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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2009

Open to Public Inspection

Form 990 (2009)

TEEA0113L 12/29/09

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009, and ending For the 2009 calendar year, or tax year beginning D Employer Identification Number Check if applicable Please use CHARLIE TIPPMANN FOUNDATION CHARITABLE 20-0924354 Address change or print or type. See TRUST Name change Telephone number 3518 ADAMS CENTER ROAD specific Instruc-260-441-9603 Initial return FORT WAYNE, IN 46806 Termination 7,846,149. G Gross receipts \$ Amended return DENNIS J TIPPMANN SR H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE Yes If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) () ◄ (insert no) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number L Year of Formation 2004 Corporation X Trust Association Other ► M State of legal domicile Form of organization Part I Summary Briefly describe the organization's mission or most significant activities THE TRUST IS ORGANIZED AND OPERATED 1 EXCLUSIVELY FOR CHARITABLE, RELIGIOUS AND EDUCATIONAL PURPOSES BY SUPPORTING THE Activities & Governance PURPOSES OF VARIOUS OUALIFIED CHARITABLE ORGANIZATIONS. If the organization discontinued its operations or disposed of more than 25% of its assets 2 Check this box ► 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) ō 5 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 690,772. -1,734,731. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 690,772. -1,734,731. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 907,069 741,042. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 741,042. 907,069. Revenue less expenses Subtract line 18 from ine 12 PECE! -216,297. -2,475,773. Beginning of Year End of Year gg Total assets (Part X, line 16) 7,777,899 20 7,637,556. ழ MAY 1 4 2010 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 7,777,899. 7,637,556. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Nuca Here Signature of officer BRUCE BUCHAN TREASURER Type or print name and title Date Preparer's identifying number (see instructions) Check if Paid employed ► Preparer's Presignature ► NON-PAID PREPARER parer's Firm's name (or Use yours if self-employed), address, and FIN Only Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Par			temei	nt of I	Progra	am Se	ervic	е Асс	omp	lish	ment	s													
1	THE	TRUS	T IS	ORG PURP	zation's ANIZE OSES	ED AN	ND OI																		
2	Form	990 or	990-E2	<u>?</u> ?	rtake ar				ım se	rvices	durır	ng the	year	which	were	e not	listed	on th	he pr	ior			Yes	X	No
3	Did th	ne orgai	nızatıor	cease	w service condu	cting,	or mal	ke sign	ıfıcan	t char	nges II	n how	ıt co	nducts	s, any	/ prog	ıram	servi	ces?				Yes	X	No
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Part IV **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 Х Is the organization required to complete Schedule B. Schedule of Contributors? 2 Х 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? If 'Yes,' complete Schedule C, Part II 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where 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,' 8 complete Schedule D, Part III Х Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments? i'Yes, i' complete Schedule D, Part i'10 X 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 X Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI • 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 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 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 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • 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? If Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 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 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 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III X 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х 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 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

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Х Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

				Yes	No		
1 8	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 0					
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			l i		
•	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1 c		ر		
2	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					
21	f at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ref	urn (see instructions)					
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	ar covered by	3a		Х		
ı	this 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b				
4:	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		Х		
ı	o If 'Yes,' enter the name of the foreign country: >						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts	Foreign Bank and					
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year [?]	5a		Х		
I	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	er transaction?	5b		Х		
•	olf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity Regarding Prohibited	5с				
6	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		x		
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	7a				
ŀ	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 w Form 8282?	hich it was required to file	7с		Х		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d					
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiul benefit contract?	ns on a personal	7e		Х		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		_7f		X		
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as	•	7g	<u>_ N</u>	/ <u>A</u> _		
ı	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	•	7h	_ N	IA_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the lave excess business	8				
9	Sponsoring organizations maintaining donor advised funds.			~	195		
ä	a Did the organization make any taxable distributions under section 4966?		9 a	N	A		
	Did the organization make any distribution to a donor, donor advisor, or related person?		9 b	~	A		
	Section 501(c)(7) organizations. Enter						
	Initiation fees and capital contributions included on Part VIII, line 12	10a N/A			'		
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь					
	Section 501(c)(12) organizations. Enter				!		
	Gross income from other members or shareholders	11a N/A		1			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Ь			!		
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12a	7	A		
[b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					

