113,108,651. | 16 | 112,353,573. |
| | 17 | Accounts payable and accrued expenses | 26,637. | 17 | 42,118. |
| | 18 | Grants payable | | 18 | 0. |
| | 19 | Deferred revenue | 0. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | 0. | 21 | 0. |
| ဖွ | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| a <u>b</u> | | disqualified persons Complete Part II of Schedule L | 0.) | 22 | 0. |
| ∵ | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | | of Schedule D | | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25, | 26,637. | 26 | 42,118. |
| Sa | | Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. | | | |
| ĕ | 27 | Unrestricted net assets | | 27 | - |
| ag | 28 | Temporarily restricted net assets | | 28 | |
| g E | 29 | Permanently restricted net assets | _ | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. | - | | |
| S S | 30 | Capital stock or trust principal, or current funds | 113,082,014. | 30 | 112,311,455. |
| set | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | 0. | 32 | 0. |
| <u> </u> | 33 | Total net assets or fund balances | 113,082,014. | 33 | 112,311,455. |
| - 1 | 34 | Total liabilities and net assets/fund balances | 113,108,651. | 34 | 112,353,573. |
| | | Total nationales and net assets/fully balances, | 110,100,001. | J-4 | Form 990 (2018) |

Form **990** (2018)

Form **990** (2018)

| | XI Reconciliation of Net Assets | | | , 65 | _{je} 12 |
|---------|--|----------|------------------|--|------------------|
| Part | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | • | 1 | 4,3 | 94,9 | 16. |
| 2 | 10ta 10 to 100 t | 2 | | 65,4 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 70,5 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 113,0 | 82,0 | 14. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0. |
| 6 | Donated services and use of facilities | 6 | | | 0. |
| 7 | | 7 | | | 0. |
| - | investment expenses | 8 | | | 0. |
| 8 | | 9 | | _ | 0. |
| 9 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | - | | _ | |
| 10 | | 10 | 112,3 | 311.4 | 55. |
| Part | | <u> </u> | | | |
| ган | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Officer in deficuation of containing a response of finite to any finite in title 1 are All 1.1.1.1.1 | <u></u> | · · · · <u>·</u> | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | 100 | |
| • | If the organization changed its method of accounting from a prior year or checked "Other," exp | laın ın | | | |
| | Schedule O | | | | |
| • | | | 2a | | Х |
| Za | Were the organization's financial statements compiled or reviewed by an independent accountant? | | • | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both | ilea oi | | | |
| | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 2b | | Х |
| þ | Were the organization's financial statements audited by an independent accountant? | | • | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | d on a | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 1 | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov | - | I - | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent acco | | 1 | | |
| | If the organization changed either its oversight process or selection process during the tax year, exp | olain in | | | |
| | Schedule O | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set to | | | | v |
| | the Single Audit Act and OMB Circular A-133? | | | \vdash | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit | ts | 3b_ | | |

JSA

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V 18-4.5F

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust ► Attach to Form 990 or Form 990-EZ.

► Go to www irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARY CROSS TIPPMANN FOUNDATION

Employer identification number

| C/(| TIPPMANN GROUP | | | | | 35-66659 | 80 |
|------------------|--|---------------------------------------|------------------------------|---------------|--------------|---|---|
| Pai | t I Reason for Public Cha | rity Status (All o | organizations must c | omplete | this pa | art) See instructions | · · · · · · · · · · · · · · · · · · · |
| The | organization is not a private fou | ndation because it | is (For lines 1 through | gh 12, ch | eck only | one box) | |
| 1 | A church, convention of chi | urches, or associat | tion of churches desci | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | A school described in secti | on 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 0 or 990 | -EZ)) | |
| 3 | A hospital or a cooperative | hospital service o | rganization described i | n sectio | n 170(b) | (1)(A)(iii). | |
| 4 | A medical research organiz | zation operated in | conjunction with a hos | spital des | cribed in | section 170(b)(1)(A) | (iii). Enter the |
| | hospital's name, city, and st | • | • | • | | | |
| 5 | An organization operated t | | a college or universit | y owned | or ope | rated by a governme | ental unit described in |
| | section 170(b)(1)(A)(iv). (C | | • | • | • | , , | |
| 6 | A federal, state, or local go | vernment or gove | rnmental unit describe | d in secti | ion 170(| b)(1)(A)(v). | |
| 7 | An organization that norma | • | | | • | ,, , | om the general public |
| | described in section 170(b) | | | • | ŭ | | |
| 8 | A community trust describe | | , | Part II) | | | |
| 9 | An agricultural research org | | | | perated | I in conjunction with a | land-grant college |
| | or university or a non-land- | • | , ,, | | • | • | • |
| | university | | , , | , | | , ,, | J |
| 10 | An organization that norma receipts from activities rela | ited to its exempt f | unctions - subject to o | certain e | xception | s, and (2) no more tha | ın 331/3 % of its |
| | support from gross investm acquired by the organization | on after June 30, 19 | 975 See section 509 (| (a)(2). (C | omplete | Part III) | Dusillesses |
| 11 | An organization organized | • | | - | | | |
| 12 | X An organization organized | • | • | - | | | - · · · · · · · · · · · · · · · · · · · |
| | of one or more publicly su | | | | | | |
| | Check the box in lines 12a t | - | • | | • | • | - |
| а | Type I. A supporting orga | | • | - | | - · | |
| | the supported organization | | | | ajority of | the directors of truste | ees of the |
| . | supporting organization ` | • | · · | | with ito | cupported organizati | on(a) by baying |
| b | Type II. A supporting org control or management or | · · · · · · · · · · · · · · · · · · · | | | | | |
| | organization(s) You must | | · · | the Sain | e hersor | is that control of mai | age the supported |
| _ | Type III functionally inte | • | • | stad in co | nnactio | n with and functions | lly integrated with |
| С | its supported organization | | | | | | ny integrated with, |
| d | Type III non-functionally | | | | | | ted organization(s) |
| u | that is not functionally into | • | | • | | | • , , |
| | requirement (see instruct | | | | | | a an attentiveness |
| е | X Check this box if the orga | | | | | | II Tyne III |
| ٠ | functionally integrated, or | | | | | • | , турс |
| f | Enter the number of supported | • • | | | _ | | 90 |
| a | Provide the following information | - | | | | | |
| | (i) Name of supported organization | (iı) EIN | (III) Type of organization | (Iv) is the | organization | (v) Amount of monetary | (vi) Amount of |
| | ., | } | (described on lines 1-10 | listed in you | | support (see | other support (see |
| | ATTACHMENT 1 | | above (see instructions)) | Yes | nent? No | instructions) | instructions) |
| (A) _C | Various 501(C)3 | | | - | | 50108781 | |
| (B) | | | | | | 351-5-15 | |
| (D) | | | | - | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | , | | | | | | |
| Tota | al N | | | | | F 010 070 | , |

