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

OMB No 1545-0047

**2019**

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 2020

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated/revoked/amended return
- Application pending

**C** Name of organization MARY CROSS TIPPMANN FOUNDATION  
C/O TIPPMANN GROUP  
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
9009 COLDWATER ROAD

City or town, state or province, country, and ZIP or foreign postal code  
FORT WAYNE, IN 46825

**D** Employer identification number  
35-6665908

**E** Telephone number  
(260) 490-3000

**F** Name and address of principal officer  
JOHN V. TIPPMANN, JR.  
9009 COLDWATER ROAD,, FORT WAYNE, IN 46825

**G** Gross receipts \$ 7,121,571.

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

**J** Website N/A

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1998 **M** State of legal domicile IN

## Part II Summary

**1** Briefly describe the organization's mission or most significant activities: TO SUPPORT PUBLIC CHARITIES.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>12.</u>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>12.</u>
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>0.</u>
<b>6</b> Total number of volunteers (estimate if necessary)	<u>11.</u>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>0.</u>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<u>0.</u>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>1,078,474.</u>	<u>2,630.</u>
<b>9</b> Program service revenue (Part VIII, line 2g)	<u>0.</u>	<u>0.</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>902,157.</u>	<u>1,152,428.</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,414,285.</u>	<u>2,819,694.</u>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,394,916.</u>	<u>3,974,752.</u>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>5,010,878.</u>	<u>3,817,715.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	<u>0.</u>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>154,597.</u>	<u>171,644.</u>
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>5,165,475.</u>	<u>3,989,359.</u>
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<u>-770,559.</u>	<u>-14,607.</u>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<u>112,353,573.</u>	<u>112,332,002.</u>
<b>21</b> Total liabilities (Part X, line 26)	<u>42,118.</u>	<u>35,154.</u>
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<u>112,311,455.</u>	<u>112,296,848.</u>

## Part III Signature Block

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

**Sign Here**

Signature of officer: John V. Tippmann Jr Date: 6/16/20

Type or print name and title: John V. Tippmann Jr President

**Paid Preparer Use Only**

Preparer's name: SANDRA E HOFMANN Preparer's signature: Sandra E Hofmann Date: 5/5/2020 Check  if self-employed PTIN: P00408287

Firm's name: CROWE LLP Firm's EIN: 35-0921600

Firm's address: 9910 DUPONT CIR DR E STE 230 FORT WAYNE, IN 46825-1612 Phone no: 260-489-1949

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

For Paperwork Reduction Act Notice, see the separate instructions Form 990 (2019)

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Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code ) (Expenses \$ 3,817,715. including grants of \$ 3,817,715. ) (Revenue \$ 3,020. ) SUPPORTS THE ACTIVITIES OF PUBLIC CHARITIES.

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

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

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

4e Total program service expenses 3,817,715.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		X
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. . . . .		X
4	<b>Section 501(c)(3) organizations.</b> 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. . . . .		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .		X
7	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. . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. . . . .		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	X	
11b	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. . . . .		X
11c	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. . . . .		X
11d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .		X
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .		X
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .		X
12b	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 . . . . .		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .		X
15	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. . . . .		X
16	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. . . . .		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. . . . .		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .		X
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and gaming winnings.

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

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

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

Section A. Governing Body and Management

Table with 12 rows and 4 columns (1a, 1b, Yes, No). Contains questions about governing body members, family relationships, and governance decisions.