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Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	<u>tion A.</u>	Governing Body and Management				
			1		Yes	No
		number of voting members of the governing body	1a 7		Ì	-
		number of voting members that are independent	1b 7			į
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business reference, trustee or key employee? SEE SCHEDULE Ω	elationship with any other	2	X	لـــــــــــــــــــــــــــــــــــــ
3	Did the o	organization delegate control over management duties customarily performed by or it s, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		Х
4		irganization make any significant changes to its organizational documents		4		X
		prior Form 990 was filed?				
5	Did the c	Irganization become aware during the year of a material diversion of the organization	n's assets?	5	.	Х
6	Does the	organization have members or stockholders?		6		Х
7 a	Does the	organization have members, stockholders, or other persons who may elect one or g body? SEE SCHEDULE 0	more members of the	7a	х	
t	•	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		Х
		organization contemporaneously document the meetings held or written actions under	•			
_		erning body?			X	
	-	nmittee with authority to act on behalf of the governing body?	•	8a 8b		X
		,		60	,	Λ
9		any officer, director or trustee, or key employee listed in Part VII, Section A, who cation's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9	Х	
		Policies (This Section B requests information about policies not	required by the internal			
teve	enue Code	2.)				
10-	D 4b-				Yes	No
		organization have local chapters, branches, or affiliates?		10 a		X
	and bran	does the organization have written policies and procedures governing the activities of the organization?	•	10ь		
		organization provided a copy of this Form 990 to all members of its governing body		11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O	<u> </u>		
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
	to conflic		5	12b	Х	
(Does the Schedule	organization regularly and consistently monitor and enforce compliance with the pose O how this is done	olicy? If 'Yes,' describe in	12c		Х
13	Does the	organization have a written whistleblower policy?		13	Х	
14	Does the	organization have a written document retention and destruction policy?		14	Х	
15	Did the persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision?			
á	The orga	inization's CEO, Executive Director, or top management official		15a		X
ŧ	Other off	icers of key employees of the organization .		15 b		Х
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16 a	Did the o	organization invest in, contribute assets to, or participate in a joint venture or simila ring the year?	r arrangement with a taxable	16a		<u></u>
ı	If 'Yes,' I	nas the organization adopted a written policy or procedure requiring the organizatio enture arrangements under applicable federal tax law, and taken steps to safeguare th respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b		
Sec		Disclosures				
		states with which a copy of this Form 990 is required to be filed IN				
18	Section (5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) a	vaılabl	e for	– – – public
		website Another's website X Upon request				
19	Describe statemer	ın Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	ments, conflict of interest pol	ıcy, ar	nd fina	ıncıal
20	State the	e name, physical address, and telephone number of the person who possesses the RENNEMAN 3518 ADAMS CENTER ROAD FORT WAYNE IN 46806	books and records of the org			
	-22 P		_======================================		- – -	

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)		(D)	(E)	(F)				
Name and Title	Average hours		tion (check	k all t	hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DENNIS J TIPPMANN SR										, <u>.</u>
CHAIRMAN	0.1	Х		Х				0.	0.	0.
DENNIS J TIPPMANN JR										
PRESIDENT	0.1	Х		X				0.	0.	0.
MARY A TIPPMANN										· · · · · · · · · · · · · · · · · · ·
VICE PRESIDENT	0.1	Х		X				0.	0.	0.
WILLIAM D SWIFT										
SECRETARY	0.1	X		X				0.	0.	0.
BRUCE E BUCHAN										
TREASURER	0.1	X		Х				0.	0.	0.
CRAIG R FINLAYSON										
TRUSTEE	0.1	X						0.	0.	0.
CAMILLE GRABLE										
TRUSTEE	0.1	X						0.	0.	0.
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Part VII Section A. Officers, Directors, Trust	tees, P	(ey	Em	ıplo	ye	es,	and	d Highest Con	npensated Emp	loyees (co	nt.)		
(A)	(B) (c)							(D)	(E)	(F)			
Name and Title	Average hours	Ь——	_			_		Reportable compensation from	Reportable compensation from	Estimated amount of of	l her		
	per week	Individual trustee or director	Institutional trustee	Officer	Key (Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensati from the			
	ł	ecto	ution	딱	퓔	est c	Ē	,	,	organization and relate	ed :		
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1 b Total							•	0.	0.	L	0.		
2 Total number of individuals (including but not limite	d to tho	se lı	stec	l ab	ove)	wh	o re	ceived more than	\$100,000 in report	able compens	ation		
from the organization 0	_								·	Tv	T		
										Yes	No		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust ndividua	ee, I	key	emp	ploy	ee, d	or hi	ghest compensat	ed employee	3	X		
4 For any individual listed on line 1a, is the sum of re	portable	e cor	mpe	nsa	tion	and	oth	er compensation	from		 		
the organization and related organizations greater t	han \$15	50,00	00'7	If 'Y	'es'	com	plet	e Schedule J for	such	4	X		
										4			
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule .	satio <i>I for</i>	n fro suc	om a ch pe	any e <i>rso</i>	unre n	elate	d organization fo	r services	5	'		
Section B. Independent Contractors											1		
1 Complete this table for your five highest compensat	ed inde	pend	dent	cor	ntrad	ctors	tha	t received more t	han \$100,000 of				
compensation from the organization								<u> </u>					
(A) Name and business addres	c							(B Description	of Services	(C) Compensation	าก		
Ivanic and business address							-	<u>Description</u>	of Services	Compensati			
								 		·			
								Ļ ₋	 -				
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		limi	ted	to th	nose	ıst	ed a	above) who receiv	ed more than		i		

