, 990 Form 990

(Rev January 2020)

Department of the Treasury Internal Revenue Service

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

2019
Open to Public Inspection

| A Fo | r the 2019 | | year, or tax | | | m | (335) | 5015 | | 19, an | d end | ling | 3 o c | nployer id | 46 | , 20 | | |
|-------------------------|-----------------------------|-------------------------------|--|----------------|---|------------|--------------|------------------------|----------------------------|---------------|-----------------|---------------------------------------|--------------------|--------------|---------------|----------------|--------------|---------------|
| Всъе | ck if applicable | 1/ | f organization | | | TIPP | MANN | FOUN | DATION | | | | Bi . | | | | ber | |
| | Address | | TIPPMAN | N GROUP | <u>, </u> | | | | | | | | 4 | 35-666 | 590 | 3 | | |
| \perp | change | | isiness as | | | | | | | | | | | | | | | |
| Ш | Name change | I | and street (or | | | ot deliven | ed to str | eet addre | ess) | Ro | om/su | ite | 1 | elephone n | | | | |
| \square | Initial return | | COLDWAT | | | | | | | i | | | (2 | 60) 4 | 90-3 | 000 | | |
| | Final return/ terminated | | own, state or | • | - | nd ZIP or | foreign (| postal co | de | | | | 1 | | | | | |
| | Amended return | FORT | WAYNE, | IN 468 | 25 | | | | | | | | GG | ross receip | ts \$ | 7. | <u>, 121</u> | <u>,</u> 571. |
| | Application pending | 1 | nd address of | | | | | | MANN, | | | 0 | H(a) | Is this a gr | | m for | Yes | X No |
| | | 9009 | COLDWAT | rer roa | ΔD,, | FORT | WAYN | JE, I | N 4682 | 5 | | |) Н(ь) | Are all subo | | cluded? | Yes | No |
| T | ax-exempt s | tatus X | 501(c)(3) | 501 | (c) (|) ◀ | (insert | no) | 4947(a) | (1) or | | 152h / | | If "No," | attach a l | ist. (see insl | tructions) | |
| J W | /ebsite | N/A | | | | | | | | Ħ | | | H(c) | Group exe | mption n | umber 🕨 | | |
| (F | orm of orga | nızatıon | Corporation | 1 X Trust | 1 / | Associatio | m | Other | > | / | LY | ear of form | ation | 1998 N | State | of legal do | micile | IN |
| Pai | i S | ummary | | | | | | | | i | • | | | | | | | |
| | 1 Briefi | v describe | the organiza | ation's miss | sion or | most sic | ınıfican | t activiti | es TO S | UPPO | ORT | PUBLI | С СН | ARITI | ES. | | | |
| | | , | | | | | , | | | | | | | | | - | | |
| Activities & Governance | - | | | | | | | | | | | | | | | | | |
| Ĕ | 2 Chec | k thic box | ▶ ☐ If th | | tion du | ceontinu | od ito | onoratio | ne or dien | ocod o | of mor | o than 25 | 94 of its | not acco | otc . | | | |
| Š | | | g members | | | | | | | | | | 70 OI IL | o net asse | 3 | | | 12. |
| 8 | | | - | - | _ | • • | - | - | | | | | | | | | | 12. |
| 8 | | - | pendent vote | - | | - | - | | t vi, line it | - | <u>/</u> | · 💛 | $7 \cdots$ | • • • • | 4 | | | 0. |
| <u>¥</u> | | | individuals | | | - | | | line 2a). | · /\ | (V) | · · · · · · · · · · · · · · · · · · · | | | 5 | | | 11. |
| 5 | | | volunteers (| • | | | | | | | 3/. | | <i>(</i> %) | \cdots | 6 | | | 0. |
| | 7a Total | unrelated I | business rev | enue from I | Part VI | II, colum | n (C), l | ine 12 | · · · · // | \bigcirc | ر. <u></u> | J050 | ·/. · | ·> · · | 7a | | | |
| - | b Net u | inrelated bu | usiness taxa | ble income | from F | orm 990 |)-T, line | 39 . | | | | ···/ | \sim | <u>/</u> | 7b | | | |
| 1 | | | | | | | | | / / | . 15 | 1 | | | or Year | 24 | Cur | rent Y | |
| ē. | 8 Cont | ributions ar | id grants (Pa | art VIII, line | 1h) | | · · · · | | · \ . \ . | %. | <i>./</i> | | ∕ ⊥, | 078,4 | $\overline{}$ | | ۷, | , 630. |
| Revenue | 9 Progr | ram service | nd grants (Pa revenue (Pa me (Part VII | art VIII, line | 2g) | | | | · /5/ | | | Σ | | | 0. | | | 0. |
| ﴾ اچ | 10 Inves | tment inco | me (Part VII | II, column (/ | A), line | s 3, 4, aı | nd 7d). | | · · · · /? |) . /. | O_{ℓ} | /· | | 902,1 | | | | ,428. |
| | 11 Othe | r revenue (| Part VIII, co | ılumn (A), lir | nes 5, | 6d, 8c, 9 | c, 10c, | and 11 | e) ` | . | . / . | | | 414,2 | | | | ,694. |
| | 12 Total | revenue - | add lines 8 t | through 11 | (must | equal Pa | ırt VIII, | column | (A), line 12 | 2).\. | <u> </u> | | | 394,9 | | | | ,752. |
| - | 13 Gran | ts and simi | lar amounts | paid (Part I | X, colu | mn (A), | lines 1- | 3) | | | | | 5, | 010,8 | 78. | 3, | 817, | ,715. |
| - | 14 Bene | fits paid to | or for memb | oers (Part IX | K, colur | nn (A), li | ne 4) . | | | | | | | | 0. | | | 0. |
| φ. | 15 Salar | ies, other o | compensation | n, employer | e benef | fits (Part | IX, col | umn (A) | , lines 5–1 | 0) | | 🗀 | | | 0. | | | 0. |
| 월 . | 16a Profe | ssional fun | ndraising fees | s (Part IX, c | olumn | (A), line | 11e) . | | | | | 🗀 | | | 0. | | | 0. |
| Expenses | | | g expenses (| | | | | | | 0. | | | | | | | | |
| ω . | | - | (Part IX, col | | | | _ | | | | | | | 154,5 | 97. | | 171, | ,644. |
| | | | Add lines 13 | | | | | | | | | | 5, | 165,4 | | 3, | 989 | 359. |
| | | | xpenses. Sul | | • | • | | | | | | | | -770,5 | | | | ,607. |
| 28 | 10 11010 | 1100 1033 07 | фениса. оа | Direct line 1 | 0 110111 | inic iz | • • • • | • • • • | | | | | | of Current | | End | d of Yea | |
| 2 2 . | On Total | accete /Par | rt X, line 16) | | | | | | | | | | | 353,5 | | | | ,002. |
| Fund Balances | 20 Total | - | Part X, line 2 | | | | | • • • • | | | | · · | | 42,1 | _ | | | , 154. |
| | 21 10141 | • | • | | | | | • • • • | | | | • • | 112 | 311,4 | | 112 | | 848. |
| | | | nd balances | Subtracti | line 21 | trom tine | 20 | • • • • | | • • • • | | • • | 112, | 311,4 | 55. | 112, | 230, | , 040. |
| ar - | | gnature E | | | | | | | | | | 1-1 | | | | | | -lC -4 |
| briat true, | correct, and | o perjury, i I complete. D | declare that I eclaration of p | preparer (oth | neo uni ier than | officer vs | based | g accom on all info | panying scr ormation of | which p | anu s prepar | er has any | , and to knowle | dge | oi iny i | | and be | ener, it is |
| | | $\bigcap_{a} I$ | 1-11 | · Man | nn n | 2 | | | | | | | | سر. | 1,_ | 1/22 | | |
| Sign | . • | Yon | | <u> </u> | יטוע | | • | | | | | | | | <u>//S</u> | 100 | | |
| lere | 1 . / | Signature of | omcer 1/ | t | - [| Х | ١, | | | | | | | Date / | | , | | |
| ICIL | · | | <u>nn V·</u> | 1100 |)Moy | NA . | 11 | | | | | | | | | | | |
| | | •• | t name and title | e 1 | | | | | | | | | | | | | | |
| | Print | /Type prepar | rer's name | | | Preparer | 's signa | ture | 41 | | Date | /= /225 | , T | Check |] II [| MIT | | |
| aid | | DRA E H | HOFMANN | | | _ | tande | در بر | freen | ۱ ۱ | 5, | /5/202 | | self-empk | - 1 | P004 | | 37 |
| rep | Firm | 's name | CROWE L | LP | | | | | | | | | Firm | 's EIN 🕨 | 35-0 | 92168 | 0 | |
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| /av | | | ıs return wı | | | | | | | | | | | | | 1 1 | 'es | No |
| , | | | Act Matica | | | | | . , ,500 | | ,. | | <u> </u> | · · · · · | • • • • | • • • | | |) /2010 |

