orm 990

Return of Organization Exempt From Income Tax

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

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

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

2023
Open to Public

Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning , and ending C Name of organization D Employer identification number Check if applicable: Tipton County Foundation Inc Address change **-***5045 Doing business as Name change E Telephone numbe Number and street (or P.O. box if mail is not delivered to street address) 765-675-8480 1020 W Jefferson Street Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Tipton IN 46072 12,948,464 G Gross receipts\$ Amended return Name and address of principal officer: **H(a)** Is this a group return for subordinates Application pending Jason Hare 1020 W Jefferson **H(b)** Are all subordinates included? If "No," attach a list. See instructions Tipton IN 46072 **X** 501(c)(3) 501(c) 4947(a)(1) or Tax-exempt status:) (insert no.) Website: H(c) Group exemption number Year of formation: 1985 Form of organization: X Corporation Trust M State of legal domicile: Association Other Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 85 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T. Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 284,353 <u>587,6</u>77 Revenue 9 Program service revenue (Part VIII, line 2g) 637,888 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,118,809 2,389<u>,173</u> 19,104 1,073 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,422,266 3,615,811 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,589,331 1,056,556 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 322,085 346,890 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 103,021 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 336,289 974,661 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,247,705 2,378,107 1,237,704 174,561 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 46,768,586 52,596,635 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) <u>281,144</u> 1,636,168 22 Net assets or fund balances. Subtract line 21 from line 20 . 50,960,467 **Signature Block** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Mark Baird **Executive Director** Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Thomas A. Roberts Thomas A. Roberts 10/23/24 self-employed **Preparer** **-***7095 Estep Burkey Simmons, LLC Firm's name Firm's EIN **Use Only** PO Box 42 47308-0042 765-284-7554 Muncie, IN May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form 990 (20	23) Tipton County Foundation Inc **-**5045	Page 2
Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	escribe the organization's mission:	
See S	chedule O	
•		
2 Did the	organization undertake any significant program services during the year which were not listed on the	
	rm 990 or 990-EZ?	Yes X No
If "Yes,"	describe these new services on Schedule O.	
	organization cease conducting, or make significant changes in how it conducts, any program	
services		Yes X No
	describe these changes on Schedule O.	
expense	e the organization's program service accomplishments for each of its three largest program services, as measured by es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, expenses, and revenue, if any, for each program service reported.	
The F the c)(Expenses \$ 1,419,592 including grants of \$ 885,169)(Revenue \$ coundation gave grants to orgnizations in support of the becommunity, post-secondary institutions for providing mentor and of all ages, and promoting adult literacy.	tterment o s to
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• • • • • • • • • • • • • • • • • • • •		
	oundation provided scholarships to approximately 80 local iduals for college education expenses.	
)(Expenses \$ 240,142 including grants of \$) (Revenue \$ oundatoin conducted business consistent with and in furthe haritable, religious, educational and scientific purposes.	rance of
• • • • • • • • • • • • • • • • • • • •		
* * * * * * * * * * * * * * * * * * * *		
41.0"		
4d Other pi	ogram services (Describe on Schedule O.) es \$ including grants of\$) (Revenue \$	1
	ogram service expenses 1,934,586	
rotal pr	±/301/300	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
2	complete Schedule A	1 2	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	
,	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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			٠,,
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	v	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
11	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	world Orbital to D. Borthill	11a	X	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		· .
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		Х
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	16		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	17		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	18		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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	domestic government on Fait IX, column (A), line F: IF Fes, complete schedule I, Faits Faitu II	_ 4	47	L

