

Return of Organization Exempt From Income Tax

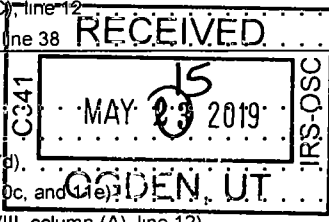
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Header section A-M containing organization name (MARY CROSS TIPPMANN FOUNDATION), EIN (35-6665908), address (9009 COLDWATER ROAD, FORT WAYNE, IN 46825), and principal officer (JOHN V. TIPPMANN, JR.).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 4,394,916), expenses (Total: 5,165,475), and net assets (Total: 112,311,455).

SCANNED AUG 06 2019



Part II Signature Block

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

Signature of officer: John V. Tippmann Sr, Chairman, dated 5/15/19.

Preparer information: SANDRA E HOFMANN, CROWE LLP, 9910 DUPONT CIR DR E STE 230 FORT WAYNE, IN 46825-1612.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Handwritten number 638

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission  
TO SUPPORT PUBLIC CHARITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 5,010,878 including grants of \$ 5,010,878 ) (Revenue \$ 3,076 )  
SUPPORTS THE ACTIVITIES OF PUBLIC CHARITIES.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4d Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4e Total program service expenses ▶ 5,010,878.

ABDI MO

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting. Includes handwritten 'X' marks in the Yes/No columns.

**Part IV 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 . . . . .		X
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 . . . . .		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a 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 . . . . .		X
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 . . . . .		X
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 . . . . .		X
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
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 . . . . .		X
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 . . . . .		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b 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 . . . . .		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V.

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		0.
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		0.
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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-T (Section 501(c)(3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records

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

Check if Schedule O contains a response or note to any line in this Part VII

**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

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN V. TIPPMANN, SR. CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) JOHN V. TIPPMANN, JR. PRESIDENT	1.00 0.	X		X				0.	0.	0.
(3) JEFF HASTINGS TREASURER	1.00 0.	X		X				0.	0.	0.
(4) DR. MICHAEL MASTRANGELO MANAGING TRUSTEE	1.00 0.	X		X				0.	0.	0.
(5) WILLIAM D. SWIFT TRUSTEE	1.00 0.	X						0.	0.	0.
(6) JAMES FITZPATRICK MANAGING TRUSTEE	1.00 0.	X						0.	0.	0.
(7) BOBBY WILLIAMS MANAGING TRUSTEE	1.00 0.	X						0.	0.	0.
(8) OTTO BONAHOOM SECRETARY	1.00 0.	X		X				0.	0.	0.
(9) KEVIN JOYCE TRUSTEE	1.00 0.	X						0.	0.	0.
(10) CHRIS TIPPMANN TRUSTEE	1.00 0.	X						0.	0.	0.
(11) JOE WHARTON TRUSTEE	1.00 0.	X						0.	0.	0.
(12) CARL MINICK MANAGING TRUSTEE	1.00 0.	X						0.	0.	0.
(13)										
(14)										