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

Table with 16 rows and 4 columns (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 rows (3, 4, 5) and 2 columns (Yes, No) for questions regarding compensation reporting and services.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b				
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	2,630.			
	g Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 2,630.			
	<b>h Total. Add lines 1a-1f . . . . .</b>		<b>2,630.</b>			
<b>Program Service Revenue</b>	2a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue . . . . .					
	<b>g Total. Add lines 2a-2f . . . . .</b>		<b>0.</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		1,212,933.		1,212,933.	
	4 Income from investment of tax-exempt bond proceeds . . . . .		0.			
	5 Royalties . . . . .		0.			
	6a Gross rents . . . . .	6a	(i) Real	5,161,788.		
			(ii) Personal			
	b Less rental expenses . . . . .	6b	2,345,114.			
	c Rental income or (loss) . . . . .	6c	2,816,674.			
	<b>d Net rental income or (loss) . . . . .</b>		<b>2,816,674.</b>		<b>2,816,674.</b>	
	7a Gross amount from sales of assets other than inventory . . . . .	7a	(i) Securities	741,200		
			(ii) Other			
	b Less cost or other basis and sales expenses . . . . .	7b	801,705			
	c Gain or (loss) . . . . .	7c	-60,505.			
	<b>d Net gain or (loss) . . . . .</b>		<b>-60,505.</b>			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	8a	0.				
b Less direct expenses . . . . .	8b	0.				
<b>c Net income or (loss) from fundraising events . . . . .</b>		<b>0.</b>				
9a Gross income from gaming activities See Part IV, line 19 . . . . .	9a	0.				
b Less direct expenses . . . . .	9b	0.				
<b>c Net income or (loss) from gaming activities . . . . .</b>		<b>0.</b>				
10a Gross sales of inventory, less returns and allowances . . . . .	10a	0.				
b Less cost of goods sold . . . . .	10b	0.				
<b>c Net income or (loss) from sales of inventory . . . . .</b>		<b>0.</b>				
<b>Miscellaneous Revenue</b>	11a MISCELLANEOUS INCOME	Business Code	3,020.	3,020.		
	b _____					
	c _____					
	d All other revenue . . . . .					
	<b>e Total. Add lines 11a-11d . . . . .</b>		<b>3,020</b>			
<b>12 Total revenue. See instructions . . . . .</b>		<b>3,974,752.</b>	<b>3,020.</b>	<b>4,029,607.</b>		

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
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 individuals See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (nonemployees)	0.			
a Management . . . . .				
b Legal . . . . .	4,564.		4,564.	
c Accounting . . . . .	3,915.		3,915.	
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	0.			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	79,369.		79,369.	
12 Advertising and promotion . . . . .	2,919.		2,919.	
13 Office expenses . . . . .	76,561.		76,561.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	2,442.		2,442.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	0.			
23 Insurance . . . . .	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEALS . . . . .	499.		499.	
b SEMINARS/CONFERENCES . . . . .	1,375.		1,375.	
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>3,989,359.</b>	<b>3,817,715.</b>	<b>171,644.</b>	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing . . . . .	0.	1	0.
	2	Savings and temporary cash investments. . . . .	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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	6	0.
	7	Notes and loans receivable, net. . . . .	0.	7	0.
	8	Inventories for sale or use . . . . .	0.	8	0.
	9	Prepaid expenses and deferred charges . . . . .	3,909.	9	1,954.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 85,581,465.		
	b	Less accumulated depreciation. . . . .	10b 15,664,260.	10c	69,917,205.
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	112,353,573.	16	112,332,002.	
Liabilities	17	Accounts payable and accrued expenses. . . . .	42,118.	17	35,154.
	18	Grants payable . . . . .	0.	18	0.
	19	Deferred revenue. . . . .	0.	19	0.
	20	Tax-exempt bond liabilities. . . . .	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D. . . . .	0.	21	0.
	22	Loans and other payables to 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	0.
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties. . . . .	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	0.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25. . . . .	42,118.	26	35,154.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions . . . . .		27	
	28	Net assets with donor restrictions. . . . .		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> 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	0.
	31	Retained earnings, endowment, accumulated income, or other funds. . . . .	0.	31	0.
32	<b>Total net assets or fund balances . . . . .</b>	112,311,455.	32	112,296,848.	
33	<b>Total liabilities and net assets/fund balances. . . . .</b>	112,353,573.	33	112,332,002.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	3,974,752.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	3,989,359.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-14,607.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	112,311,455.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	112,296,848.