| | n 990 (2019) | Page 2 |
|-------------|---|------------------------|
| Ρā | Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| | Briefly describe the organization's mission TO SUPPORT PUBLIC CHARITIES. | |
| | TO SOFFORT TODDIC CHARTIES. | |
| | | |
| | | |
| 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 X 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 X No |
| | If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service | e as magazirad hy |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported | |
| | (Code:) (Expenses \$3,817,715. including grants of \$3,817,715.) (Revenue \$ | 3,020. |
| | SUPPORTS THE ACTIVITIES OF PUBLIC CHARITIES. | |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| • - | 10-d- \(\frac{1}{2}\) | |
| 4C | (Code) (Expenses \$including grants of \$) (Revenue \$ | |
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| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}} | |
| | Total program service expenses ▶ 3,817,715. | |
| JSA 9E 1 | 020 2 000 | Form 990 (2019) |

Form 990 (2019)

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| art | Checklist of Required Schedules | | Yes | No |
|------------|---|----------|-----|-----------|
| | is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | x | |
| 2 | s the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 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 |
| . : | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | s 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 98-197 If "Yes," complete Schedule C, Part III | 5 | | Х |
| | 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 |
| | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| - | 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 | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| 1 | or ın quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| | 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 | <u> </u> | | |
| | 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 | |
| | 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 | | X |
| | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| , | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| i | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| ı | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| ı | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| | 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 |
| | 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 |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| | 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 |
| | 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 | | Х |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | <u> </u> | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | † <u></u> |
| | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | \vdash |
| | | 21 | х | |
| 000 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | | L |
| | | Form | 990 | (2 |

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| 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 | _ | | v |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | ļ | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | 20 | 1 | Х |
| 04- | employees? If "Yes," complete Schedule J | 23 | | |
| 24 B | • | | | |
| | \$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 | 24a | | х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | _ | |
| | 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 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | ļ |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | 1 | | ĺ |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | v |
| | "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 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | •• | | х |
| 94 | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| 32 | complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | J2 | | |
| 00 | 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 | 35Ь | | |
| 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 | 36 | | х |
| 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 | 37 | | 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 | 38 | Х | ı |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | لـــا، |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0. | 1 | | ı |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 | | l |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | ı |
| JSA | reportable gaming (gambling) winnings to prize winners? | | 000 | |
| | | Fam | 3 3 U | (2019) |

| 1 | MARY CROSS TIPPMANN FOUNDATION 35-6665 | 908 | | |
|-----|---|-----|---------|----------|
| orm | 990 (2019) | | 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 | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | 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)? | 4a | | Х |
| ь | 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) | | l' | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | 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? | 6a | İ | Х |
| h | 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). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| u | and services provided to the payor? | 7a | | Х |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| · | required to file Form 8282? | 7c | | x |
| a | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | - | x x |
| f | Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | | Х |
| | | 7g | | |
| g | 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 | | |
| | 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 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | İ | | |
| 11 | Section 501(c)(12) organizations. Enter | 1 | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| _ | against amounts due or received from them) | | l | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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. | 1 | | i |
| | 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 | | | |
| ь | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| _ | the organization is licensed to issue qualified health plans | [| | 1 |
| c | Enter the amount of reserves on hand | | | <u> </u> |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 | | | |
| | | | | |

Form **990** (2019)

| Part | | | | | | |
|--------|--|-------------|--------------|------------|-------------------------|----------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
| Sect | ion A. Governing Body and Management | | | | V | N- |
| | | . ما | 12 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 12 | | | |
| | 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 | | | | | |
| | committee, explain on Schedule O. | ۱ | 10 | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business re | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or un | nder t | he direct | | | v |
| | supervision of officers, directors, trustees, or key employees to a management company or other p | ersor | 1? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi | led?. | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | ^ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to el | ect o | r appoint | _ | | v |
| | one or more members of the governing body? | | | 7a | | Х |
| Ь | Are any governance decisions of the organization reserved to (or subject to approval | | | | | v |
| | stockholders, or persons other than the governing body? $\dots \dots \dots \dots \dots \dots \dots \dots$ | | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions und | ertake | en during | | | ' |
| | the year by the following | | | | - | |
| а | The governing body? | | | 8a_ | X | |
| Ь | Each committee with authority to act on behalf of the governing body? | | | 8p | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | | | | | x |
| 04 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | 1 | ^ |
| Secu | on B. Policies (This Section B requests information about policies not required by the Inte | mai | Revenue | Coue | Yes | No |
| | | | | 10a | | X |
| | Did the organization have local chapters, branches, or affiliates? | | | TUA | | - |
| Ь | If "Yes," did the organization have written policies and procedures governing the activities of | | • • | 105 | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt p | • | | 10b 11a | Х | <u> </u> |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before f | ling th | e form?. | 1 Id | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | 12a | $\overline{\mathbf{x}}$ | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 120 | | |
| Ь | Were officers, directors, or trustees, and key employees required to disclose annually interests | | ould give | 12b | х | |
| | rise to conflicts? | | | 120 | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the p | | | 120 | х | |
| | describe in Schedule O how this was done | | • • • • • | 12c 13 | | х |
| 13 | Did the organization have a written whistleblower policy? | • • • | • • • • • | 14 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | | . 1.4 | | |
| 15 | Did the process for determining compensation of the following persons include a review an | _ | _ | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | | 15a | | x |
| a | The organization's CEO, Executive Director, or top management official | | | 15b | - | X |
| Ь | Other officers or key employees of the organization | | | 135 | | - |
| 4.0 | 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 | | - | 16a | | x |
| | with a taxable entity during the year? | | | 104 | | |
| Ь | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to | | | | | ' |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |
| Secti | on C. Disclosure | • • • | | 100 | | l |
| | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed > IN, | 000 | and 000 T | · (C | c | 04(-) |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap | | and 990-1 | (Sec | tion : | 01(C) |
| | Own website Another's website X Upon request Other (explain on So | | e (O) | | | |
| 4.4 | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing docur | nents | , conflict o | ınte | rest p | olicy, |
| | 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 BRIAN EHRSAM 9009 COLDWATER ROAD, FORT WAYNE, IN 46825 | books | and rocord | s 🟲 | | |
| JSA | | | | | 990 | (2019) |
| 9E1042 | 2 000 | | | . 01111 | | ,20.3) |

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 See instructions for the order in which to list the persons above

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

| | Average hours per week (list any | box. office | not ch unles: er and | eck s pe l a d | rson | than o | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | |
|-----------------------------|--|--------------------------------|----------------------------|----------------------|--------------|------------------------------|-----------|---|--|---|--|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations | |
| (1) JOHN V. TIPPMANN, SR. | 1.00 | | | | | | | | | | |
| CHAIRMAN | 0. | X | | 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. | X | | Х | | | | 0. | 0. | 0 | |
| (4) DR. MICHAEL MASTRANGELO | 1.00 | | | | | | | | | | |
| MANAGING TRUSTEE | 0. | X | | Х | | | | 0. | 0. | 0 | |
| (5) WILLIAM D. SWIFT | 1.00 | | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 | |
| (6) JAMES FITZPATRICK | 1.00 | | | | | | | | | | |
| MANAGING TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (7) BOBBY WILLIAMS | 1.00 | | | | | | | | | | |
| MANAGING TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 | |
| (8) OTTO BONAHOOM | 1.00 | | | | | | | | | | |
| SECRETARY | 0. | X | | Х | | | | 0. | 0. | 0 | |
| (9) KEVIN JOYCE | 1.00 | | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (10) CHRIS TIPPMANN | 1.00 | | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (11) JOE WHARTON | 1.00 | | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (12) CARL MINICK | 1.00 | | | | | | | | | | |
| MANAGING TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (13) NICK GRAY | 1.00 | | | | | | | | | | |
| MANAGING TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 | |
| (14) | | | | | | | | | | | |