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b				
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,078,474			
	g Noncash contributions included in lines 1a-1f \$		1,078,024			
	h <b>Total.</b> Add lines 1a-1f . . . . .		1,078,474			
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue . . . . .					
g <b>Total.</b> Add lines 2a-2f . . . . .		0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). . . . .		655,006		655,006	
	4 Income from investment of tax-exempt bond proceeds . .		0			
	5 Royalties . . . . .		0			
	6a Gross rents . . . . .	(i) Real	5,095,895			
		(ii) Personal	2,684,686			
			2,411,209			
	d Net rental income or (loss) . . . . .		2,411,209		2,411,209	
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,325,175			
		(ii) Other				
		b Less cost or other basis and sales expenses . . . . .		1,078,024		
		c Gain or (loss) . . . . .		247,151		
	d Net gain or (loss) . . . . .		247,151			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	0			
		b Less direct expenses . . . . .	b	0		
		c Net income or (loss) from fundraising events . . . . .		0		
	9a Gross income from gaming activities See Part IV, line 19 . . . . .	a	0			
		b Less direct expenses . . . . .	b	0		
c Net income or (loss) from gaming activities . . . . .			0			
10a Gross sales of inventory, less returns and allowances . . . . .	a	0				
	b Less cost of goods sold . . . . .	b	0			
	c Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS INCOME		3,076	3,076			
b						
c						
d All other revenue . . . . .						
e <b>Total.</b> Add lines 11a-11d . . . . .		3,076				
12 <b>Total revenue.</b> See instructions . . . . .		4,394,916	3,076		3,066,215	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 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.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees)	0.			
a Management . . . . .				
b Legal . . . . .	3,694.		3,694.	
c Accounting . . . . .	6,800.		6,800.	
d Lobbying . . . . .	0.			
e 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 (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 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	0.			
23 Insurance . . . . .	0.			
24 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.	
b SEMINARS/CONFERENCES . . . . .	150.		150.	
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
25 Total functional expenses Add lines 1 through 24e	5,165,475.	5,010,878.	154,597.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	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 Complete Part II of Schedule L . . . . .	0.	5	0.	
	6 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.	
	7 Notes and loans receivable, net . . . . .	0.	7	0.	
	8 Inventories for sale or use . . . . .	0.	8	0.	
	9 Prepaid expenses and deferred charges . . . . .	0.	9	3,909.	
	10a 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 . . . . .	0.	14	0.	
	15 Other assets See Part IV, line 11 . . . . .	585,062.	15	560,026.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	113,108,651.	16	112,353,573.		
Liabilities	17 Accounts payable and accrued expenses . . . . .	26,637.	17	42,118.	
	18 Grants payable . . . . .	0.	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.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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 . . . . .	0.	25	0.	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	26,637.	26	42,118.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets . . . . .		27		
	28 Temporarily restricted net assets . . . . .		28		
	29 Permanently restricted net assets . . . . .		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds . . . . .	113,082,014.	30	112,311,455.	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0.	31	0.	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	0.	32	0.	
33 <b>Total net assets or fund balances . . . . .</b>	113,082,014.	33	112,311,455.		
34 <b>Total liabilities and net assets/fund balances . . . . .</b>	113,108,651.	34	112,353,573.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,394,916.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,165,475.
3	Revenue less expenses Subtract line 2 from line 1	3	-770,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,082,014.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	112,311,455.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a 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 compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b 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 audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **MARY CROSS TIPPMANN FOUNDATION**  
C/O TIPPMANN GROUP

Employer identification number  
**35-6665908**

**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . 90
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1 (A) Various 501(c)3 organizations					5,010,878	
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					5,010,878.	

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Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage for 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**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.)

**Section 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
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 <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c 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 <b>Part VI</b> 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.		
5a 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 <b>Part VI</b> , 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).		X
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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 <b>Part VI</b> .		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).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
9a 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 <b>Part VI</b> .		X
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 <b>Part VI</b> .		X
c 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 <b>Part VI</b> .		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		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.)		



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described in (a) above?		X
<b>c</b> 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.		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).		X

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 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.		
<b>b</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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
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	<b>Total annual distributions.</b> 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)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
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			
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	<b>Excess distributions carryover to 2019.</b> Add lines 3j 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 . . . . .			

**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.

SCHEDULE A, PART IV, SECTION C, QUESTION 1

THE MANAGING TRUSTEES OF THE MARY CROSS TIPPMMANN FOUNDATION ARE ALSO OFFICERS, DIRECTORS, OR TRUSTEES OF SOME OF THE VARIOUS SUPPORTED ORGANIZATIONS. THE MANAGING TRUSTEES SHARE THE CONTROLLING NUMBER OF VOTES OF THE BOARD, SO CONTROL OF THE ORGANIZATION IS VESTED IN THE MANAGING TRUSTEES.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
		ORGANIZATION	YES		
VARIOUS 501(C)(3) ORGANIZATIONS			X	5,010,878	0
TOTAL AMOUNT OF SUPPORT				<u>5,010,878</u>	<u>0</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization MARY CROSS TIPPMANN FOUNDATION C/O TIPPMANN GROUP

Employer identification number 35-6665908

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 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?, 6 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 conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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

Table with 2 columns: Revenue and Assets. Rows include: 1a 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, 1b 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, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

Table with 2 columns: (a) Description of liability, (b) Book value. Rows 1. (1) Federal income taxes, (2) through (9), and Total.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Multiple horizontal lines provided for entering supplemental information.