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II)

| | Care A. Datella Command | | | | | _ | |
|-------------|---|---------------------|----------------------|---|-------------------|------------------|--|
| | tion A. Public Support | (-) 2044 | 42.0045 | (1)0040 | 40.0047 | | (D. T-1-1 |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | / | ĺ | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 . | | | / | - | | · · · · · |
| 4 | Tax revenues levied for the | | Į, | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | <u> </u> |
| 6 | Total Add lines 1 through 5 | | , | | | | |
| / a | Amounts included on lines 1, 2, and 3 | | | | | | |
| b | received from disqualified persons | | | | | | |
| | received from other than disqualified | | | | ' | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | / | | | | | |
| 8 8 | Add lines 7a and 7b | / | | | | | |
| ۰ | line 6) | / | | | 1 | | |
| Sec | tion B. Total Support | | | | | | L |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | , , | · · · · - · · · · | , , | |
| | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar sources | | | | • | | |
| ь | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | - | |
| | acquired after June 30/1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | - | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or | | | | | | _ |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, | | | | | | |
| | and 1,2) | | | <u>i</u> | | | <u> </u> |
| 14 | First five years. If the Form 990 is t | for the organiza | tion's first, seco | nd, third, fourth | , or fifth tax ye | ear as a section | n 501(c)(3) |
| | organization, check this box and stop here | <u> </u> | | | · · · · · · · · · | <u></u> . | <u> ▶ </u> |
| <u>Sec</u> | tiổn C. Computation of Public Sup | port Percenta | ge | | | | |
| 15 | Public support percentage for 2018 (line 8 | , column (f), divid | led by line 13, colu | mn (f)) | | . 15 | % |
| 16 / | Public support percentage from 2017 Scho | | | <u></u> | | 16 | <u> %</u> |
| Sę′c | tion D. Computation of Investmen | | | *************************************** | | L | |
| 1 /7 | Investment income percentage for 2018 (li | ne 10c, column (| f), divided by line | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2017 | | | | | 18 | <u> %_</u> |
| 19 a | 331/3% support tests - 2018 If the or | | | | | | |
| / | 17 is not more than 331/3%, check th | | _ | | | | |
| b | 331/3% support tests - 2017. If the orga | | | | | | |
| | line 18 is not more than 331/3 %, check | | | | | | i i |
| 20 | Drivate foundation If the organization | did not chack | a how on line | 14 19a or 19h | check this ho | y and see inst | ructions |

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

| Secti | on A. All Supporting Organizations | | | _ |
|--------|--|----------|-----|--------|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain | 1_1 | | - X |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | | х |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 3a_ | | Х |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3c | | |
| 4a | The second secon | 4a | | Х |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | | - |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | 4c | | |
| 5а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | Х |
| b c | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5b 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | X |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | X |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | Х |
| 9 a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | х |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | Х |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9с | | X |
| 10 a | | 10a | | x |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 106 | | |

| Schedu | lle A'₹Form 990 or 990-EZ) 2018 | | F | Page 5 |
|---------|--|----------|----------|---------------|
| Part | Supporting Organizations (continued) | | | Γ |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | İ | | |
| | below, the governing body of a supported organization? | 11a | ļ | X |
| b | A family member of a person described in (a) above? | 11b | | X |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | X |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | |] |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| _ | | <u> </u> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | | | |
| <u></u> | | 2 | | l |
| Secti | ion C. Type II Supporting Organizations | | V | - Al- |
| | | | res | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | 1 |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s) | _ 1_ | | X |
| Secti | ion D. All Type III Supporting Organizations | | | |
| | Did the assessment as seemed to each of the assessment as her the least day of the fifth month of the | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior | | | |
| | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | İ | | l . |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | · ' |
| | supported organizations played in this regard | 3 | Ì | |
| Secti | ion E. Type III Functionally Integrated Supporting Organizations | | <u> </u> | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | etruct | ions) | |
| | The organization satisfied the Activities Test Complete line 2 below | ,0000 | 0113) | |
| a | | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | ırıstru | Yes | $\overline{}$ |
| 2 | Activities Test Answer (a) and (b) below. | | 165 | INO |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | } | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | İ | i | l |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities | 2a | ļ | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | İ | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement | 2b | | |
| • | • | | 1 | † • |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3- | | |
| _ | trustees of each of the supported organizations? Provide details in Part VI. | 3a | + | - |
| b | | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b_ | <u> </u> | <u> </u> |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi | ization | ns | |
|--|----------|--------------------------|-------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | n Nov 20, 1970 (explain | ın Part VI) See |
| instructions. All other Type III non-functionally integrated supporting organiz | ations | must complete Sections | A through E |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| | | (7) 1 HOL TOUL | (optional) |
| 1 Net short-term capital gain . | 1 | _ | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year |
| Section B - Minimum Asset Amount | | (A) FIIOI Teal | (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | - | |
| instructions for short tax year or assets held for part of year) | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1 d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | • |
| 7 Check here if the current year is the organization's first as a non-functionally | / intear | ated Type III supporting | organization (see |
| instructions) | , | | |

Schedule A (Form 990 or 990-EZ) 2018

| Section D - Distributions Curren Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. In excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Administrative expenses paid to accomplish exempt purposes of supported organizations Administrative expenses paid to accomplish exempt purposes of supported organizations Curren Administrative expenses paid to accomplish exempt purposes of supported organizations Administrative expenses paid to accomplish exempt purposes of supported organizations Curren Amounts paid to accomplish exempt purposes of supported organizations Administrative expenses paid to accomplish exempt purposes of supported organizations Curren Amounts paid to acquire exempt-use assets Cualified set-aside amounts (pror IRS approval required) Cuter distributions (describe in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Distributable amount for 2018 from Section C, line 6 Underdistributions (ii) Underdistributions Pre-2018 (iii) Underdistributions Pre-2018 (iii) Underdistributions Pre-2018 Circasonable cause required - explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 Excess distributions carryover, if any, to 2018 Excess distributions carryover, if any, to 2018 From 2015 From 2015 Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f | |
|--|-------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 4 From 2013 5 From 2014 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 | |
| organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 | |
| Administrative expenses paid to accomplish exempt purposes of supported organizations A Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Distributions Allocations (see instructions) Section E - Distribution Allocations (see instructions) Line 8 amount divided by line 9 amount Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 From 2013 | |
| 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 | |
| 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 | |
| 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 | |
| 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 | |
| B Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f |) |
| (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f | |
| 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2017 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f |) |
| Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Inderdistributions Pre-2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 From 2013 From 2014 From 2016 From 2017 From 2017 Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f |) |
| Section E - Distribution Allocations (see instructions) Continuous of the process of the proc | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f | utable |
| (reasonable cause required - explain in Part VI) See instructions 3 | |
| instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f | |
| 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f | , |
| a From 2013 | • |
| b From 2014 | |
| c From 2015 | |
| d From 2016 | |
| e From 2017 | |
| e From 2017 | |
| g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f | |
| h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f | 1 |
| i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | |
| | |
| 4 Distributions for 2019 from | |
| 4 Distributions for 2018 from | |
| Section D, line 7 \$ | |
| a Applied to underdistributions of prior years | |
| b Applied to 2018 distributable amount . | |
| c Remainder Subtract lines 4a and 4b from 4 | |
| 5 Remaining underdistributions for years prior to 2018, if | |
| any Subtract lines 3g and 4a from line 2 For result | |
| greater than zero, explain in Part VI See instructions | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h | _ |
| and 4b from line 1. For result greater than zero, explain in | |
| Part VI. See instructions | |
| 7 Excess distributions carryover to 2019. Add lines 3 _j | |
| and 4c | |
| 8 Breakdown of line 7 | |
| a Excess from 2014 | |
| b Excess from 2015 | |
| c Excess from 2016 | |
| d Excess from 2017 | |
| e Excess from 2018 | |