Form 990 (2019)

JSA

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Form 990 (2019)

| _ | • |
|------|---|
| Page | Z |

| Part VII Section A. Officers, Directors, Tru (A) Name and title | (B) Average hours per week (list arry hours for | (do r box, office | Position (do not check more than one box, unless person is both an officer and a director/trustee | | | | | (D) Reportable compensation from the | (E) Reportable compensation fro related organizations | | Estr amo | (F) mated ount 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- | | orgai and | n the nization related nizations |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | *************************************** | *********** | | |
| | | | | L_ | | | | | | | | |
| | | | | | | | | | | | | |
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| | - | | | | | | | | | | | • |
| | | - | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | _ | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | ection A . | · · · | | · . | <u> </u> | | > > > | 0. | *************************************** | 0. 0. | | 0 0 0 |
| 2 Total number of individuals (including but not reportable compensation from the organizatio | | nose 0 | | a a | DOV | e) wno | o re | eceived more than | \$100,000 C |)r | ı | |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched | | | | | | | | | | | 3 | Yes No |
| 4 For any individual listed on line 1a, is the organization and related organizations grandividual | eater than | \$15 | 0,0 | 00? | 11 | "Yes | ì," | complete Schedu | le J for s | uch | 4 | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y | ассгие со | mpen | satı | on 1 | fron | n any | un | related organization | on or individ | tual | 5 | X |
| Section B. Independent Contractors | 7.25° -0.5 ° A 7.5° | | | | | | | <u> </u> | | | | |
| Complete this table for your five highest com- compensation from the organization. Report of year | | | | | | | | | | | | |
| (A) Name and business add | tress | | | | | | | (B) Description of se | ervices | | (C) Compens | ation |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | <u>-</u> | |
| 2 Total number of independent contractors (a | ncluding bi | ut no | lin | nite | d to | thos | e I | isted above) who | received | | | |

| Par | t VIII | = | | | | | |
|--|-------------------|---|--------------------|---|--|--------------------------------------|--|
| | | Check if Schedule O contains a resp | onse 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 |
| Gifts, Grants ilar Amounts | 1a b c d | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d | | | | | 1 |
| Contributions, Gifts, Grants and Other Similar Amounts | f g | All other contributions, grifts, grants, and similar amounts not included above. Noncash contributions included in lines 1a-1f | 2,630. | | | | |
| <u>ت ۾</u> | h | Total. Add lines 1a-1f | | 2,630. | | | |
| _ | | | Business Code | | | | |
| Program Service Revenue | 2a b c d | | | | | | |
| Ę | • | All other program service revenue | | | | | |
| | 9 | Total. Add lines 2a-2f | | 0. | | | ļ |
| | 3 | Investment income (including dividend other similar amounts) | ▶ | 1,212,933. 0. | | | 1,212,933. |
| | 5 | Royafties | | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a 5,161,78 | ··· | | | | ! |
| | Ь | Less rental expenses 6b 2,345,11 | 1 | | | | |
| | C | Rental income or (loss) 6c 2,816,67 | | | | | |
| | d | Net rental income or (loss) | | 2,816,674. | | | 2,816,674. |
| | 7a | Gross amount from (1) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a 741,20 | 0. | | | | ĺ |
| Ë | ь | Less cost or other basis | | | • | | 1 |
| ē | | and sales expenses 7b 801,70 | 5. | | | | |
| Revenue | С | Gain or (loss) 7c -60,50 | 5. | | | <u></u> | 1 |
| <u>.</u> | d | Net gain or (loss) | ▶ | -60,505. | • | | |
| ğ | 8a | Gross income from fundraising | | | | | |
| 0 | | events (not including \$ | | | | | į |
| | | of contributions reported on line | | | | | 1 1 |
| | | 1c) See Part IV, line 18 | a 0. | | | | |
| | ь | Less direct expenses | ь 0. | | | | |
| | C | Net income or (loss) from fundraising even | ıts ▶ | 0. | | | |
| | 9a | Gross income from gaming | | | | | į |
| | | activities See Part IV, line 19 9 | a 0. | | | | |
| | ь | Less direct expenses 9 | b 0. | | | | 1 |
| | c | Net income or (loss) from gaming activities | s ▶ | 0. | | | |
| | 10a | Gross sales of inventory, less | | | | |] |
| | | returns and allowances |)a 0. | | | | |
| | Ь | Less cost of goods sold |) Ь 0. | | | | |
| | c | Net income or (loss) from sales of inventory | | 0. | | | |
| | | | Business Code | | | • | |
| Miscellaneous Revenue | 11a | MISCELLANEOUS INCOME | | 3,020. | 3,020. | | |
| 2 2 | l a | | - | · | | | |
| el × | Ь | | - | | | | |
| Š | ي | All other revenue | | | | | - |
| Σ | | Total. Add lines 11a-11d | | 3,020. | | | |
| | 12 | Total revenue. See instructions | | 3,974,752. | 3,020. | _ | 4,029,607. |
| JSA | 1 2 000 | | <u> </u> | 2,3,.32. | | | Form 990 (2019) |

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 resp | onse or note to any lin | e in this Part IX | | <i></i> |
|----|--|-------------------------|------------------------------|---|---|
| | 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 | | | | |
| | and domestic governments See Part IV, line 21 | 3,817,715. | 3,817,715. | | ; |
| 2 | Grants and other assistance to domestic | | | | |
| | ındıvıduals. 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 salanes 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. | | | |
| | Fees for services (nonemployees) | _ | | | |
| а | Management | 0. | | 4.564 | |
| Ь | Legal | 4,564. | | 4,564. | |
| | Accounting | 3,915. | | 3,915. | |
| d | Lobbying | 0. | | | |
| | Professional fundraising services See Part IV, line 17. | 0. | | | |
| 1 | Investment management fees | ··· | | | |
| 9 | Other (If line 11g amount exceeds 10% of line 25, column | 79,369. | | 70 360 | |
| | (A) amount, list line 11g expenses on Schedule O) | 2,919. | | 79,369. 2,919. | |
| | Advertising and promotion | 76,561. | | 76,561. | |
| 13 | Office expenses | 70,301. | | 70,301. | - |
| 14 | Information technology | 0. | | | |
| 15 | Royalties | 0. | | | |
| 16 | Occupancy | 2,442. | | 2,442. | |
| 17 | | | | 2,112. | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | ο. | | | |
| 40 | Conferences, conventions, and meetings | 0. | | | |
| | , | 0. | | | · · · · · · · · · · · · · · · · · · · |
| | Interest | 0. | | | |
| | Depreciation, depletion, and amortization | 0. | | | - |
| | Insurance | 0. | | | |
| | Other expenses Itemize expenses not covered | | | - | |
| • | above (List miscellaneous expenses on line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | 1 | | | |
| а | MEALS | 499. | | 499. | - · · · · · · · · · · · · · · · · · · · |
| _ | SEMINARS/CONFERENCES | 1,375. | | 1,375. | |
| c | | | | | |
| d | | | | | |
| | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 3,989,359. | 3,817,715. | 171,644. | |
| | 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 | | • | | |
| | following SOP 98-2 (ASC 958-720) | 0. | | | |