**Part XIII** Supplemental Information (continued)

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**SCHEDULE I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information

Name of the organization <b>MARY CROSS TIPPMMANN FOUNDATION C/O TIPPMMANN GROUP</b>	Employer identification number <b>35-6665908</b>
--------------------------------------------------------------------------------------------	-----------------------------------------------------

**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 the selection criteria used to award the grants or assistance?  Yes  No
- 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

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
<b>(1) ALLEN COUNTY JAIL CHAPLAINCY</b> 417 S CALHOUN ST FORT WAYNE, IN 46802	35-2030383	501 (C) (3)	10,000				GENERAL OPERATING
<b>(2) AMERICAN LIFE LEAGUE</b> PO BOX 1350 STAFFORD, VA 22555	52-1238301	501 (C) (3)	20,000				GENERAL OPERATING
<b>(3) ARC OF NORTHEAST INDIANA, INC</b> 4919 COLDWATER ROAD FORT WAYNE, IN 46825	35-0998711	501 (C) (3)	12,500				GENERAL OPERATING
<b>(4) BISHOP LUERS HIGH SCHOOL</b> 333 EAST PAULDING RD FORT WAYNE, IN 46816	35-1041555	501 (C) (3)	220,000				CAPITAL CAMPAIGN & T
<b>(5) CATHOLIC CHARITIES</b> 315 E WASHINGTON BOULEVARD	35-1038653	501 (C) (3)	25,000				GENERAL OPERATING
<b>(6) CATHOLIC CHURCH EXTENSION SOCIETY OF USA</b> 150 S WACKER DR 20TH FLOOR	36-6000520	501 (C) (3)	65,500				GENERAL OPERATING
<b>(7) CATHOLIC MEDICAL MISSION BOARD</b> 10 WEST 17TH STREET NEW YORK, NY 10011	13-5602319	501 (C) (3)	25,000				GENERAL OPERATING
<b>(8) CATHOLIC RELIEF SERVICES</b> 228 W LEXINGTON ST BALTIMORE, MD 21298	13-5563422	501 (C) (3)	250,000				GENERAL OPERATING
<b>(9) CHRIST CHILD SOCIETY</b> P O BOX 12708 FORT WAYNE, IN 46802	35-2015467	501 (C) (3)	26,200				GENERAL OPERATING
<b>(10) CROSS CATHOLIC OUTREACH</b> 2700 N MILITARY TR BOCA RATON, FL 33427	65-1156061	501 (C) (3)	35,000				GENERAL OPERATING
<b>(11) DIOCESE OF FT WAYNE/SOUTH BEND</b> 1103 SOUTH CALHOUN STREET	35-0876373	501 (C) (3)	205,000				GENERAL OPERATING
<b>(12) DIOCESE OF VENICE, IN FLORIDA</b> 1000 PINEBROOK RD VENICE, FL 34285	59-2434603	501 (C) (3)	43,660				GENERAL 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 ▶

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Schedule I (Form 990) (2018)

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**C/O TIPPMMANN GROUP**

Employer identification number  
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(1) 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 2811 MOYERS LANE READING, PA 19605	23-1352233	501(C)(3)	22,500				GENERAL OPERATING
(8) REDEEMER RADIO 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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2018)

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Department of the Treasury  
Internal Revenue Service

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Name of the organization **MARY CROSS TIPPMANN FOUNDATION**  
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Employer identification number  
**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 the selection criteria used to award the grants or assistance?  Yes  No
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**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