,	To viii Statement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tTS TS	1 a Federated campaigns 1a		revenue		512, 513, or 514
Ž Š	b Membership dues 1b				
S, G	c Fundraising events 1c				1
등됨	d Related organizations 1 d				
Ϋ́Ē	e Government grants (contributions)				1
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
E S	g Noncash contribns included in lns 1a-1f: \$				
5 4	h Total. Add lines 1a-1f				
<u> </u>	Business Code				
<u> </u>	2a		<u> </u>		
뜅	b				<u> </u>
ž	<u> </u>				
Y SE					
Ž.	e		<u> </u>		
စ္ကို	f All other program service revenue				
-		 			
	3 Investment income (including dividends, interest and other similar amounts).	148,738.			148,738.
	4 Income from investment of tax-exempt bond proceeds.	140,730.		· · · · · · · · · · · · · · · · · · ·	140,730.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents	1			į,
	b Less rental expenses	1			ì
	c Rental income or (loss)	1			
	d Net rental income or (loss)				
	(1) Securities (1) Other				
	7a Gross amount from sales of assets other than inventory 7, 697, 411.				1
					'
	b Less: cost or other basis and sales expenses 9,580,880.				1
	c Gain or (loss) -1883469.	1			1
ŀ	d Net gain or (loss) ▶	-1,883,469.	-1,883,469.		
ä	8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c).				,
OTHER REVEN	See Part IV, line 18				'
爿	b Less direct expenses b	1			
٥	c Net income or (loss) from fundraising events.				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b]			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b	1			
	c Net income or (loss) from sales of inventory				
ĺ	Miscellaneous Revenue Business Code				
[11 a				
	b				
	с				
	d All other revenue.				
	e Total. Add lines 11a-11d.				
	12 Total revenue. See instructions	-1,734,731.	-1,883,469.	0.	148,738.

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) but are not required to complete columns (B), (C), and (D).

Do n 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	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.	0.	0.	0.
7	Other salaries and wages	_			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	676.		676.	
C	Accounting	598.		598.	
d	Lobbying				
	Prof fundraising svcs See Part IV, In 17		 		
f	Investment management fees				
_	Other	136.		136.	
	Advertising and promotion				
	Office expenses				
	Information technology				
15	Royalties		· · · · · · · · · · · · · · · · · · ·		
16	. ,				
	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· · · · · · · · · · · · · · · · · · ·		
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	DONATIONS	715,446.	715,446.		
	INVESTMENT FEES	23,560.		23,560.	
c	FOREIGN TAXES PAID	626.		626.	
c					
e					
f	All other expenses				
	Total functional expenses Add lines 1 through 24f	741,042.	715,446.	25,596.	0.
26	Joint costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
D A A					Form 990 (2000)

Part X

Balance Sheet

Form 990 (2009)