Form 990 (2019) Part X Balance Sheet

| | • | (A) Beginning of year | | (B) End of year |
|----------------------------|--|--------------------------|-----|--------------------|
| 1 | Cash - non-interest-bearing | 0. | 1 | 0. |
| 2 | Savings and temporary cash investments | 4,010,197. | 2 | 4,340,472 |
| 3 | Pledges and grants receivable, net | 0. | 3 | 0 |
| 4 | Accounts receivable, net | 410. | 4 | 500 |
| 5 | Loans and other receivables from any current or former officer, director, | | - | |
| 3 | | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | - | 5 | |
| _ | controlled entity or family member of any of these persons | - | | <u>_</u> |
| 6 | Loans and other receivables from other disqualified persons (as defined | - | 6 | 0 |
| ۰. | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | 0. | | 0 |
| 7 | Notes and loans receivable, net | 0. | 7 | 0 |
| 8 | Inventories for sale or use | 3,909. | 8 | 1,954 |
| 9 | Prepaid expenses and deferred charges | 3,909. | 9 | 1, 334 |
| 10 a | Land, buildings, and equipment cost or other | | | |
| | basis Complete Part VI of Schedule D 10a 85,581,465. Less accumulated depreciation 10b 15,664,260. | 71,874,415. | | 69,917,205 |
| | | | 10c | |
| 11 | Investments - publicly traded securities | 35,904,616. | 11 | 36,948,758 |
| 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 | 560,026. | 15 | 1,123,113 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 112,353,573. | 16 | 112,332,002 |
| 17 | Accounts payable and accrued expenses | 42,118. | 17 | 35,154 |
| 18 | Grants payable | 0. | 18 | <u>C</u> |
| 19 | Deferred revenue, | 0. | 19 | C |
| 20 | Tax-exempt bond liabilities | 0. | 20 | C |
| 21 | Escrow or custodial account liability Complete Part IV of Schedule D | 0. | 21 | C |
| 22 | Loans and other payables to any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | 0. | 22 | (|
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | (|
| 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | (|
| 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 | (|
| 26 | Total liabilities. Add lines 17 through 25 | 42,118. | 26 | 35,154 |
| | Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | | 27 | |
| 28 | Net assets with donor restrictions | | 28 | |
| 20 | Organizations that do not follow FASB ASC 958, check here ▶ X | | | |
| 27 28 29 30 31 | and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | 112,311,455. | 29 | 112,296,848 |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 30 | (|
| 31 | Retained earnings, endowment, accumulated income, or other funds | 0. | 31 | (|
| | Total net assets or fund balances | 112,311,455. | 32 | 112,296,848 |
| 32 | Total liabilities and net assets/fund balances | 112,353,573. | | 112,332,002 |

MARY CROSS TIPPMANN FOUNDATION

| Form 99 | 90 (2019) | | | | Pa | ge 12 |
|---------|--|----------|----------|------|------|---------|
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | <u></u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 74,7 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 89,3 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 14,6 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 11 | 12,3 | 11,4 | |
| 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 on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | 11 | 12,2 | 96,8 | 348. |
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | Ш |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in | | | |
| | Schedule O. | |) | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| Ь | Were the organization's financial statements audited by an independent accountant? | | | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted on | ıa | | | |
| | separate basis, consolidated basis, or both: | | l | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersight | of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | nt? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplaın | on | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in t | he | | | ٠ |
| | Single Audit Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | _ | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits . | <u> </u> | 3b | | |
| | • | | | Form | 990 | (2019) |

JSA

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

C/O TIPPMANN GROUP

MARY CROSS TIPPMANN FOUNDATION

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R 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 331/3 % 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 331/3% 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.) 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. 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. 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. 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. 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. X 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. 80 g Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on fines 1-10 isted in your governing support (see other support (see above (see instructions)) instructions) instructions) document? ATTACHMENT 1 Yes (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2019

3,817,715.

(D)

(E)

Total

| _ | 4 |
|------|---|
| Page | 4 |

| ec. | tion A. Public Support | | | | | | |
|--------|---|---|--|---|---|---|------------------------|
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | , | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | ļ | | / | | |
| 5 6 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 | | | | | : | |
| _ | tion B. Total Support | | 1 | / | | <u> </u> | <u> </u> |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 / | / (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | (4, 2010 | (2,20.0) | (0) 20 | (2, 23.13 | (0/2010 | (1,7 10.12. |
| 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, whether or not the business is regularly carried on | | | | | | |
| 0 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 1 | Total support. Add lines 7 through 10 | / | | | | | |
| 2 | Gross receipts from related activities, etc. (s | , . | | | | 12 | |
| 3 | First five years. If the Form 990 is for organization, check this box and stop here. | or the organiza | tion's first, secon | d, third, fourth, | or fifth tax ye | ear as a section | 501(c)(3) · · · · ► |
| ec | tion C. Computation of Public Supp | ort Percenta | ige | | | | |
| 4 | Public support percentage for 2019 (lir | ne 6, column (f |) divided by line | 11, column (f)) | | 14 | |
| 5 | Public support percentage from 2018 | Schedule A, Pa | art II, line 14 | | | 15 | |
| Ба | 331/3% support test - 2019. If the org | | | | | | |
| | box and stop here. The organization qu | | | | | | |
| b | 331/3% support test - 201/8. If the org | | | | | | |
| | this box and stop here. The organization | | | | | | |
| 7a | 10%-facts-and-circumstances test - 2 | • | = | | • | • | |
| | 10% or more, and if the organization | | | | | | - |
| | Part VI how the organization meets the | | | | | | supported |
| ь | 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization | 018. If the organization meets on meets the | ganization did no s the "facts-and "facts-and-circum | ot check a box I-circumstances nstances" test | c on line 13, 16 " test, check The organizati | Sa, 16b, or 17a this box and st on qualifies as a | top here. |
| 8 | supported organization | did not check | a box on line 13 | , 16a, 16b, 17a | , or 17b, check | this box and se | |
| | | | | | | | |

AZL

| 4 | dule A (Form 990 or 990-EZ) 2019 rt III Support Schedule for Organ | nizations Des | cribed in Sec | tion 509(a)(2) | | | Pag |
|------------------|--|--|------------------------------------|--------------------|------------------|-----------------|--------------|
| | (Complete only if you check If the organization fails to qua | ed the box or | line 10 of Pa | rt I or if the org | | | der Part II. |
| ec | tion A. Public Support | | | | | | |
| ale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | - | | | | - | |
| | received (Do not include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | / | 1 |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | 1 | | | |
| | 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 | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | ļ | | - | |
| 5 | The value of services or facilities | | | · | | | ļ |
| | furnished by a governmental unit to the | | | | | | İ |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| Ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | / | <u> </u> | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | ľ |
| | line 6) | | | 1 | | | |
| | tion B. Total Support | | | 110017 | 1 1 2 2 4 2 | 4) 0040 | 1 |
| ale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | - | | | |
| υa | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | 4.115 40 1401 | | | | | | |
| c | Add lines 10a and 10b | / | | - | | | |
| | Net income from unrelated business | / | | - | | | |
| | | <i>f</i> | | | | | |
| | Net income from unrelated business | / | | | | | |
| 1 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| c 1 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | <i></i> | | | | | |
| 1 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income Do not include gain, or | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| 1 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets | | | | | | |
| 2 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) | or the organiza | ition's first, sec | ond, third, fourth | , or fifth tax v | ear as a sectio | n 501(c)(3) |
| 2 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 1 2 3 4 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) | <u> </u> | <u> </u> | | | | |
| 1 2 3 4 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | port Percenta | ige | | | | |
| 1 2 3 4 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | port Percenta , column (f), divid | i ge led by line 13, col | umn (f)) | | | |

19a/33473% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

Investment income percentage from 2018 Schedule A, Part III, line 17

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions JSA 9E1221 1 000 SC1087 761J Schedule A (Form 990 or 990-EZ) 2019

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.)

| CCU | 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 | | <u></u> |
| 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 | | <u>-x</u> |
| 3a | 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 | 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. | 4a | | × |
| 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 | | |
| 5 a | 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 | | × |
| b | 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? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 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 | | × |
| 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 | | Х |
| 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) | 8 | | Х |
| 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 to section 500(a)(1) as (2)(2) if Tipe Translated Actaular Part VIII. | | | x |
| h | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | 9a | | <u> </u> |
| b | the supporting organization had an interest? If "Yes," provide detail in Part VL | 9b | | 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 Part VI. | 9c | | X |
| 0 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding cortain Type III supporting organizations, and all Type III see functionally integrated | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below | 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.) | 10b | | |

JSA

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | <u> ization</u> | S | |
|---|-----------------|-------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization. | | | |
| 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Pnor 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 Total (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, | 7 1 | | |
| 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-functional | y integra | ated Type III supportin | g organization (see |
| instructions). | . • | · · | - - ' |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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 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 4 Amounts paid to acquire exempt-use assets 5 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 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017 From 2018 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: Applied to underdistributions of prior years Applied to 2019 distributable amount Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7 Excess from 2015.... Excess from 2016.... Excess from 2017.... Excess from 2018....