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART IV, QUESTION 1

THE SUPPORTED ORGANIZATIONS ARE REFERENCED IN THE ORGANIZATION'S GOVERNING DOCUMENTS BY CLASS AND/OR PURPOSE, AND SUPPORTS ACTIVITIES FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND/OR TO CARRY OUT THE PURPOSES OF (A) CHURCHES AND PARA-CHURCH ENTITIES QUALIFYING AS PUBLIC CHARITIES WITH A PRESENCE WITHIN THE INDIANA COUNTIES OF ADAMS, ALLEN, DEKALB, ELKHART, HUNTINGTON, KOSCIUSKO, LAGRANGE, MARSHALL, NOBLE, STEUBEN, ST. JOSEPH, WABASH, WELLS, AND WHITLEY, WHICH SUPPORT, PROMOTE AND/OR PERFORM CHRISTIAN CHARITY, EVANGELISM, EDIFICATION, AND/OR STEWARDSHIP OR THE PROTECTION OF THE UNBORN AS WELL AS (B) SPECIFIC CHARITIES SPECIFIED IN THE GOVERNING DOCUMENTS.

THE MANAGING TRUSTEES OF THE MARY CROSS TIPPMANN FOUNDATION ARE ALSO OFFICERS, DIRECTORS, OR TRUSTEES OF SOME OF THE VARIOUS SUPPORTED

SCHEDULE A, PART IV, SECTION C, QUESTION 1

ORGANIZATIONS. THE MANAGING TRUSTEES SHARE THE CONTROLLING NUMBER OF

VOTES OF THE BOARD, SO CONTROL OF THE ORGANIZATION IS VESTED IN THE

MANAGING TRUSTEES.

| SCHEDULE A, PART I - INFORMATION ABOUT | SUPPORTED | ORGANIZATIO | NS | | |
|--|-----------|-------------------------------|----------------|--------------------------|---------------------------|
| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | (III) TYPE OF ORGANIZATION | (IV) YES NO | (V) AMOUNT OF SUPPORT | (VI) OTHER SUPPORT AMOUNT |
| VARIOUS 501(C)(3) ORGANIZATIONS | | | Á | 5,010,878 | 0 |
| TOTAL AMOUNT OF SUPPORT | | | | 5,010,878 | 0 |

ATTACHMENT 1

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990

Name of the organization

MARY CROSS TIPPMANN FOUNDATION

MARY CROSS TIPPMANN FOUNDATION

2018
Open to Public

OMB No 1545-0047

on Inspection
Employer Identification number

35-6665908 C/O TIPPMANN GROUP Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule D (Form 990) 2018

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

| Sched | dule D*(Form 990) 2018 | | | | | | _ | Pa | age 2 |
|-------|---|--------------------------|-----------------|--|-----------------|--------------------------|-------------|---------|-------|
| Pa | rt III – Organizations Maintaini | ng Collections of | Art, Histori | cal Treasures | , or Other | Similar Assets (| continue | ed) | |
| 3 | Using the organization's acquisition | n, accession, and o | ther records | s, check any o | f the follow | ing that are a sig | nıfıcant | use o | f its |
| | collection items (check all that app | ly) | | | | _ | | | |
| а | Public exhibition | • / | d \square | Loan or excha | ange program | ms | | | |
| ь | Scholarly research | | e 🗂 | Other | 5 , 5 | | | | |
| C | Preservation for future gene | rations | ٠ ــــ | | | | | | |
| 4 | Provide a description of the organ | | and explain | how they fur | ther the or | nanization's exemn | t purpos | se in | Part |
| 7 | XIII | 112410110 001100110110 | and explain | · ···································· | | gameanono exemp | , pu.pu. | | |
| 5 | During the year, did the organization | an collect or receive o | lonations of | art historical tr | opeuroe or | other similar | | | |
| 3 | assets to be sold to raise funds rath | | | | | | Yes | | No |
| Do | | | allieu as part | or the organiza | ation's collec | | 163 | | 140 |
| Pa | rt IV Escrow and Custodial A Complete if the organiza | | s" on Form | 000 Part IV | lino O or r | anaded an amou | nt on E | rm. | |
| | 990, Part X, line 21 | illon answered Te | s on roini | 990, Fait IV, | III 16 5, OI 11 | eponeu an amou | iii oii i c | ,,,,, | |
| | | | 4 1 | | 41 - | | | | |
| 1 a | Is the organization an agent, truste | | | | | | — | | 1 |
| | included on Form 990, Part X? | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement i | n Part XIII and comp | plete the follo | wing table | | | | | |
| | | | | | | Amoun | <u> </u> | | |
| С | Beginning balance | | | | | | | | |
| d | Additions during the year | | | | 1d | | | | |
| е | Distributions during the year | | | | 1e | | | | |
| f | Ending balance | | | | 1f | | | | |
| 2a | Did the organization include an am | ount on Form 990, | Part X, line 2 | 1, for escrow | or custodial | account liability? | Yes | | No |
| b | If "Yes," explain the arrangement i | n Part XIII Check h | ere if the exp | lanation has be | en provided | on Part XIII | | |] |
| | rt V Endowment Funds. | | | | | | | | |
| | Complete if the organiza | ation answered "Ye | s" on Form | 990, Part IV, | line 10 | | | | |
| | | (a) Current year | (b) Prior y | | o years back | (d) Three years back | (e) Fou | years I | back |
| 4. | Paginging of year holongs | | | | | | | | |
| | Beginning of year balance | | | | | | <u> </u> | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | |
| | and losses | | | | | - | 1 | | |
| d | Grants or scholarships | | | | | - | | | |
| е | - | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | _ | | | |
| g | End of year balance | | <u></u> | | | | | | |
| 2 | Provide the estimated percentage | of the current year | end balance | (line 1g, columr | ı (a)) held as | | | | |
| а | Board designated or quasi-endown | nent ▶ | _% | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| С | Temporarily restricted endowment | > % | | | | | | | |
| | The percentages on lines 2a, 2b, a | and 2c should equal | 100% | | | | | | |
| 3a | Are there endowment funds not in | the possession of the | ne organizati | on that are hel | d and admir | nistered for the | _ | | |
| | organization by | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | 3a(ıi) | | |
| b | If "Yes" on line 3a(ii), are the relate | | | | | | 3b | _ | |
| 4 | Describe in Part XIII the intended | - | | | | | | | |
| Pa | rt VI Land, Buildings, and Equ | uipment. | | | | · · | | | |
| - " | Complete if the organiz | <u>ation answered "Y</u> | | | | | | | |
| | Description of property | | other basis | (b) Cost or other b | | cumulated (reciation | d) Book v | alue | |
| 1 - | Land | | unent) | (other) 3,243,1 | | Colation | 3.2 | 43,1 | 79 |
| 1a | Land | | | 82,270,33 | | 39,102. | 68,6 | | |
| b | Buildings | | - | 02,210,3 | 70. 13,0 | 33,102. | _ 55,0 | J + , Z | |
| C | Leasehold improvements | | | | - | | <u>-</u> | | |
| d | Equipment | | | | _ | | | | |
| | Other | | .000 5 111 | | 10 ' | | 71.0 | 7 4 4 | 1 - |
| Tota | al. Add lines 1a through 1e <i>(Columr</i> | ı (d) must equal Fori | n 990, Part X | , column (B), lıı | ne 10c) | | 71,8 | 14,4 | 15. |