(A) Beginning of year (B) End of year 7,089 1 13,003. Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 $18,2\overline{42}$. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis... Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 10 c 7,770,810 11 Investments - publicly-traded securities 11 7,606,311 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 7,777,899 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 7,637,556 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0. 26 0. Organizations that follow SFAS 117, check here | and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 7,777,899. 32 Retained earnings, endowment, accumulated income, or other funds 32 7,637,556. 7,777,899. Total net assets or fund balances 33 7,637,556. 7,777,899 34 Total liabilities and net assets/fund balances 7,637,556. BAA

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Form 990 (200 9)	CHARLIE	TIPPMANN	FOUNDATION	CHARITABLE

20-0924354

Page 12

	The VI Financial Statements and Depositing			ige 12
ra	rt XI Financial Statements and Reporting		_	
			Yes	No
1	Accounting method used to prepare the Form 990 $\overline{\mathrm{X}}$ Cash $\overline{}$ Accrual $\overline{}$ Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	b Were the organization's financial statements audited by an independent accountant?	2b		Х
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
,	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3	a 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?	3a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

lame (of the			E TIPPMANN	FOUNDATION CHAR	ITABLE				' '		ion number		
			RUST		<u> </u>						92 <u>4354</u>			
Par					us (All organizations					See i	<u>nstruct</u>	ions		
he c	_		-		use it is. (For lines 1 thro	•		•	•					
1	_				sociation of churches des		section	า 1 70 (b)	(1)(A)(i)					
2		A school desc	ribed in	section 170(b)(1)((A)(ii). (Attach Schedule	E)								
3	П	A hospital or	coopera	ative hospital servic	e organization described	in secti	on 1 70 (b)(1)(A)(iii).					
4	П	A medical res	earch o	rganization operate	ed in conjunction with a	hospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	iter the hos	spital's	;
		name, city, ar	nd state	·	•	-							•	
5		An organization 170(b)(1)(A)(iv	on oper v). (Co	ated for the benefit mplete Part II)	t of a college or universit	ty owned	or oper	ated by	a gove	nmenta	unit des	scribed in	section	n
6 7					governmental unit descr a substantial part of its s					t or from	n the ger	neral nublic	· desci	nhed
	믐	ın section 17 0	0(b)(1)(/	4)(vi). (Complete F	Part II)	, ,	_		mar am	. 01 11011	i tilo gol	iciai pabile	. 40301	1000
8	$\overline{}$	·			170(b)(1)(A)(vi). (Comple		•							
9		from activities investment in	related come a	to its exempt function nd unrelated busing	more than 33-1/3 % of its ns — subject to certain exc ess taxable income (less	ceptions, a	and (2) r	no more t	than 33-	1/3 % of	its suppo	ort from aro	SS	fter
10				section 509(a)(2). ((f exclusively to test for p	ublic safe	aty Soc	section	509/51	(4)				
11	_	-	_	•	d exclusively to test for p		•		• •	• •	rry out th	o nurnoco	c of o	30 Or
••	ı.	more publicly describes the	suppor type o	ted organizations of supporting organi	described in section 509 zation and complete line	(a)(1) or es 11e th	section rough 1	509(a)(2 1h.	2) See	section	509(a)(3). Check t	he box	that
	$\overline{}$	a UType I		b [X] Type II			-	-			d 🔝	Type III-		
е		By checking t than foundation 509(a)(2)	his box on man	, I certify that the o agers and other tha	rganization is not contro an one or more publicly s	lled directions	tly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	fied perso (a)(1) or s	ns oth ection	er
f		If the organize check this bo	ation re x	ceived a written de	termination from the IRS	S that is a	Type I	, Type II	or Typ	e III sup	porting o	organizatio	n,	
g		Since August	17, 200	06, has the organiza	ation accepted any gift	or contrib	oution fr	om any	of the f	ollowing	persons	?		
		(i) a persoi	n who d	lizactly or indirectly	controls, either alone or	togothor	with no	rcone d	ocariba	dua (u)	and (m)		Yes	No
		below, t	he gove	erning body of the	supported organization?	logether	with be	150115 U	escribe	u III (II) .	and (III)	11 g (i)		Х
		(ii) a famıly	membe	er of a person des	cribed in (i) above?							11 g (ii)		X
		· ·		•	n described in (i) or (ii) a	above?						11 g (iii)		X
h				•	the supported organizati									
		Name of Supporte Organization		(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	Is the tion in col d in your erning ment?	the organ	ou notify nization in (i) of upport?	organizat	Is the tion in col zed in the S?	(VII) Amour	nt of Sup	port
						Yes	No	Yes	No	Yes	No			
EE	PA	RT IV												
						 							·····	
	_					 								
				 										