Schedule A (Form 990 or 990-EZ) 2019

Excess from 2019....

Page 7

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 TIPPMANN 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 | L |
|--|-----------|---------------|--------|---------------|----------------|
| SCHEDULE A, PART I - INFORMATION ABOUT | SUPPORTED | ORGANIZATIO | NS | | |
| | | (III) TYPE OF | (IV) | (V) AMOUNT OF | (VI) OTHER |
| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | ORGANIZATION | YES NO | SUPPORT | SUPPORT AMOUNT |
| VARIOUS 501(C)(3) ORGANIZATIONS | | | x | 3,817,715. | 0. |
| TOTAL AMOUNT OF SUPPORT | | | | 3,817,715. | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Attach to Form 990.

▶ 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization MARY CROSS TIPPMANN FOUNDATION Employer identification number C/O TIPPMANN GROUP 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 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 Part II Conservation Easements. 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 (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register............... 2d 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 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 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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.

Assets included in Form 990, Part X. .

following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2019

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) 2019 | | | | | | | | Page 2 |
|----------|--|-------------------------|--------------------------|--------------|------------------------|------------------------------|--|-------------|---------------|
| Pa | rt III Organizations Maintain | ing Collections of | Art, Histo | rical Tre | asures, o | r Other Similar | Assets (d | ontinue | d) |
| 3 | Using the organization's acquisition | on, accession, and | other recor | ds, check | any of th | e following that | make sign | oficant us | se of its |
| | collection items (check all that app | oly): | | | | | | | |
| а | Public exhibition | | d 🗌 | Loan o | r exchang | e program | | | |
| b | Scholarly research | | е 🗀 | Other | _ | - | | | |
| С | Preservation for future gene | erations | _ | - | | | | | |
| 4 | Provide a description of the orga | | s and expla | ain how t | hev furthe | r the organizatio | n's exemp | t purpose | in Part |
| | XIII. | | | | , | : 3 | | | |
| 5 | During the year, did the organization | on solicit or receive (| donations o | fart histo | rical treas | ures or other sim | ılar | | |
| • | assets to be sold to raise funds rati | | | , | | • | | Yes | No |
| Pa | rt IV Escrow and Custodial A | | amou us po | | n gariizatio | | • • • • • | | |
| | Complete if the organiza | | es" on For | m 990. P | art IV. line | e 9. or reported | an amour | nt on For | m |
| | 990, Part X, line 21. | | | , . | | . о, о. торонов | | | ••• |
| 10 | Is the organization an agent, truste | ee custodian or oth | or intermed | liany for co | ontribution | e or other accete r | not | | |
| 10 | included on Form 990, Part X? | | | | | | _ | Yes | □ No |
| . | If "Yes," explain the arrangement | | | | | | L | 1 es | |
| | ii res, explain the arrangement | iii Fait Aili aliu com | piete uie io | NOWING Lab | , E. | | Amount | | |
| _ | Decision belong | | | | 4. | + | Amount | | |
| C | Beginning balance | | | | <u> </u> | | | | |
| | Additions during the year | | | | | _ | | | |
| e | Distributions during the year | | | | | † | | | |
| f | Ending balance | | | | | | | 1 | |
| | Did the organization include an arr | | · · | - | | | | Yes | No |
| | If "Yes," explain the arrangement | in Part XIII. Check h | ere if the e | xplanation | has been p | provided on Part X | iii | | • |
| Pa | rt V Endowment Funds. | alian anauganad 9V | !! - | 000 D | | - 10 | | | |
| | Complete if the organiza | | T | | | | | | |
| | | (a) Current year | (b) Prio | r year | (c) Two ye | ars back (d) Three | years back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| C | Net investment earnings, gains, | | | | | l _{ii} | | | |
| | and losses | | | | | | | | |
| đ | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage | of the current year | end balanc | e (line 1g. | column (a) |) held as: | | | |
| a | Board designated or quasi-endown | | _% | | | • | | | |
| b | Permanent endowment > | % | | | | | | | |
| С | Term endowment ▶ | _% | | | | | | | |
| | The percentages on lines 2a, 2b, | and 2c should equal | 100%. | | | | | | |
| 3 a | Are there endowment funds not in | the possession of t | he organiza | ition that | are held a | nd administered fo | or the | | |
| | organization by | | | | | | | Y | es No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the relat | ed organizations liste | ed as require | ed on Scho | edule R?. | | | 3b | |
| 4 | Describe in Part XIII the intended | uses of the organiza | ation's endo | wment fun | ıds. | | | | |
| Pa | Tavi Land, Buildings, and Eq | uipment. | | | | | | | |
| | Complete if the organiz | ation answered "Y | | | | | | | |
| | Description of property | | r other basis stment) | | r other basis ther) | (c) Accumulated depreciation | (d |) Book valu | e |
| 1a | Land | | , | | 38,409. | | | 3,13 | 8,409. |
| b | Buildings | | | | 43,056. | 15,664,260 | | | 8,796. |
| | Leasehold improvements | | | <u> </u> | <u> </u> | , , | | | <u> </u> |
| d | Equipment | | | | | - | | | |
| | | | | | | | 1 | | |
| | Other | | m 990 Part | X column | (R) line 1 | 0c) • | | 69.91 | 7,205. |
| | will bagit to toolulli | . , _,aoc oquar i 0/1 | vvv, r urt | , Juiarilli | , | / | | , | , |

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

| age | 3 |
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| | |

| art VII | Complete if the organization answered | 162 0111 01111 330 | | | |
|--|---|-----------------------------|--------------------|--|-------|
| | (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuation st or end-of-year market value | |
| Financi | al derivatives | | | | |
| Closely | held equity interests | | | | |
| Other_ | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) (G) | | | | | |
| (H) | | | | | |
| ` | o (b) must equal Form 990, Part X, col. (B) line 12.) . | | | | |
| irt VIII | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11 | c. See Form 990, Part X, line | 13 |
| | (a) Description of investment | (b) Book value | | (c) Method of valuation st or end-of-year market value | |
| | | | | | |
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| <u> </u> | | | | · · · · · · · · · · · · · · · · · · · | |
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| | | | | | |
|) | (A) | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 13.) . | | | | |
|) al. (Colum | Other Assets. | "Yes" on Form 990 | Part IV line 11 | d. See Form 990. Part X. line | |
|) al. (Colum | Other Assets. Complete if the organization answered | | , Part IV, line 11 | | |
|) al. (Colum art IX | Other Assets. Complete if the organization answered | "Yes" on Form 990 scription | , Part IV, line 11 | d. See Form 990, Part X, line | |
| al. (Colum art IX | Other Assets. Complete if the organization answered | | , Part IV, line 11 | | |
|) art IX) | Other Assets. Complete if the organization answered | | , Part IV, line 11 | | |
| art IX | Other Assets. Complete if the organization answered | | , Part IV, line 11 | | |
| art IX | Other Assets. Complete if the organization answered | | , Part IV, line 11 | | |
| al. (Columnart IX | Other Assets. Complete if the organization answered | | , Part IV, line 11 | | |
| art IX | Other Assets. Complete if the organization answered | | , Part IV, line 11 | | |
| art IX | Other Assets. Complete if the organization answered | | , Part IV, line 11 | | |
| art iX))))))))))) | Other Assets. Complete if the organization answered (a) Des | scription | | | |
|) al. (Colum art iX)))))))))) tal. (Coli | Other Assets. Complete if the organization answered (a) Des | scription | | | |
|) al. (Column art IX) b) c) c) c) c) c) | Other Assets. Complete if the organization answered (a) Des (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered | ne 15) | | (b) Book | value |
|) al. (Colum art iX)))))))))) tal. (Coli | Other Assets. Complete if the organization answered (a) Des (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. | ne 15) | | e or 11f. See Form 990, Part | value |
| art iX | Other Assets. Complete if the organization answered (a) Des (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. | ne 15) | | (b) Book | ×alue |
| art iX cal. (Column art iX | Other Assets. Complete if the organization answered (a) Des umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description | ne 15) | | e or 11f. See Form 990, Part | value |
| int iX int iX int iX int iX int iX int iX | Other Assets. Complete if the organization answered (a) Des umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description | ne 15) | | e or 11f. See Form 990, Part | ×alue |
| art IX art IX art IX below the control of the co | Other Assets. Complete if the organization answered (a) Des umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description | ne 15) | | e or 11f. See Form 990, Part | ×alue |
| art IX art IX | Other Assets. Complete if the organization answered (a) Des umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description | ne 15) | | e or 11f. See Form 990, Part | ×alue |
| art IX Art IX Art IX Art IX Art IX Art IX | Other Assets. Complete if the organization answered (a) Des umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description | ne 15) | | e or 11f. See Form 990, Part | value |
| art IX in tell (Column | Other Assets. Complete if the organization answered (a) Des umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description | ne 15) | | e or 11f. See Form 990, Part | value |
| art IX in (Columnart IX in (| Other Assets. Complete if the organization answered (a) Des umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description | ne 15) | | e or 11f. See Form 990, Part | ×alue |
|) al. (Column art IX)))))))) tal. (Colon art X | Other Assets. Complete if the organization answered (a) Des umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description | ne 15) | | e or 11f. See Form 990, Part | X, |