(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
<b>(1)</b> ST ALOYSIUS CATHOLIC CHURCH 2300 W LE MOYNE ST CHICAGO, IL 60622	35-0876373	501(C)(3)	18,000				GENERAL OPERATING
<b>(2)</b> ST JOSEPH CATHOLIC CHURCH 2213 BROOKLYN AVENUE FORT WAYNE, IN 46802	35-0876373	501(C)(3)	60,000				CAPITAL CAMPAIGN
<b>(3)</b> ST JOSEPH COMMUNITY HEALTH FOUNDATION 2826 S CALHOUN ST FORT WAYNE, IN 46807	31-1016570	501(C)(3)	30,500				GENERAL OPERATING
<b>(4)</b> ST MARY'S CATHOLIC CHURCH 1101 S LAFAYETTE ST FORT WAYNE, IN 46857	35-0933552	501(C)(3)	10,000				GENERAL OPERATING
<b>(5)</b> THREE RIVERS RIGHT TO LIFE ED TRUST FUND 3409 CONESTOGA DRIVE FORT WAYNE, IN 46808	35-1547508	501(C)(3)	27,300				GENERAL OPERATING
<b>(6)</b> TURNSTONE CENTER 3320 N CLINTON ST FORT WAYNE, IN 46805	35-0913541	501(C)(3)	45,000				GENERAL OPERATING
<b>(7)</b> UNIVERSITY OF ST FRANCIS 2701 SPRING STREET FORT WAYNE, IN 46808	35-0886846	501(C)(3)	420,000				GENERAL OPERATING
<b>(8)</b> WELLSRING INTERFAITH SOCIAL SERVICES 1316 BROADWAY FORT WAYNE, IN 46802	51-0151621	501(C)(3)	12,000				GENERAL OPERATING
<b>(9)</b> WOMEN'S CARE CENTER PO BOX 12966 FORT WAYNE, IN 46866	35-1609945	501(C)(3)	500,000				GENERAL OPERATING
<b>(10)</b> AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD AVE MARIA, FL 34142	03-0482006	501(C)(3)	85,000				OPERATING SUPPORT
<b>(11)</b> ASSOCIATED CHURCHES OF FORT WAYNE 602 E WAYNE ST FORT WAYNE, IN 46802	35-0905944	501(C)(3)	25,000				OPERATING SUPPORT
<b>(12)</b> 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 listed in the line 1 table ▶
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Schedule I (Form 990) (2018)

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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				GENERAL OPERATING
(5) BISHOP DWENGER HIGH SCHOOL 1300 E WASHINGTON CENTER RD	35-1090327	501(C)(3)	270,000				CAPITAL CAMPAIGN & T
(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 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 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 BELLARMINO CATHOLIC CHURCH 1203 STATE ROAD 114 E	35-0876373	501(C)(3)	67,000				GENERAL OPERATING