r												-	115	

	edule A (Form 990 or 990-EZ) 200		TIPPMANN FO			20-0924354	
Pa	rt II. Support Schedule for				(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
Sec	(Complete only if you check ction A. Public Support	ed the box on lin	e 5, 7, or 8 of Par	(1)			
	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	_					
	Total. Add lines 1-through 3 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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1.				
Cale Degi	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11	Total support. Add lines 7 through 10	_					
12	Gross receipts from related activ	ities, etc (see in	structions)			. 12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
Sec	ction C. Computation of Pul	blic Support F	Percentage				
	Public support percentage for 20	-	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)		14	%_
15	Public support percentage from 2	2008 Schedule A	, Part II, line 14			_ 15	%_
16	a 33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	x on line 13, and rganization	d the line 14 is 33	-1/3 % or more, cl	neck this box ►
1	b 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16a rganization.	a, and line 15 is 3	3-1/3% or more, c	heck this box
	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts- -and-circumstand	and-circumstance: ces' test. The org	s' test, check this anization qualifies	box and stop her s as a publicly sup	re. Explain in Part oported organization	IV how
1	b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-	and-circumstances	s' test, check this	box and stop her	re. Explain in Part	15 is 10% IV how the

Schedule A (Form 990 or 990-EZ) 2009

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

BAA

CHARLIE TIPPMANN FOUNDATION CHARITABLE 20-0924354 Page 3 Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6)

Section B. Total Support						
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	, , , , , , , , , , , , , , , , , , , ,			-		
c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
13 Total support. (add Ins 9, 10c, 11, and 12)						
14 First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 501(c)((3)
Section C. Computation of Pul	olic Support P	Percentage				
15 Public support percentage for 20	09 (line 8, colum	n (f) divided by lir	ne 13, column (f))		15	%

Section D. Computation of Investment Income Percentage

17	Investment	income	percentage	for 2009	(line	TUC,	column ((T)	aividea b	y line	13,	column	(†),)
----	------------	--------	------------	-----------------	-------	------	----------	-----	-----------	--------	-----	--------	------	---

18 Investment income percentage from 2008 Schedule A, Part III, line 17.

16 Public support percentage from 2008 Schedule A, Part III, line 15

19 a 33-1/3 support tests -	- 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not
more than 33-1/3%,	check this box and stop here. The organization qualifies as a publicly supported organization
h 22 412	2000 Kills assessmenten did ast absolve have as line 14 as 10 and line 16 as assess than 22 1/20/

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20	Private foundation.	If the ord	ganization did not	check a box	on line 14,	19a, or 1	9b, check this	box and see instructions

16

17

18

%

%

%

Schedule A	(Form 990	or 99	0-EZ) 2	2009_	CH	ARLI	E TI	PPM	ANN	FOU	NDAT	ION	CHA	RITAB	BLE	20-	0924	354	F	⊃age 4
Part IV	Supplem Part II, II	nenta	l Info	rmat	ion.	Comp	olete	this	part	to p	rovid	e the	expl	anatio	ons re	quired	by Pa	art II, I	ine 10;	
	rart II, II		7 4 01	170,	anu	rait	111, 11	116 1	۷. ۱	Ovid	e arry	- Other	au	uniona	<u> </u>	imatic	11. 36		uctions	·
																				
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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 CHARLIE TIPPMANN FOUNDATION CHARITABLE

TRUST

20-0924354

SCHEDULE A, PART I, LINE 11H NAME(S) OF SUPPORTED ORGANIZATION(S)