MARY CROSS TIPPMANN FOUNDATION

| `Schedu | e D (Form 990) 2019 | | Page 4 |
|---------|---|--------|--------|
| Part | | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | _ | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | |
| - а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | 1 | |
| d | Other (Describe in Part XIII.) |] | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | - |
| - | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| a | Other (Describe in Part XIII.) | 1 | |
| b | | 4c | |
| 5 5 | Add lines 4a and 4b | 5 | |
| Part | | | |
| rait | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | 41 11. | |
| | · · · · · · · · · · · · · · · · · · · | 1 | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | ┨ | |
| ь | Prior year adjustments | ┨ | |
| C | Other losses | - | |
| d | Other (Describe in Part XIII.) | 4 | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| ь | Other (Describe in Part XIII.) |] | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | |
| | XIII Supplemental information. | | |
| | e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, I | | |
| 2, Par | t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr | nation | • |
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JSA 9E1271 1 000 SC1087 761J Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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. | |
|---------------------|---|--|
| ► Attach t | ▶ Go to www.irs.gov/Form! | |

| 2019 | Open to Public | inspection |
|------|----------------|------------|
|------|----------------|------------|

OMB No 1545-0047

Employer identification number 35-6665908 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and MARY CROSS TIPPMANN FOUNDATION Part | General Information on Grants and Assistance C/O TIPPMANN GROUP Name of the organization

Ž Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, X Yes Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

| raitiv, ille 21, lot ally leciple il diatiecelves | | | COO. Fait is call t | e duplicated ii a | | ceaca. | |
|--|------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (e) 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) ALLEN COUNTY JAIL CHAPLAINCY | | | | | | | |
| 417 S CALHOUN ST FORT WAYNE, IN 46802 | 35-2030383 | 501 (C) (3) | 7,500. | | | | GENERAL OPERATING |
| (2) AMERICAN LIFE LEAGUE | | | | | | | |
| PO BOX 1350 STAFFORD, VA 22555 | 52-1238301 | 501(C) (3) | 40,000. | | | | GENERAL OPERATING |
| (3) ARC OF NORTHEAST INDIANA, INC. | | | | | | | |
| 4919 COLDWATER ROAD FORT WAYNE, IN 46825 | 35-0998711 | 501 (C) (3) | 12,500. | | | | GENERAL OPERATING |
| (4) BISHOP LUERS HIGH SCHOOL | | | | | | | |
| 333 EAST PAULDING RD FORT WAYNE, IN 46816 | 35-1041555 | 501(C) (3) | 42,000. | | | | CAPITAL CAMPAIGN & T |
| (5) CATHOLIC CHURCH EXTENSION SOCIETY OF USA | | | | | | | |
| 150 S. WACKER DR 20TH FLOOR | 36-6000520 | 501(C)(3) | 130,000. | | | | GENERAL OPERATING |
| (6) CATHOLIC RELIEF SERVICES | | | | | | | |
| 228 W LEXINGTON ST BALTIMORE, MD 21298 | 13-5563422 | 501(C) (3) | 250,000. | | | | GENERAL OPERATING |
| (7) CHRIST CHILD SOCIETY | | | | | | | |
| P.O. BOX 12708 FORT WAYNE, IN 46802 | 35-2015467 | 501(C)(3) | 26,200. | | | | GENERAL OPERATING |
| (8) CROSS CATHOLIC OUTREACH | _ | | | | | | |
| 2700 N. MILITARY TR BOCA RATON, FL 33427 | 65-1156061 | 501(C)(3) | 45,000. | | | | GENERAL OPERATING |
| (9) DIOCESE OF FT.WAYNE/SOUTH BEND | | | | | | | |
| 1103 SOUTH CALHOUN STREET | 35-0876373 | 501(C)(3) | 72, 630. | | | | GENERAL OPERATING |
| (10) FELLOWSHIP OF CHRISTIAN ATHLETES | | | | | | | |
| 576 GEIGER DR, STE B ROANOKE, IN 46783 | 44-0610626 | 501(C)(3) | 15,000. | | | | GENERAL OPERATING |
| (11) FORT WAYNE RESCUE MISSION MINISTRIES | | | | | | | |
| 301 W. SUPERIOR STREET FORT WAYNE, IN 46802 | 35-1054670 | 501(C)(3) | 7,500. | | | | GENERAL OPERATING |
| (12) FRANCI SCAN CENTER, INC. | | | | | | | |
| PO BOX 10303 FORT WAYNE, IN 46897 | 35-1838772 | 501(C)(3) | 54,965. | | | | GENERAL OPERATING |
| | | | | | | | |

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) (2019)

9E1288 1 000 SC1087 761J

SCHEDULE 1 (Form 990)

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

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

| OMB No 1545-0047 | 2019 | 114.6 |
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► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Inspection

Employer identification number 35-6665908

| | , the grantees |
|--|---|
| | r assistance, |
| | the grants or |
| е | te the amount of the grants or assistance |
| 1 Assistanc | stantia |
| neral Information on Grants and Assist | records to si |
| rmation or | ganization maintain |
| eneral Info | e organiz |
| art I G | Does the or |

MARY CROSS TIPPMANN FOUNDATION

C/O TIPPMANN GROUP

Department of the Treasury Internal Revenue Service Name of the organization

ž X Yes s' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. Part II

| 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) HANNAH'S HOUSE | · · · · · | | | | | | |
| 518 WEST FOURTH STREET MISHAWAKA, IN 46544 | 35-1871289 | 501(C)(3) | 12,500. | | | | GENERAL OPERATING |
| (2) IN RIGHT TO LIFE | | | | | | | |
| 8520 ALLISON PTE INDIANAPOLIS, IN 46250 | 23-7382771 | 501(C) (3) | 47,500. | | | | GENERAL OPERATING |
| (3) MATTHEW 25 HEALTH AND DENTAL CLINIC INC. | | | | | | • | |
| 413 E JEFFERSON BLVD FORT WAYNE, IN 46802 | 35-1484951 | 501(C)(3) | 30,000. | | | | GENERAL OPERATING |
| (4) MISSIONARY SISTERS OF THE SACRED HEART | | | | | | | |
| 2811 MOYERS LANE READING, PA 19605 | 23-1352233 | 501(C)(3) | 20,000. | | | | GENERAL OPERATING |
| (5) REDEEMER RADIO | | | | | | | |
| 4705 ILLINOIS RD FORT WAYNE, IN 46804 | 22-3864296 | 501(C)(3) | 100,385. | | | | GENERAL OPERATING |
| (6) REMEDY FM | | | • | | | | |
| 327 E WAYNE ST SUITE 175 | 27-2417633 | 501(C)(3) | 13,750. | | | | GENERAL OPERATING |
| (7) RESURRECTION CATHOLIC MISSION | | | | | | | |
| 2815 FORBES DRIVE MONTGOMERY, AL 36110 | 63-0422019 | 501(C)(3) | 6,000. | | | | GENERAL OPERATING |
| (8) ROSE HOME INC. | | | | | | | |
| 2208 WAYNE TRACE AVE FORT WAYNE, IN 46803 | 26-0833406 | 501(C)(3) | 30,000. | | | | GENERAL OPERATING |
| (9) SISTERS OF PROVIDENCE | | | | | | | |
| 1 SISTERS OF PROVIDENCE | 35-0868174 | 501(C)(3) | 10,000. | | | | GENERAL OPERATING |
| (10) ST. ALOYSIUS CATHOLIC CHURCH | | | | | | | |
| 2300 W LE MOYNE ST CHICAGO, IL 60622 | 35-0876373 | 501(C)(3) | 20,000. | | | | GENERAL OPERATING |
| (11) sт. Joseph сатногіс снивсн | | | | | | | |
| 2213 BROOKLYN AVENUE FORT WAYNE, IN 46802 | 35-0876373 | 501(C)(3) | 40,000. | | | | CAPITAL CAMPAIGN |
| (12) ST. JOSEPH COMMUNITY HEALTH FOUNDATION | | | 1 | | | | |
| 2826 S CALHOUN ST FORT WAYNE, IN 46807 | 31-1016570 | 501(C)(3) | 31,250. | | | | GENERAL OPERATING |
| 2 Enter total number of section 501(c)(3) and government | government | organizations list | organizations listed in the line 1 table. | al | • | A · · · · · · · · · · · · · · · · · · · | |

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)

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.

| OMB No 1545-0047 | 2019 | Open to Public |
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▶ Go to www.irs.gov/Form990 for the latest information.