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) ST VINCENT DE PAUL CATHOLIC CHURCH 1502 E WALLEEN RD FORT WAYNE, IN 46825	35-0876373	501(C)(3)	105,000				GENERAL OPERATING
(2) BLUE JACKET 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 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) VINCEVT HOUSE 2827 HOLTON AVE FORT WAYNE, IN 46806	35-1780135	501(C)(3)	170,000				GENERAL OPERATING
(10) EMANUEL LUTHERAN 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 listed in the line 1 table ▶
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<b>(1)</b> MISHAWAKA CATHOLIC SCHOOL 524 W 8TH ST MISHAWAKA, IN 46544	35-0876373	501(C)(3)	9,000				OPERATING SUPPORT
<b>(2)</b> ST MONICA CATHOLIC CHURCH, MISHAWAKA 222 W MISHAWAKA AVE MISHAWAKA, IN 46545	35-0876373	501(C)(3)	18,000				OPERATING SUPPORT
<b>(3)</b> COMMUNITY TRANSPORTATION NETWORK 5601 INDUSTRIAL RD FORT WAYNE, IN 46825	35-2109955	501(C)(3)	7,500				OPERATING SUPPORT
<b>(4)</b> A MOTHERS HOPE INC PO BOX 308 GRABILL, IN 46741	47-2760786	501(C)(3)	40,000				OPERATING SUPPORT
<b>(5)</b> BOYS & GIRLS CLUB FORT WAYNE 2609 FAIRFIELD AVE FORT WAYNE, IN 46807	35-1770767	501(C)(3)	30,000				OPERATING SUPPORT
<b>(6)</b> LUTHERAN MILITARY VETERANS 3480 STELLHORN RD FORT WAYNE, IN 46815	26-1153121	501(C)(3)	5,900				OPERATING SUPPORT
<b>(7)</b> NEIGHBORLINK FORT WAYNE FOUNDATION, INC 2826 S CALHOUN ST FORT WAYNE, IN 46807	52-2389393	501(C)(3)	10,000				OPERATING SUPPORT
<b>(8)</b> CATHEDRAL OF IMMACULATE CONCEPTION 1122 S CLINTON ST FORT WAYNE, IN 46802	35-0876373	501(C)(3)	50,000				GENERAL OPERATING
<b>(9)</b> ST JOHN THE BAPTIST CHURCH NEW HAVEN 943 POWERS ST NEW HAVEN, IN 46774	35-0876373	501(C)(3)	22,000				GENERAL OPERATING
<b>(10)</b> ST JOHN THE BAPTIST CHURCH SOUTH BEND 3526 ST JOHNS WAY SOUTH BEND, IN 46628	35-0876373	501(C)(3)	25,000				GENERAL OPERATING
<b>(11)</b> DIVINE HEALER MEDICAL MISSION PO BOX 10021 FORT WAYNE, IN 46850	83-1734120	501(C)(3)	26,000				OPERATING SUPPORT
<b>(12)</b> CAHOOTS COFFEE CAFE 218 W MAUMEE ST ANGOLA, IN 46703	41-2083910	501(C)(3)	15,000				OPERATING SUPPORT

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**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 the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 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

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
<b>(1)</b> CROSSROAD CHILD & FAMILY SERVICES, INC 1825 BEACON ST FORT WAYNE, IN 46805	35-0869050	501(C)(3)	20,000				OPERATING SUPPORT
<b>(2)</b> HOPE ALIVE INC 1747 N WELLS ST FORT WAYNE, IN 46808	35-1365346	501(C)(3)	15,000				OPERATING SUPPORT
<b>(3)</b> JUNIOR ACHIEVEMENT 601 NOBLE DR FORT WAYNE, IN 46825	35-0922731	501(C)(3)	107,500				OPERATING SUPPORT
<b>(4)</b> NEW MOUNT CARMEL FOUNDATION INC PO BOX 2507 CODY, WY 82414	26-3332215	501(C)(3)	10,000				OPERATING SUPPORT
<b>(5)</b> THE LUTHERAN FOUNDATION 3024 FAIRFIELD AVE FORT WAYNE, IN 46807	35-088680	501(C)(3)	100,000				OPERATING SUPPORT
<b>(6)</b> THOSE CATHOLIC MEN PO BOX 10053 FORT WAYNE, IN 46850	47-5273251	501(C)(3)	30,000				OPERATING SUPPORT
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

- 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

Schedule I (Form 990) (2018)



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(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
1					
2					
3					
4					
5					
6					
7					

**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 M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **MARY CROSS TIPPMANN FOUNDATION**  
C/O TIPPMANN GROUP

Employer identification number  
**35-6665908**

**Part I 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	(d) Method of determining noncash contribution amounts
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. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	1.	1,078,024.	STOCK QUOTE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other. . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II** **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.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **MARY CROSS TIPPMANN FOUNDATION**  
**C/O TIPPMANN GROUP**

Employer identification number  
**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.

COMPENSATION OF OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF THE ORGANIZATION  
FORM 990, PART VI, SECTION 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 MARY CROSS TIPPMANN FOUNDATION  
C/O TIPPMANN GROUP

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.