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Employer identification number  
**35-6665908**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . 80
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A) Various 501(c)(3) organizations					3,817,715	
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					<b>3,817,715.</b>	

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2019; 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 Value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 15 Public support percentage for 2019; 16 Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 17 Investment income percentage for 2019; 18 Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

19b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		X
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).		X
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		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.		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		X
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b	A family member of a person described in (a) above?		X
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		X

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		X

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

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	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, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.35	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI) See instructions.		
3	Excess distributions carryover, if any, to 2019		
a	From 2014 . . . . .		
b	From 2015 . . . . .		
c	From 2016 . . . . .		
d	From 2017 . . . . .		
e	From 2018 . . . . .		
f	<b>Total of lines 3a through e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
i	Carryover from 2014 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2019 from Section D, line 7 \$		
a	Applied to underdistributions of prior years		
b	Applied to 2019 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	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		
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions		
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c		
8	Breakdown of line 7		
a	Excess from 2015 . . . .		
b	Excess from 2016 . . . .		
c	Excess from 2017 . . . .		
d	Excess from 2018 . . . .		
e	Excess from 2019 . . . .		

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

SCHEDULE A, PART IV, QUESTION 1

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

SCHEDULE A, PART IV, SECTION C, QUESTION 1

THE MANAGING TRUSTEES OF THE MARY CROSS 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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
			YES	NO		
VARIOUS 501(C) (3) OPGANIZATIONS			X		3,817,715.	0.
TOTAL AMOUNT OF SUPPORT					<u>3,817,715.</u>	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

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

OMB No 1545-0047

**2019**

**Open to Public Inspection**

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

Employer identification number  
**35-6665908**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

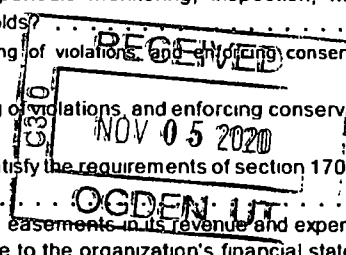
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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

b 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

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2019

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

- Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total (Column (b) must equal Form 990, Part X, col (B) line 12) . . . . . ▶

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total (Column (b) must equal Form 990, Part X, col (B) line 13) . . . . . ▶

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . ▶

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total (Column (b) must equal Form 990, Part X, col (B) line 25) . . . . . ▶

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





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**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE I**  
**(Form 990)**

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **MARY CROSS TIPPAMANN FOUNDATION** Employer identification number **35-6665908**  
**C/O TIPPAMANN GROUP**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash 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) FRANCISCAN CENTER, INC PO BOX 10303 FORT WAYNE, IN 46897	35-1838772	501(C)(3)	54,965.				GENERAL OPERATING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶▶**
- 3** Enter total number of other organizations listed in the line 1 table **▶▶**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 **Schedule I (Form 990) (2019)**

**SCHEDULE I  
(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.

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OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **MARY CROSS TIPPMANN FOUNDATION**  
C/O TIPPMANN GROUP  
Employer identification number **35-6665908**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HANNAH'S HOUSE 518 WEST FOURTH STREET HISHAWKA, IN 46544	35-1871289	501(C)(3)	12,500.				GENERAL OPERATING
(2) IH 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) RSDENER RADIO 4705 ILLINOIS RD FORT WAYNE, IN 46804	22-3864296	501(C)(3)	100,385.				GENERAL OPERATING
(6) REVEDY 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) ST. JOSEPH CATHOLIC CHURCH 2213 BROOKLYN AVENUE FORT WAYNE, IN 46802	35-0876373	501(C)(3)	40,000.				CAPITAL CAMPAIGN
(12) ST. JOSEPH COMMUNITY HEALTH FOUNDATION 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 organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash 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 LAFRLETTE 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) WELLSRING 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 HEDNIG DR FORT WAYNE, IN 46815	46-2131355	501(C)(3)	12,500.				GENERAL OPERATING
(10) CROSS CONNECTIONS, INC 4619 E STATE BLVD STE 300	26-1637652	501(C)(3)	15,000.				GENERAL OPERATING
(11) OUR LADY OF GOOD HOPE CHURCH 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 organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

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**SCHEDULE I  
(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

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Department of the Treasury  
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Name of the organization **MARY CROSS TIPPMMANN FOUNDATION**