NAME OF SUPPORTING FEDERAL ORGANIZATION EIN	TYPE OF ORGANIZATIO	LISTED IN GOVERNING DOCUMENTS N YES NO	ORGANIZATIONO NOTIFIED OF I YOUR SUPPORT YES NO	ED	AMOUNT OF SUPPORT
ST JOHN THE BAPTIST CATHO 35-0868945		Х	3,00	 	\$ 174,658.
ST VINCENT DEPAUL CHURCH 35-0975940	CHURCH	х			5,000.
BISHOP LUERS HIGH SCHOOL 35-1041555	SCHOOL	X			50,000.
CATHOLIC RELIEF SERVICES 13-5563422	CHURCH	Х			300,000.
FRANCISCAN CENTER, INC. 35-1838772	CHURCH	Х			10,000.
MATTHEW 25 HEALTH & DENTA 35-1484951	L CLINIC, COMMUNITY T	R X			10,000.
VINCENT VILLAGE, INC. 35-1780135	ORGANIZATIO	N X			5,000.
ALASKA RADIO MISSION 26-0683471	ORGANIZATIO	N X			500.
ALLEN CONTY JAIL CHAPLAIN 35-2030383	CY, INC. ORGANIZATIO	N X			1,000.
HOLY CROSS LUTHERAN CHURC 35-0992114		х			5,000.
WOMEN'S CARE CENTER 35-1609945	ORGANIZATIO	N X			71,728.
BOYS AND GIRLS CLUB OF FO 35-1778767	RT WAYNE PUBLIC CHAR:	I X			1,000.
FOOD FOR THE POOR INC 59-2174510	PUBLIC CHAR	I X			1,000.
COMMUNITY TRANSPORT 35-2109955	PUBLIC CHAR	I X			1,000.
HANDSMAIDS OF THE SACRET 23-1445666	HEART PUBLIC CHAR	I X			15,000.
LUTHERAN HOUSING SUPPORT 20-1723584	CHURCH	Х			10,000.
MISSION OF HOPE 30-0149833	PUBLIC CHAR	х и			15,000.

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 6

CHARLIE TIPPMANN FOUNDATION CHARITABLE TRUST

20-0924354

SCHEDULE A, PART I, LINE 11H (CONTINUED) NAME(S) OF SUPPORTED ORGANIZATION(S)

NAME OF			LISTED IN	ORGANIZATIONO			
NAME OF SUPPORTING	FEDERAL	TYPE OF	GOVERNING DOCUMENTS	NOTIFIED OF I YOUR SUPPORT	N THE U.S.	AMO	OUNT OF
ORGANIZATION	<u>EIN</u>	ORGANIZATION		YES NO	YES NO		JPPORT
SAFE SWIM FOUN	DATION 26-3165359	PUBLIC CHAR	т х			\$	16,060.
SCAN	31-0899309	PUBLIC CHAR	ı x				1,000.
ST JUDE CATHOI							I
	35-1062927	CHURCH	Х				10,500.
TRINITY WELLSP	RING CHILDRI 35-0868010	ENS CHOIR ORGANIZATION	л X				5,000.
	33-0808010	ONGANIZATIO	, , , , , , , , , , , , , , , , , , ,				3,000.
TURNSTONE CENT							
	35-0913541	ORGANIZATION	1 X				1,000.
SOCIETY OF ST	VINCENT DEP	AUL					
	35-0975940	CHURCH	X				1,000.
PURE FASHION	06-1500537	ORGANIZATIO	7 X				5,000.
					TOTA	L <u>\$</u>	715,446.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

> Attach to Form 990.

Name of the organization CHARLIE TIPPMANN FOUNDATION CHARITABLE TRUST	Employer identification number 20-0924354
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	S, DIRECT
DENNIS TIPPMANN, SR IS SPOUSE TO MARY TIPPMANN. DENNIS TIPPMA	NN, JR AND CAMILLE
GRABLE ARE CHILDREN TO DENNIS TIPPMANN, SR AND MARY TIPPMANN.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOV	ERNING BODY
DENNIS TIPPMANN, SR. MAY APPOINT TRUSTEES OR HE MAY DESIGNATE	A REPRESENTATIVE TO
APPOINT THE TRUSTEES ANNUALLY.	
FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MA	AILING ADDRESS
WILLIAM SWIFT AND CRAIG FINLAYSON	
215 EAST BERRY STREET	
FORT WAYNE, IN 46801	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
EACH MEMBER OF THE BOARD WAS SENT A NOTICE OF THE 990 TO BE FI	LED. THEY WOULD
RECEIVE A COMPLETE COPY UPON REQUEST.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE ADDRESS OR PHO	NE NUMBER LISTED IN
THE FOLLOWING QUESTION # 20.	
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