MARY CROSS TIPPMANN FOUNDATION

General Information on Grants and Assistance

C/O TIPPMANN GROUP

Part

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number 35-6665908

| å | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and |
|-----|--|
| ţ | the selection criteria used to award the grants or assistance? |
| De | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. |
| = 1 | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, |
| | Dor! Wine 21 for any recipient that received more than \$5,000. But II can be displicated if additional space is needed |

| art II Grants and Other Assistance to Domestic |
|--|
|--|

| 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 noncesh assistance | (h) Purpose of grant or assistance |
|--|--------------|------------------------------------|-----------------------------|---------------------------------------|---|--|---------------------------------------|
| (1) ST. MARY OF THE ASSUMPTION CATHOLIC CHURCH | | | | | | | |
| 228 N. MAIN STREET AVILLA, IN 46710 | 35-1014208 | 501(C) (3) | 41,000. | | | | GENERAL OPERATING |
| (2) ST. MARY'S CATHOLIC CHURCH | | | | | | | |
| 1101 S. LAFAYETTE ST. FORT WAYNE, IN 46857 | 35-0933552 | 501 (C) (3) | 10,000. | | | | GENERAL OPERATING |
| (3) THREE RIVERS RIGHT TO LIFE ED. TRUST FUND | | | | | | | |
| 3409 CONESTOGA DRIVE FORT WAYNE, IN 46808 | 35-1547508 | 501 (C) (3) | 26,000. | | | | GENERAL OPERATING |
| (4) TURNSTONE CENTER | | | | | | | |
| 3320 N CLINTON ST FORT WAYNE, IN 46805 | 35-0913541 | 501(C) (3) | 30,000. | | | | GENERAL OPERATING |
| (5) WELLSPRING INTERFAITH SOCIAL SERVICES | | | | | | | |
| 1316 BROADWAY FORT WAYNE, IN 46802 | 51-0151621 | 501(C)(3) | 12,000. | | | | GENERAL OPERATING |
| (6) AVE MARIA UNIVERSITY | | | | | | | |
| 5050 AVE MARIA BLVD AVE MARIA, FL 34142 | 03-0482006 | 501(C) (3) | 105,000. | | | | OPERATING SUPPORT |
| (7) ASSOCIATED CHURCHES OF FORT WAYNE | | | | | | | |
| 602 E WAYNE ST FORT WAYNE, IN 46802 | 35-0905944 | 501(C) (3) | 25,000. | | | | OPERATING SUPPORT |
| (8) CLINIC MADRE DE DIOS, INC | | | | | | | |
| 2120 S HARRISON ST FORT WAYNE, IN 46802 | 80-0354227 | 501(C)(3) | 15,000. | | | | OPERATING SUPPORT |
| (9) CHRIST CHILD FESTIVAL OF FORT WAYNE | | | | | | | |
| 3925 HEDWIG DR FORT WAYNE, IN 46815 | 46-2131355 | 501(C)(3) | 12,500. | | | | GENERAL OPERATING |
| (10) CROSS CONNECTIONS, INC | | | | | | | |
| 4618 E STATE BLVD STE 300 | 26-1637652 | 501(C) (3) | 15,000. | | | | GENERAL OPERATING |
| (11) оив дару об соор нове снивсн | | | | | | | |
| 7215 ST JOE RD FORT WAYNE, IN 46835 | 39-0891464 | 501(C)(3) | 158,135. | | | | GENERAL OPERATING |
| (12) WORLDWIDE SEMINARIAN SUPPORT | | | | | | | |
| 11954 N.E. GLISAN ST. #141 | 93-1154304 | 501 (C) (3) | 25,000. | | | | GENERAL OPERATING |
| 2 Enter total number of section 501(c)(3) and government | government c | organizations list | ted in the line 1 tat | je | organizations listed in the line 1 table | A : : : : : : : : : : : : : : : : : : : | |

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) (2019)

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SCHEDULE 1 (Form 990)

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

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. MARY CROSS TIPPMANN FOUNDATION

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| spection | ımber |
| _ | entification number |
| | ployer identi |
| | Emblo |
| | |

35-6665908

| 8 | 990, |
|---|--|
| 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? | Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, |

Part I General Information on Grants and Assistance

C/O TIPPMANN GROUP

Department of the Treasury Internal Revenue Service Name of the organization 9 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 noncesh assistance | (h) Purpose of grant or assistance |
|---|----------------|------------------------------------|-----------------------------|---------------------------------------|---|--|---------------------------------------|
| (1) BISHOP DWENGER HIGH SCHOOL | | | | | | | |
| 1300 E WASHINGTON CENTER RD | 35-1090327 | 501 (C) (3) | 1,020,000. | | | | CAPITAL CAMPAIGN & T |
| (2) MOST PRECIOUS BLOOD CATHOLIC CHURCH | | | | | | | |
| 1515 BARTHOLD ST FORT WAYNE, IN 46808 | 35-0924779 | 501(C) (3) | 57,000. | | | | GENERAL OPERATING |
| (3) ST ELIZABETH ANN SETON CATHOLIC CHURCH | | | | | | | |
| 10700 ABOITE CENTER RD FORT WAYNE, IN 46804 | 35-0876373 | 501 (C) (3) | 19,000. | | | | GENERAL OPERATING |
| (4) ST JOHN THE BAPTIST CHURCH FW | | | | | | | _ |
| 4500 FAIRFIELD AVE FORT WAYNE, IN 46807 | 35-0876373 | 501(C)(3) | 82,500. | | | | GENERAL OPERATING |
| (5) BRIDGE OF GRACE | | | | | | | |
| 5100 GAYWOOD DR FORT WAYNE, IN 46806 | 45-4056745 | 501(C)(3) | 75,000. | | | | GENERAL OPERATING |
| (6) Focus | | | | | | | |
| PO BOX 18710 GOLDEN, CO 80402 | 84-1522811 | 501(C)(3) | 62,000. | | | | GENERAL OPERATING |
| (7) HABITAT FOR HUMANITY | | | | | | | |
| 2020 E WASHINGTON BLVD FORT WAYNE, IN 46803 | 35-1687064 | 501 (C) (3) | 120,000. | | | | GENERAL OPERATING |
| (8) THE DYNAMIC CATHOLIC INSTITUTE | | | | | | | |
| 5081 OLYMPIC BLVD ERLANGER, KY 41018 | 26-4549213 | 501 (C) (3) | 20,000. | | | | GENERAL OPERATING |
| (9) YOUTH FOR CHRIST | | | ! | | | | |
| 2825 HILLEGAS ROAD FORT WAYNE, IN 46808 | 35-1051837 | 501 (C) (3) | 75,000. | | | | GENERAL OPERATING |
| (10) HOLY CROSS LUTHERAN SCHOOL | | | | | | | |
| 3425 CRESCENT AVE FORT WAYNE, IN 46805 | 35-0992114 | 501 (C) (3) | 35,000. | | | | CAPITAL CAMPAIGN & T |
| (11) THE SHEPHERD'S HOUSE INC. | | | | | | | |
| 519 TENNESSEE AVENUE FORT WAYNE, IN 46805 | 35-2050845 | 501 (C) (3) | 30,000. | | | į | OPERATING SUPPORT |
| (12) MISHAWAKA CATHOLIC SCHOOL | | | | | | | |
| 524 W 8TH ST MISHAWAKA, IN 46544 | 35-0876373 | 501(C)(3) | 22,000. | | | | OPERATING SUPPORT |
| 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. | jovernment of | nt organizations lis | ted in the line 1 tab | | | | |
| ۵. | ons for Form 9 | 90. | | | | Sch | Schedule I (Form 990) (2019) |