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

| (makedone name of a second) | (b) Book value | (c) Method of valuat | |
|--|---------------------|-----------------------------------|-----------------|
| (including name of security) | | Cost or end-of-year mark | et value |
|) Financial derivatives | | | |
| Closely-held equity interests | | - | - |
| Other(A) | | | |
| (B) | | | |
| (C) | | | . |
| (D) | | | |
| (E) | | | - |
| (F) | | _ | . |
| (G) | | | |
| (H) | | | |
| otal (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| art VIII Investments - Program Related. | | | - |
| Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11c See Form 990, | Part X, line 13 |
| (a) Description of investment | (b) Book value | (c) Method of valuat | |
| | | Cost or end-of-year mark | et value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | <u> </u> | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| otal (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11d See Form 990, | Part X, line 15 |
| (a) De | | | |
| | scription | | (b) Book value |
| | scription | _ ,- | (b) Book value |
| (1) | scription | . 10 | (b) Book value |
| (1) (2) (3) | | | (b) Book value |
| (1) (2) (3) | | | |
| (1) (2) (3) (4) | | | |
| (1) (2) (3) (4) (5) | | | |
| (1) (2) (3) (4) (5) | | | |
| (1) (2) (3) (4) (5) (6) (7) | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | , , | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B)) | , , | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) (Part X Other Liabilities. | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B)) Part X Other Liabilities. Complete if the organization answered | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) in the complete of the organization answered line 25 | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) in the complete of the organization answered line 25 (a) Description of liability | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) in Part X Complete if the organization answered line 25 (a) Description of liability (1) Federal income taxes | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) cotal. (Column (b) must equal Form 990, Part X, col (B) in the complete of the organization answered line 25 (a) Description of liability (1) Federal income taxes (2) | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) in the complete of the organization answered line 25 (a) Description of liability (1) Federal income taxes (2) (3) | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) in the properties of the organization answered line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B)) Part X Other Liabilities. Complete if the organization answered line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B)) Part X Other Liabilities. Complete if the organization answered line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B)) Part X Other Liabilities. Complete if the organization answered line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B)) Part X Other Liabilities. Complete if the organization answered line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | line 15) | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) in the complete of the organization answered line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | line 15) | | |

JSA 8E1271 1 000 Part XIIP Supplemental Information (continued)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

▶ Attach to Form 990

► Go to www irs gov/Form990 for the latest information

2018
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

MARY CROSS TIPPMANN FOUNDATION

Employer identification number

C/O TIPPMANN GROUP 35-6665908 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes the selection criteria used to award the grants or assistance? , . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (e) Amount of non-cash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (1) ALLEN COUNTY JAIL CHAPLAINCY 417 S CALHOUN ST FORT WAYNE, IN 46802 35-2030383 501(C)(3) 10,000 SENERAL OPERATING (2) AMERICAN LIFE LEAGUE PO BOX 1350 STAFFORD, VA 22555 52-1238301 501(C)(3) 20,000 GENERAL OPERATING (3) ARC OF NORTHEAST INDIANA, INC 4919 COLDUATER ROAD FORT WAYNE, IN 46825 35-0998711 501(C)(3) 12,500 SENERAL OPERATING (4) BISHOP LUERS HIGH SCHOOL 333 EAST PAULDING RD FORT WAYNE, IN 46816 35-1041555 501(C)(3) 220,000 CAPITAL CAMPAIGN & T (5) CATHOLIC CHARITIES 315 E WASHINGTON BOULEVARD 35-1038653 501(C)(3) 25,000 GENERAL OPERATING (6) CATHOLIC CHURCH EXTENSION SOCIETY OF USA 150 S WACKER DR 20TH FLOOR 36-6000520 501(C)(3) 65,500 SEMERAL OPERATING (7) CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK, NY 10011 13-5602319 501(C)(3) 25,000 GENERAL OPERATING (8) CATHOLIC RELIEF SERVICES 13-5563422 501(C)(3) GENERAL OPERATING 228 W LEXINGTON ST BALTIMORE, MD 21298 250,000 (9) CHRIST CHILD SOCIETY P O BOX 12708 FORT WAYNE, IN 46802 35-2015467 501(C)(3) 26,200 ENERAL OPERATING (10) CROSS CATHOLIC OUTREACH 2700 N MILITARY TR BOCA RATON, FL 33427 65-1156061 501(C)(3) 35,000 GENERAL OPERATING (11) DIOCESE OF FT WAYNE/SOUTH BEND 1103 SOUTH CALHOUN STREET 35-0876373 501 (C) (3) 205,000 GENERAL OPERATING (12) DIOCESE OF VENICE, IN FLORIDA 1000 PINEBROOK RD VENICE, FL 34285 59-2434603 501(C)(3) ENERAL OPERATING 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedu'e I (Form 990) (2018)

JSA 8E1288 1 000 SC1087 761J

V 18-4.5F

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ▶ Attach to Form 990

► Go to www irs gov/Form990 for the latest information

Inspection

OMB No 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

rganization MARY CROSS TIPPMANN FOUNDATION

C/O TIPPMANN GROUP

Part I General Information on Grants and Assistance

Employer identification number 35-6665908

| 1 | Does the organization maintain records to s the selection criteria used to award the gran | | | grants or assista | nce, the grantees | eligibility for the grant | s or assistance, and | X Yes | N- |
|-----|---|---------------|------------------------------------|-----------------------------|---------------------------------------|--|--|------------------------------|------|
| 2 | Describe in Part IV the organization's proce | dures for mor | nitoring the use | of grant funds in the | e United States | | | | |
| Pai | | | • | | | | | es" on Form | 990, |
| | Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000 Part II can t | oe duplicated if a | additional space is r | needed | | |
| | 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV appraisal, other) | (g) Description of noncash assistance | (h) Purpose o or assistan | |
| (1) | FELLOWSHIP OF CHRISTIAN ATHLETES | | | | | | | | |