C/O TIPPMMANN GROUP

Employer identification number

35-6665908

**Part II General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States  Yes  No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BISHOP DWENGER HIGH SCHOOL 1300 E WASHINGTON CENTER RD 1300 E WASHINGTON CENTER RD	35-1090327	501(C)(3)	1,020,000.				CAPITAL CAMPAIGN & T
(2) MOST PRECIOUS BLOOD CATHOLIC CHURCH 1515 BARTHOLO 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)	1,9,000.				GENERAL OPERATING
(4) ST JOHN THE BAPTIST CHURCH FM 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 BRLANGER, 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.				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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(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  
Inspection**

Department of the Treasury Internal Revenue Service

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

Employer identification number: **35-6665908**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(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 HONS, INC. 850 STATE ST # B LENOX, 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)	9,000.				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	47-5213251	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

**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)

**SCHEDULE I**  
**(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  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **MARY CROSS TIPPWMANN FOUNDATION**

Employer identification number  
**35-6665908**

C/O TIPPWMANN GROUP

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CATHOLIC CEMETERIES 3500 LAKE AVENUE FORT WAYNE, IN 46805	35-0218140	501(C)(3)	7,500.				OPERATING SUPPORT
<b>(2)</b> ST. JOSEPH CATHOLIC CHURCH GARRETT 300 W HOUSTON ST. GARRETT, IN 46738	35-0876373	501(C)(3)	20,000.				OPERATING SUPPORT
<b>(3)</b> EUELL A. WILSON COMMUNITY CENTER 1512 OXFORD ST. FORT WAYNE, IN 46806	35-1893381	501(C)(3)	50,000.				OPERATING SUPPORT
<b>(4)</b> MARIAN HIGH SCHOOL 1311 SOUTH LOGAN ST. MISHAWAKA, IN 46544	35-1101600	501(C)(3)	40,000.				OPERATING SUPPORT
<b>(5)</b> REDEMPTION HOUSE 2720 FAIRFIELD AVENUE FORT WAYNE, IN 46807	35-2079898	501(C)(3)	25,000.				OPERATING SUPPORT
<b>(6)</b> ST. PAUL EVANGELICAL LUTHERAN CHURCH 1126 S. BARR STREET FORT WAYNE, IN 46802	35-0866826	501(C)(3)	25,000.				OPERATING SUPPORT
<b>(7)</b> THE LIGHTHOUSE PO BOX 8746 FORT WAYNE, IN 46898	47-2109588	501(C)(3)	10,000.				OPERATING SUPPORT
<b>(8)</b> WORLD APOSTOLATE OF FATIMA PO BOX 10032 FORT WAYNE, IN 46850	35-2143427	501(C)(3)	10,000.				OPERATING SUPPORT
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 1

THE ORGANIZATION MONITORS THE SPECIFIC PURPOSE GRANTS TO ENSURE THAT THEY ARE USED FOR THEIR PROPER PURPOSES AND ARE NOT DIVERTED FROM THEIR INTENDED USE. MOST GRANTS ARE ISSUED FOR GENERAL OPERATING EXPENSES OF THE ORGANIZATIONS RECEIVING THE GRANTS, AND PERIODIC FINANCIAL STATEMENTS ARE REQUESTED FROM THESE ORGANIZATIONS TO ENSURE PROPER GRANT FUND USAGE.



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

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

Employer identification number  
**35-6665908**

REVIEW OF FORM 990 BY GOVERNING BODY

PART VI, SECTION B, LINE 11A

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

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

DISCLOSURE OF FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES  
FORM 990, PART VI, SECTION C, LINE 19 FINANCIAL STATEMENTS, GOVERNING  
DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES  
PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE  
NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

FAMILY AND BUSINESS RELATIONSHIPS OF OFFICERS

PART VI, SECTION A, LINE 2 JOHN V. TIPPMANN, SR. AND JOHN V. TIPPMANN,  
JR. - FAMILY RELATIONSHIP. JEFF HASTINGS AND JOHN V. TIPPMANN, SR. -  
BUSINESS RELATIONSHIP. JOHN V. TIPPMANN, SR. AND CHRIS TIPPMANN - FAMILY  
RELATIONSHIP.

PART VI, SECTION B, 12C

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

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

Schedule O (Form 990 or 990-EZ) (2019)

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

Employer identification number  
35-6665908

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