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

| OMB No 1545-0047 | 8019 | Open to Public |
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► Go to www.irs.gov/Form990 for the latest information.

| Internal Revenue Service | 8 ♦ | to www.irs.gov. | ► Go to www.irs.gov/Form990 for the latest information. | atest information | | | Inspection |
|--|-----------------------------------|------------------------------------|---|---------------------------------------|---|--|---------------------------------------|
| Name of the organization MARY CROSS TIPPMANN | ANN FOUNDATION | TION | | | | Employer identification number | on number |
| C/O TIPPMANN GROUP | | | | | | 35-6665908 | 8 |
| Part I General Information on Grants and Assis | nd Assistance | 6 | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | substantiate th | e amount of the | grants or assista | nce, the grantees' | eligibility for the grants | s or assistance, and | ~ × × |
| the selection criteria used to award the grants or assistance? | ns or assistance dures for mor | er | 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, | Domestic Or | ganizations ar | d Domestic Gov | ernments. Com | plete if the organiza | ation answered "Y | es" 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. | that received | more than \$5 | 000. Part II can t | oe duplicated if a | dditional 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 noncesh assistance | (h) Purpose of grant or essistance |
| (1) COMMUNITY TRANSPORTATION NETWORK | | | | | | | |
| 5601 INDUSTRIAL RD FORT WAYNE, IN 46825 | 35-2109955 | 501(C)(3) | 7,500. | | • | | OPERATING SUPPORT |
| (2) A MOTHERS HOPE INC. | | | | | | | |
| PO BOX 308 GRABILL, IN 46741 | 47-2760786 | 501(C) (3) | 45,000. | | | | OPERATING SUPPORT |
| (3) BOYS & GIRLS CLUB FORT WAYNE | | | | | | | |
| 2609 FAIRFIELD AVE FORT WAYNE, IN 46807 | 35-1778767 | 501(C) (3) | 30,000. | | | | OPERATING SUPPORT |
| (4) LUTHERAN MILITARY VETERANS | | | | | | | |
| 3480 STELLHORN RD FORT WAYNE, IN 46815 | 26-1153121 | 501(C) (3) | 6,400. | | | | OPERATING SUPPORT |
| (5) NEIGHBORLINK FORT WAYNE FOUNDATION, INC. | | | | | | | |
| 2826 S CALHOUN ST FORT WAYNE, IN 46807 | 52-2389393 | 501 (C) (3) | 10,000. | | | | OPERATING SUPPORT |
| (6) SILENCE OF MARY HOME, INC. | | | | | | | |
| 850 STATE ST # B LEMOYNE, PA 17043 | 25-1867023 | 501 (C) (3) | 6,000. | | | | OPERATING SUPPORT |
| (7) ST JOHN THE BAPTIST CHURCH NEW HAVEN | | | | | | | |
| 943 POWERS ST NEW HAVEN, IN 46774 | 35-0876373 | 501 (C) (3) | 30,000. | | | | GENERAL OPERATING |
| (8) ST JOHN THE BAPTIST CHURCH SOUTH BEND | | | | | | | |
| 3526 ST JOHNS WAY SOUTH BEND, IN 46628 | 35-0876373 | 501 (C) (3) | 16,000. | | | | GENERAL OPERATING |
| (9) DIVINE HEALER MEDICAL MISSION | | | | | | | |
| PO BOX 10021 FORT WAYNE, IN 46850 | 83-1734120 | 501(C)(3) | . 000 . | | | | OPERATING SUPPORT |
| (10) JUNIOR ACHIEVEMENT | | | | | | | |
| 601 NOBLE DR FORT WAYNE, IN 46825 | 35-0922731 | 501(C) (3) | 23,500. | | | | OPERATING SUPPORT |
| (11) NEW MOUNT CARMEL FOUNDATION INC | | | | | | | |
| PO BOX 2507 CODY, WY 82414 | 26-3332215 | 501(C)(3) | 10,000. | | | | OPERATING SUPPORT |
| (12) THOSE CATHOLIC MEN | | | | | | | |
| PO BOX 10053 FORT WAYNE, IN 46850 | 47-5273251 | 501(C) (3) | 38,000. | | | | OPERATING SUPPORT |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | government | organizations lis | ted in the line 1 tab | | | A · · · · · · · · · · · · · · · · · · · | |
| 3 Enter total number of other organizations listed in the line 1 table | sted in the line | 1 table | | | | | |

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

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

| OMB No 1545-0047 | 2019 | Open to Public |
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► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Inspection Employer identification number

| Name of the organization | MARY CROSS TIPPMANN FOUNDATION | Employer identification number |
|--------------------------|--|--------------------------------|
| C/O TIPE | C/O TIPPMANN GROUP | 35-6665908 |
| Part I (| Part General Information on Grants and Assistance | : |
| 1 Does (| 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 se | the selection criteria used to award the grants or assistance? $\dots \dots | X Yes |
| 2 Descri | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | |
| Part II C | Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, | 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. | ed. |

| 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) CATHOLIC CEMETERIES | | | | | | | |
| 3500 LAKE AVENUE FORT WAYNE, IN 46805 | 35-0218140 | 501(C) (3) | 7,500. | | | | OPERATING SUPPORT |
| (2) ST. JOSEPH CATHOLIC CHURCH GARRETT | | | | | | | |
| 300 W HOUSTON ST. GARRETT, IN 46738 | 35-0876373 | 501(C) (3) | 20,000. | | | | OPERATING SUPPORT |
| (3) EUELL A. WILSON COMMUNITY CENTER | | | | | | | |
| 1512 OXFORD ST. FORT WAYNE, IN 46806 | 35-1893381 | 501(C)(3) | 50,000. | | | | OPERATING SUPPORT |
| (4) MARIAN HIGH SCHOOL | | | | | | | |
| 1311 SOUTH LOGAN ST. MISHAWAKA, IN 46544 | 35-1101600 | 501(C)(3) | 40,000. | | | | OPERATING SUPPORT |
| (5) REDEMPTION HOUSE | | | | | | | |
| 2720 FAIRFIELD AVENUE FORT WAYNE, IN 46807 | 35-2079898 | 501(C)(3) | 25,000. | | | | OPERATING SUPPORT |
| (6) ST. PAUL EVANGELICAL LUTHERAN CHURCH | | | | | | | |
| 1126 S BARR STREET FORT WAYNE, IN 46802 | 35-0886826 | 501(C)(3) | 25,000. | | | | OPERATING SUPPORT |
| (7) THE LIGHTHOUSE | | | | | | | |
| PO BOX 8746 FORT WAYNE, IN 46898 | 47-2109588 | 501(C)(3) | 10,000. | | | | OPERATING SUPPORT |
| (8) WORLD APOSTOLATE OF FATIMA | | | | | | | |
| PO BOX 10032 FORT WAYNE, IN 46850 | 35-2143427 | 501 (C) (3) | 10,000. | | | | OPERATING SUPPORT |
| (6) | | | | | | | |
| | | | | | | | |
| (10) | | | | | | | |
| | | | | | | | |
| (11) | | | | | | | |
| | | | | | | | |
| (12) | | | | | | | |
| | | | | • | | | |
| 2 Enter total number of section 501(c)(3) and dovernment | | reanizations list | organizations listed in the line 1 table | 4 | | A | |

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

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Page 2

Schedule I (Form 990) (2019)

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. Part III

| | (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, appreisal, other) | (f) Description of non-cash assistance |
|-----------|---|-----------------------------|--------------------------|--------------------------------------|--|--|
| - | | | | | | |
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| | | | | | | |
| 4 | | | | | | |
| ro. | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. | nformation re | quired in Part I, I | line 2, Part III, c | olumn (b); and any or | ther additional |

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 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.

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARY CROSS TIPPMANN FOUNDATION

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.

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

Page 2

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.