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|-----------------------------|---------------------------------------|--|--|---------------------------------------|
| (1) FELLOWSHIP OF CHRISTIAN ATHLETES | | | | | | | |
| 576 GEIGER DR, STE B ROANOKE, IN 46783 | 44-0610626 | 501 (C) (3) | 15,000 | | | | GENERAL OPERATING |
| (2) FORT WAYNE RESCUE MISSION MINISTRIES | | | | | | | |
| 301 W SUPERIOR STREET FORT WAYNE, IN 46802 | 35-1054670 | 501(C)(3) | 7,500 | | | | GENERAL OPERATING |
| (3) FRANCISCAN CENTER, INC | | | | | | | |
| PO BOX 10303 FORT WAYNE, IN 46897 | 35-1838772 | 501 (C) (3) | 136,073 | | | | GENERAL OPERATING |
| (4) HANNAH'S HOUSE | | | | | | | |
| 518 WEST FOURTH STREET MISHAWAKA, IN 46544 | 35-1871289 | 501(C)(3) | 12,500 | | | | GENERAL OPERATING |
| (5) IN RIGHT TO LIFE | _[| | | | | | |
| 8520 ALLISON PTE INDIANAPOLIS, IN 46250 | 23-7382771 | 501 (C) (3) | 55,000 | | | | GENERAL OPERATING |
| (6) MATTHEW 25 HEALTH AND DENTAL CLINIC INC | | | | _ | | | |
| 413 E JEFFERSON BLVD FORT WAYNE, IN 46802 | 35-1484951 | 501 (C) (3) | 30,000 | | | | GENERAL OPERATING |
| (7) MISSIONARY SISTERS OF THE SACRED HEART | | 1 | | | | | |
| 2811 MOYERS LANE READING, PA 19605 | 23-1352233 | 501 (C) (3) | 22,500 | | | | GENERAL OPERATING |
| (8) REDEEMER RADIO | j | |] | | | | |
| 4705 ILLINOIS RD FORT WAYNE, IN 46804 | 22-3864296 | 501 (C) (3) | 77,495 | | | | GENERAL OPERATING |
| (9) REMEDY FM |] | | | | | | |
| 327 E WAYNE ST SUITE 175 | 27-2417633 | 501 (C) (3) | 13,750 | | | | GENERAL OPERATING |
| (10) RESURRECTION CATHOLIC MISSION | _ | | • | | | | |
| 2815 FORBES DRIVE MONTGOMERY, AL 36110 | 63-0422019 | 501(C)(3) | 6,000 | | | | GENERAL OPERATING |
| (11) ROSE HOME INC | | | | | | | |
| 2208 WAYNE TRACE AVE FORT WAYNE, IN 46803 | 26-0833406 | 501 (C) (3) | 30,000 | | | | GENERAL OPERATING |
| (12) SISTERS OF PROVIDENCE | | | | | | | |
| 1 SISTERS OF PROVIDENCE | 35-0868174 | 501(C)(3) | 10,000 | | | | GENERAL OPERATING |

3 Enter total number of other organizations listed in the line 1 table . For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2018)

JSA 8E12881000 SC1087 761J

V 18-4 5F

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ► Attach to Form 990 ► Go to www irs gov/Form990 for the latest information

Open to Public Inspection

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

| Name of the organization MARY CROSS TIPPMANN FOUNDATION | | | | | | | Employer identification number | | |
|---|-----------------|------------------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|------------------------------------|--|--|
| C/O TIPPMANN GROUP | | | | | | | 08 | | |
| Part I General Information on Grants an | d Assistanc | е | | | | | | | |
| Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce | ts or assistanc | æ? | | | eligibility for the grants | s or assistance, and | X Yes No | | |
| Part II Grants and Other Assistance to I | Omestic Or | ganizations ai | nd Domestic Go | vernments. Com | plete if the organiza | ation answered "Y | 'es" on Form 990, | | |
| Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000 Part II can | be duplicated if a | additional space is n | eeded | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| (1) ST ALOYSIUS CATHOLIC CHURCH | | | | | | | | | |
| 2300 W LE MOYNE ST CHICAGO, IL 60622 | 35-0876373 | 501 (C) (3) | 18,000 | | | | GENERAL OPERATING | | |
| (2) ST JOSEPH CATHOLIC CHURCH | | | | | | | | | |
| 2213 BROOKLYN AVENUE FORT WAYNE, IN 46802 | 35-0876373 | 501 (C) (3) | 60,000 | | | | CAPITAL CAMPAIGN | | |
| (3) ST JOSEPH COMMUNITY HEALTH FOUNDATION | | | | | | | | | |
| 2826 S CALHOUN ST FORT WAYNE, IN 46807 | 31-1016570 | 501 (C) (3) | 30,500 | } | | | GENERAL OPERATING | | |
| (4) ST MARY'S CATHOLIC CHURCH | | | | | | | | | |
| 1101 S LAFAYETTE ST FORT WAYNE, IN 46857 | 35-0933552 | 501 (C) (3) | 10,000 | | | | GENERAL OPERATING | | |
| (5) THREE RIVERS RIGHT TO LIFE ED TRUST FUND | | | | | | | | | |
| 3409 CONESTOGA DRIVE FORT WAYNE, IN 46808 | 35-1547508 | 501 (C) (3) | 27,300 | | | | GENERAL OPERATING | | |
| (6) TURNSTONE CENTER | | | | | | | | | |
| 3320 N CLINTON ST FORT WAYNE, IN 46805 | 35-0913541 | 501 (C) (3) | 45,000 | | | | GENERAL OPERATING | | |
| (7) UNIVERSITY OF ST FRANCIS | | | | | | | İ | | |
| 2701 SPRING STREET FORT WAYNE, IN 46808 | 35-0886846 | 501 (C) (3) | 420,000 | | | | GENERAL OPERATING | | |
| (8) WELLSPRING INTERFAITH SOCIAL SERVICES | | | | | ' | | Į. | | |
| 1316 BROADWAY FORT WAYNE, IN 46802 | 51-0151621 | 501 (C) (3) | 12,000 | | | | GENERAL OPERATING | | |
| (9) WOMEN'S CARE CENTER | | | | | | | | | |
| PO BOX 12966 FORT WAYNE, IN 46866 | 35-1609945 | 501(C)(3) | 500,000 | | i | | GENERAL OPERATING | | |
| (10) AVE MARIA UNIVERSITY | | | | | | | | | |
| 5050 AVE MARIA BLVD AVE MARIA, FL 34142 | 03-0482006 | 501(C)(3) | 85,000 | |] | | OPERATING SUPPORT | | |
| (11) ASSOCIATED CHURCHES OF FORT WAYNE | | | | | 1 | | | | |
| 602 E WAYNE ST FORT WAYNE, IN 46802 | 35-0905944 | 501 (C) (3) | 25,000 | | | | OPERATING SUPPORT | | |
| (12) CLINIC MADRE DE DIOS, INC | | | | | | | | | |
| 2120 S HARRISON ST FORT WAYNE, IN 46802 | 80-0354227 | 501 (C) (3) | 15,000 | | | | OPERATING SUPPORT | | |
| 2 Enter total number of section 501(c)(3) and | government | organizations li | ated in the line 1 to | bic | | | | | |

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2010)

JSA 8E1288 1 000 SC1087 761J

V 18-4 5F

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ► Attach to Form 990 ► Go to www irs gov/Form990 for the latest information

Open to Public Inspection

OMB No 1545 0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

MARY CROSS TIPPMANN FOUNDATION

| C/O TIPPMANN GROUP | | | | | | | 35-6665908 | | |
|--|----------------------------------|------------------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|------------------------------------|--|--|
| Part I General Information on Grants and | 1 22 00003 | | | | | | | | |
| Does the organization maintain records to surthe selection criteria used to award the grants Describe in Part IV the organization's procedure. | ibstantiate th s or assistanc | e amount of the | • | | eligibility for the grant | s or assistance, and | X Yes No | | |
| Part II Grants and Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | ernments. Com | plete if the organiz | ation answered "Y | 'es" on Form 990, | | |
| Part IV, line 21, for any recipient th | | - | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book FMV appraisal other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| (1) CHRIST CHILD FESTIVAL OF FORT WAYNE | | | | | | | | | |
| 3925 HEDWIG DR FORT WAYNE, IN 46815 | 46-2131355 | 501 (C) (3) | 12,500 | | | | GENERAL OPERATING | | |
| (2) CROSS CONNECTIONS, INC | | | | | | | | | |
| 4618 E STATE BLVD STE 300 | 26-1637652 | 501 (C) (3) | 27,500 | | | | GENERAL OPERATING | | |
| (3) OUR LADY OF GOOD HOPE CHURCH | | | | | | | | | |
| 7215 ST JOE RD FORT WAYNE, IN 46835 | 39-0891464 | 501 (C) (3) | 200,000 | | | | GENERAL OPERATING | | |
| (4) ST ROSE OF LIMA CATHOLIC CHURCH | | | | | | | | | |
| 2016 SUMMIT ST MONROEVILLE, IN 46773 | 26-3792290 | 501 (C) (3) | 50,000 | İ | | | GENERAL OPERATING | | |
| (5) BISHOP DWENGER HIGH SCHOOL | | | | | | | | | |
| 1300 E WASHINGTON CENTER RD | 35-1090327 | 501 (C) (3) | 270,000 | | | | CAPITAL CAMPAIGN & 1 | | |
| (6) MOST PRECIOUS BLOOD CATHOLIC CHURCH | | | | | | | | | |
| 1515 BARTHOLD ST FORT WAYNE, IN 46808 | 35-0924779 | 501 (C) (3) | 55,000 | | | | GENERAL OPERATING | | |
| (7) ST ANTHONY DE PAUDUA CHURCH | | | ٠, | | | | | | |
| 2310 E JEFFERSON BLVD SOUTH BEND, IN 46615 | 35-1165458 | 501 (C) (3) | 162,000 | | | | GENERAL OPERATING | | |
| (8) ST ELIZABETH ANN SETON CATHOLIC CHURCH | | | | | | | | | |
| 10700 ABOITE CENTER RD FORT WAYNE, IN 46804 | 35-0876373 | 501 (C) (3) | 30,000 | | | | GENERAL OPERATING | | |
| (9) ST JOHN THE BAPTIST CHURCH FW | | Ï | | | | | | | |
| 4500 FAIRFIELD AVE FORT WAYNE, IN 46807 | 35-0876373 | 501 (C) (3) | 25,000 | } | | | GENERAL OPERATING | | |
| (10) ST LOUIS CATHOLIC CHURCH-BESANCON | | | | | | | | | |
| 15535 LINCOLN HWY NEW HAVEN, IN 46774 | 35-1386663 | 501 (C) (3) | 250,000 |] | | | GENERAL OPERATING | | |
| (11) ST PATRICK CATHOLIC CHURCH OF ARCOLA | | | | | | | | | |
| 12305 ARCOLA RD FORT WAYNE, IN 46818 | 35-0876373 | 501 (C) (3) | 15,000 | | | | GENERAL OPERATING | | |
| (12) ST ROBERT BELLARMINE CATHOLIC CHURCH | | | | | | | | | |
| 1203 STATE ROAD 114 E | 35-0876373 | 501(C)(3) | 67,000 | | | | GENERAL OPERATING | | |
| 2 Enter total number of section 501(c)(3) and | government | organizations lis | sted in the line 1 tal | ole | | | | | |

3 Enter total number of other organizations listed in the line 1 table
For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2016)

JSA 8E12881000 SC1087 761J

V 18-4 5F

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

▶ Attach to Form 990

▶ Go to www irs gov/Form990 for the latest information

Open to Public Inspection
Employer identification number

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

MARY CROSS TIPPMANN FOUNDATION .

C/O TIPPMANN GROUP 35-6665908
Part I General Information on Grants and Assistance

| 1 Does the organization maintain records to se | | | grants or assista | = | | s or assistance, and | X Yes No |
|--|-----------------|------------------------------------|-----------------------------|--------------------------------------|---|--|------------------------------------|
| the selection criteria used to award the grant | | | | | | | X Yes No |
| 2 Describe in Part IV the organization's proceed | dures for mor | utoring the use | of grant funds in the | e United States | | | |
| Part II Grants and Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | ernments Com | plete if the organiz | ation answered "Y | es" on Form 990, |
| Part IV, line 21, for any recipient the | nat received | more than \$5 | ,000 Part II can I | be duplicated if | additional space is r | needed | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) ST VINCENT DE PAUL CATHOLIC CHURCH | | | | | | | |
| 1502 E WALLEN RD FORT WAYNE, IN 46825 | 35-0876373 | 501(C)(3) | 105,000 | l | | | GENERAL OPERATING |
| (2) BLUE JACKET | | | 1 | | | | |
| 2826 S CALHOUN ST FORT WAYNE, IN 46807 | 35-2210669 | 501 (C) (3) | 39,000 | | | | GENERAL OPERATING |
| (3) BRIDGE OF GRACE | | | | | | | |
| 5100 GAYWOOD DR FORT WAYNE, IN 46806 | 45-4056745 | 501 (C) (3) | 30,000 | | | | GENERAL OPERATING |
| (4) CREIGHTON MODEL EDUCATION FOUNDATION | | | | | | | |
| 14 N RUFUS ST NEW HAVEN, IN 46774 | 47-4024332 | 501 (C) (3) | 7,000 | | | | GENERAL OPERATING |
| (5) FOCUS | | | | | | | 1 |
| PO BOX 18710 GOLDEN, CO 80402 | 84-1522811 | 501 (C) (3) | 62,000 | | | | GENERAL OPERATING |
| (6) HABITAT FOR HUMANITY | | | | | | | |
| 2020 E WASHINGTON BLVD FORT WAYNE, IN 46803 | 35-1687064 | 501(C)(3) | 100,000 | | | | GENERAL OPERATING |
| (7) THE DYNAMIC CATHOLIC INSTITUTE | | | } | | | | |
| 5081 OLYMPIC BLVD ERLANGER, KY 41018 | 26-4549213 | 501 (C) (3) | 20,000 | | | | GENERAL OPERATING |
| (8) YOUTH FOR CHRIST | | | | | | | |
| 2825 HILLEGAS ROAD FORT WAYNE, IN 46808 | 35-1051837 | 501 (C) (3) | 75,000 | | | | GENERAL OPERATING |
| (9) VINCENT HOUSE | | | | | | | |
| 2827 HOLTON AVE FORT WAYNE, IN 46806 | 35-1780135 | 501 (C) (3) | 170,000 | | } | | GENERAL OPERATING |
| (10) EMANUEL LUTHERN CHURCH | | | | | | | |
| P O BOX 521 ARCADIA, IN 46030 | 23-7040650 | 501 (C) (3) | 10,000 | | | | OPERATING SUPPORT |
| (11) FOOD FOR THE POOR, INC | | | | | | | |
| 6401 LYONS RD COCONUT CREEK, FL 33073 | 59-2174510 | 501 (C) (3) | 30,000 | | | | OPERATING SUPPORT |
| (12) ZION LUTHERAN CHURCH | | | | | | | |
| 2313 S HANNA ST FORT WAYNE, IN 46803 | 43-0658188 | 501 (C) (3) | 10,000 | | | | OPERATING SUPPORT |
| 2 Enter total number of section 501(c)(3) and | government | organizations lis | ted in the line 1 ta | ble | | | |
| 3 Enter total number of other organizations lis | ted in the line | 1 table . | | | | ▶ | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule i (Form 990) (2018)

JSA 8E1288 1 000 SC1087 761J

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ► Attach to Form 990 ▶ Go to www irs gov/Form990 for the latest information

Open to Public Inspection

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

| Name of the organization MARY CROSS TIPPMANN FOUNDATION | | | | | | | ion number | | |
|--|------------------------------------|------------------------------------|-----------------------------|---------------------------------------|--|--|---------------------------------------|--|--|
| C/O TIPPMANN GROUP | | | | | | | 35-6665908 | | |
| Part I General Information on Grants ar | nd Assistanc | е | | | | | | | |
| Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process. | nts or assistance dures for mor | ce? . nitoring the use | of grant funds in th | e United States | | | X Yes No | | |
| Part II Grants and Other Assistance to I Part IV, line 21, for any recipient | | | | | additional space is r | | es" on Form 990, | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| (1) MISHAWAKA CATHOLIC SCHOOL | | | | | | | | | |
| 524 W 8TH ST MISHAWAKA, IN 46544 | 35-0876373 | 501 (C) (3) | 9,000 | | | | OPERATING SUPPORT | | |
| (2) ST MONICA CATHOLIC CHURCH, MISHAWAKA | | | | | | | | | |
| 222 W MISHAWAKA AVE MISHAWAKA, IN 46545 | 35-0876373 | 501 (C) (3) | 18,000 | | | | OPERATING SUPPORT | | |
| (3) COMMUNITY TRANSPORTATION NETWORK | | | | | - | | | | |
| 5601 INDUSTRIAL RD FORT WAYNE, IN 46825 | 35-2109955 | 501 (C) (3) | 7,500 | | | | OPERATING SUPPORT | | |
| (4) A MOTHERS HOPE INC | | | | | | | | | |
| PO BOX 308 GRABILL, IN 46741 | 47-2760786 | 501 (C) (3) | 40,000 | | | | OPERATING SUPPORT | | |
| (5) BOYS & GIRLS CLUB FORT WAYNE | | | | | | | | | |
| 2609 FAIRFIELD AVE FORT WAYNE, IN 46807 | 35-1778767 | 501 (C) (3) | 30,000 | L | | | OPERATING SUPPORT | | |
| (6) LUTHERAN MILITARY VETERANS | | | | | | | | | |
| 3480 STELLHORN RD FORT WAYNE, IN 46815 | 26-1153121 | 501 (C) (3) | 5,900 | | | | OPERATING SUPPORT | | |
| (7) NEIGHBORLINK FORT WAYNE FOUNDATION, INC | | | | | | | | | |
| 2826 S CALHOUN ST FORT WAYNE, IN 46807 | 52-2389393 | 501 (C) (3) | 10,000 | | | | OPERATING SUPPORT | | |
| (8) CATHEDRAL OF IMMACULATE CONCEPTION | | 1 | | | | | | | |
| 1122 S CLINTON ST FORT WAYNE, IN 46802 | 35-0876373 | 501 (C) (3) | 50,000 | | | | GENERAL OPERATING | | |
| (9) ST JOHN THE BAPTIST CHURCH NEW HAVEN | | | | 1 | | | | | |
| 943 POWERS ST NEW HAVEN, IN 46774 | 35-0876373 | 501 (C) (3) | 22,000 | | | | GENERAL OPERATING | | |
| (10) ST JOHN THE BAPTIST CHURCH SOUTH BEND | | | | | | | | | |
| 3526 ST JOHNS WAY SOUTH BEND, IN 46628 | 35-0876373 | 501 (C) (3) | 25,000 | | | | GENERAL OPERATING | | |
| (11) DIVINE HEALER MEDICAL MISSION | | | | | | | | | |
| PO BOX 10021 FORT WAYNE, IN 46850 | 83-1734120 | 501 (C) (3) | 26,000 | | | | OPERATING SUPPORT | | |
| (12) CAHOOTS COFFEE CAFE | | | | | | | | | |
| 218 W MAUMEE ST ANGOLA, IN 46703 | 41-2083910 | 501 (C) (3) | 15,000 | | | l | OPERATING SUPPORT | | |
| 2 Enter total number of cection 501(c)(3) and | govornment | organizations li | cted in the line 1 ta | blo | | . ▶ | | | |

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule ((Form 990) (2018)

JSA 8E12881000 SC1087 761J

V 18-4.5F

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

▶ Attach to Form 990

▶ Go to www irs gov/Form990 for the latest information

2018 Open to Public

35-6665908

OMB No 1545-0047

Inspection
Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

C/O TIPPMANN GROUP

MARY CROSS TIPPMANN FOUNDATION

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------|---|---|---|---|--|--|
| | | | | | | |
| 35-0869050 | 501 (C) (3) | 20,000 | | | | OPERATING SUPPORT |
| | | | | | | |
| 35-1365346 | 501 (C) (3) | 15,000 | | | | OPERATING SUPPORT |
| | | | | | | |
| 35-0922731 | 501 (C) (3) | 107,500 | | · | | OPERATING SUPPORT |
| | | | | | | |
| 26-3332215 | 501(C)(3) | 10,000 | | | | OPERATING SUPPORT |
| | | | | | | |
| 35-088680 | 501 (C) (3) | 100,000 | | | | OPERATING SUPPORT |
| - | | | | | | |
| 47-5273251 | 501 (C) (3) | 30,000 | | | | OPERATING SUPPORT |
| 4 | | | | | - | |
| | | | | | | |
| _ | | | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| | 35-0869050 35-1365346 35-0922731 26-3332215 35-088680 | (if applicable) 35-0869050 501(C) (3) 35-1365346 501(C) (3) 35-0922731 501(C) (3) 26-3332215 501(C) (3) 35-088680 501(C) (3) | (if applicable) grant 35-0869050 501 (c) (3) 20,000 35-1365346 501 (c) (3) 15,000 35-0922731 501 (c) (3) 107,500 26-3332215 501 (c) (3) 10,000 35-088680 501 (c) (3) 100,000 | (if applicable) grant cash assistance 35-0869050 501 (c) (3) 20,000 35-1365346 501 (c) (3) 15,000 35-0922731 501 (c) (3) 107,500 26-3332215 501 (c) (3) 10,000 35-088680 501 (c) (3) 100,000 | 35-0869050 501(c)(3) 20,000 35-1365346 501(c)(3) 15,000 35-0922731 501(c)(3) 107,500 26-3332215 501(c)(3) 10,000 35-088690 501(c)(3) 100,000 | 35-0869050 501(c)(3) 20,000 35-1365346 501(c)(3) 15,000 35-0922731 501(c)(3) 107,500 26-3332215 501(c)(3) 10,000 35-088680 501(c)(3) 100,000 |

3 Enter total number of other organizations listed in the line 1 table .

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2018)

JSA 8E1288 1 000 SC1087 761J

V 18-4.5F

Schedule I (Form 990) (2018)

Page 2

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book FMV appraisal other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|-----------------------------|-----------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 1

THE ORGANIZATION MONITORS THE SPECIFIC PURPOSE GRANTS TO ENSURE THAT THEY

ARE USED FOR THEIR PROPER PURPOSES AND ARE NOT DIVERTED FROM THEIR

INTENDED USE MOST GRANTS ARE ISSUED FOR GENERAL OPERATING EXPENSES OF

THE ORGANIZATIONS RECEIVING THE GRANTS, AND PERIODIC FINANCIAL STATEMENTS

ARE REQUESTED FROM THESE ORGANIZATIONS TO ENSURE PROPER GRANT FUND USAGE

Schedule I (Form 990) (2018)

JSA

8E1504 1 000 SC1087 761J

Noncash Contributions

OMB No 1545-0047

2018 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

MARY CROSS TIPPMANN FOUNDATION

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer Identification number

C/O TIPPMANN GROUP

35-6665908

| Par | Types of Property | | | | | | | |
|----------|--------------------------------------|-------------------------------|--|--|------------------------|------|-----|----|
| • | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash cont | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | | <u> </u> | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | 1 | 1 070 004 | amaar, arra | .m.n | | |
| 9 | Securities - Publicly traded | | 1. | 1,078,024. | STOCK QUO | TE | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution - Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| 45 | contribution - Other | | | | | | | |
| 15 | Real estate - Residential | } | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | · | | | | | |
| 19 20 | Food inventory | 1 | | | , | | | —— |
| 21 | Drugs and medical supplies | 1 | | | | | | |
| 22 | Taxidermy | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ►() | | | | | | | |
| 26 | Other ►() | | | | | | | |
| 27 | Other ►() | | | | | | | |
| 28 | Other ►() | | | | | | | |
| 29 | Number of Forms 8283 received | by the ora | anization during the tax v | ear for contributions for | <u> </u> | | | |
| | which the organization completed l | | - | | 29 | | | |
| | | | , | , | | | Yes | No |
| 30a | During the year, did the organizat | tion receive | by contribution any prope | rty reported in Part I, line | s 1 through | | | , |
| | 28, that it must hold for at least t | hree years f | rom the date of the initial | contribution, and which is | sn't required | | | |
| | to be used for exempt purposes for | the entire h | olding period? | | | 30a | | Х |
| b | If "Yes," describe the arrangement | ın Part II | - | | | | | |
| 31 | Does the organization have a | | tance policy that require | es the review of any | nonstandard | | | 1 |
| | contributions? | - | The state of the s | - | | 31 | | Х |
| 32a | Does the organization hire or us | | | | | | -7 | |
| | contributions? | | | | | 32a | | Х |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization didn't report an | amount in d | column (c) for a type of pro | perty for which column (a |) is checked, | | | |
| | describe in Part II | | | | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018)

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Part II Supple

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ

20**18**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Employer identification number

C/O TIPPMANN GROUP

35-6665908

REVIEW OF FORM 990 BY GOVERNING BODY

PART VI, SECTION B, LINE 11A

THE FORM 990 WAS REVIEWED BY TRUSTEES, PRIOR TO FILING. THE FORM 990 (AS ULTIMATELY FILED WITH THE IRS, INCLUDING SUPPLEMENTAL SCHEDULES) WAS PROVIDED ELECTRONICALLY IN PDF FORM TO EACH MEMBER OF THE BOARD.

MARY CROSS TIPPMANN FOUNDATION

COMPENSATION OF OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF THE ORGANIZATION FORM 990, PART VI, SECTIOM B, LINE 15A AND 15B THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS OR EMPLOYEES. THEREFORE, THESE QUESTIONS HAVE BEEN ANSWERED NO IN ACCORDANCE WITH THE IRS FORM 990 INSTRUCTIONS.

DISCLOSURE OF FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES

FORM 990, PART VI, SECTION C, LINE 19 FINANCIAL STATEMENTS, GOVERNING

DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES

PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE

NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

FAMILY AND BUSINESS RELATIONSHIPS OF OFFICERS

PART VI, SECTION A, LINE 2 JOHN V. TIPPMANN, SR. AND JOHN V. TIPPMANN,

JR. - FAMILY RELATIONSHIP. JEFF HASTINGS AND JOHN V. TIPPMANN, SR.
BUSINESS RELATIONSHIP. JOHN V. TIPPMANN, SR. AND CHRIS TIPPMANN - FAMILY

RELATIONSHIP.

PART VI, SECTION B, 12C

EACH TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

Name of the organization C/O TIPPMANN GROUP

MARY CROSS TIPPMANN FOUNDATION

Employer Identification number 35-6665908

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.