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			,,
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	through 24d and complete Schedule K. It "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	to defease any tax-exempt honds?	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	21		22
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		x
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		^
33		33		x
34	sections 301.7/01-2 and 301.7/01-3? If "Yes," complete Schedule R, Part I	"		
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	v	
D.	19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	225K is Contagate C Contained a responde of note to any into in the fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinue	ed)		Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b If the organization have unrelated business gross income of \$1,000 or more during the year? 4 have a fine did promised the common of t	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
38 Dit the organization have unrelated business gross income of \$1,000 or more during the year? 39 Dit if "Yes," insign if float part may be part for this year of "No" to fix bits, year yearding any supervision or splannation on Schodule O 40 Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sectionities account, or other financial accounts (FBAR). 50 If "Yes," enter the name of the foreign country 51 See instructions of filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 52 Was the organization appropriate that it was or is a purty to a prohibled tax shelfer transaction? 53 Al "Yes" to line 5 or 5b, did the organization that it was or is a purty to a prohibled tax shelfer transaction? 54 If "Yes" and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solical any continuotions that were not tax deductables as charatable contributions? 55 B X 56 If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables? 56 If "Yes," and the organization include with every solicitation and express statement that such contributions or gifts were not tax deductable? 56 Did the organization shall many receive deductable contributions under section 170(c). 57 Organizations that many receive deductable contributions under section 170(c). 58 Did the organization received a payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? 59 Did the organization received an payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? 50 Did the organization received an contribution of understanding the year. 50 Did the organization received an contribution of understanding the year. 50 Did the organization that p		Statements, filed for the calendar year ending with or within the year covered by this return \dots	2a	5			
b I I Vere, "has it lifed a Form 990-T for this year? If No' to fine Sh. provide an explanation on Schedule O and unique the calendary open, did not sufficiently year." a flanancial account in a foreign country (such as a bank account, securities account, or other financial account)? 4	b	If at least one is reported on line 2a, did the organization file all required federal employment tax	eturns	s?	2b	X	
4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; or other financial account)? 5b "Yes," enter the name of the foreign country (such as a bank account; or other financial account)? 5c "Such the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c "Such both organization and the organization that twas or is a party to a prohibited tax sheller transaction? 5c "Such both organization have annual gross neepts that it was or is a party to a prohibited tax sheller transaction? 5c "Such both organization have annual gross neepts that are normally greater than \$100,000, and did the organization that were not tax deductible as charlable contributions? 6c "Organizations that may receive deductible contributions an express statement that such contributions or girls were not tax deductible as charlable contributions or girls were not tax deductible as charlable contributions or girls were not tax deductible as charlable contributions or girls were not tax deductible as a charlable contribution and partly for goods and services provided to the payor? 7c "Organizations that may receive deductible contributions under section 170(c). 8d "If "Yes," indicate the number of Forms \$222 filed during the year? 7d "If "Yes," indicate the number of Forms \$222 filed during the year? 7e "Did the organization received a contribution of carge body in digitally to pay premiums on a personal benefit contract?" 7e X To be the organization received a contribution of carge body in digitally to pay premiums on a personal benefit contract? 7f Did the organization received a contribution of carge body in digitally to pay premiums on a personal benefit contract?" 7f X To organization received a contribution of carge body in digitally to pay premiums of payonation for the second payonation for the payonation for the payonation	3a				-		<u> </u>
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). By Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization and year and year organization file Form 6886-77 Bid ones the organization shelt any continuations that it was or is a party to a prohibited tax shelter transaction? Sa Was the organization shelt any continuations that the were not tax deductible as charitable contributions? Sa Was the organization shelt any continuations that were not tax deductible as charitable contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To a X Y Yes, "did the organization notify the donor of the value of the goods or services provided? Did the organization sell-exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Ited during the year. Did the organization receive any funds, trienably or indirectly, to any premiums on a panament benefit contract? To Was the organization sell-excess or contribution of qualified reflectional property, and the organization file Form 8898 as required? To Was sponsoring organization make any taxable distributions under section 49667 Sponsoring organization have excess business holding starty time during the year? Sponsoring organization have excess business holdings tarry time during the year? Sponsoring organization have excess business holdings tarry time during the y	b				3b		
b If Yes, - cline the name of the foreign country See instructions for filling requirements for FinCEN From 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Use the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes' in the Son 5d, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Use the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on that were than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organizations that may receive deductible contributions under section 170(c). 9 If Yes, 6 did the organization nority the donor of the value of the goods or services provided? 7 Organizations shall exchange, or otherwise dispose of tangible personal property for which it was received in life Form 8828? 9 If Yes, 6 did the organization nority the donor of the value of the goods or services provided? 10 If Yes, 6 did the organization nority the donor of the value of the goods or services provided? 7 Did the organization received a contribution of qualified intelligible personal property for which it was received in the good of th	4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot	her au	ithority over,			
See instructions for filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization approve to a prohibited set whether transaction? 5 Was the organization and the organization file form 8898-17 5 Did any taxable party notify the organization file form 8898-17 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Diff **Yes**, find the organization notify the donor of the value of the goods or services provided? 9 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 Did the organization received a payment in excess of \$75 made partly as a contribution of unit in goods or services provided? 11 Pres**, find cate the number of forms \$8282 filed during the year 12 Tal 12 Tal 13 Tal 14 Tyes**, indicate the number of forms \$8282 filed during the year 15 Did the organization received a contribution of unit property, did the organization from 8993 as required? 16 Did the organization received a contribution of cars, boars, arriplenes, or otherweholes, did the organization file a Form 1098-C7 15 Sponsoring organizations make any taxebed durinds. Did a donor advised from 8909 as required to the sponsoring organization make any taxebed durinds. Did a donor advised from 8908 as required to the sponsoring organization make any taxebed durinds. 16 Did the sponsoring organization make any taxebed distribution			ncia l a	ccount)?	4a		<u> </u>
5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c Different transaction shell are the organization file Form 8886-T? 6c Different transaction shell are the organization file form 8886-T? 6d Different transaction shell are the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Different transaction shell that may receive deductible contributions under section 170(c). 9 Different transaction transaction include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 9 Different transaction transaction include with every solicitation and party is organization received an apyment in excess of 376 made anyl as a contribution and partly for goods and services provided to the payor? 7 Different transaction for the walke of the goods or services provided? 9 Different transaction for the value of the goods or services provided? 10 Different transaction for the value of the value of the goods or services provided? 11 Press, indicate the number of Forms 8282 filed during the year. 12 Different transaction for excess any funds, directly or indirectly in a personal benefit contract? 7 To X 12 Different granization, during the year, pay premiums on a personal benefit contract? 7 To X 13 Different granization, developed the year, pay premiums on a personal benefit contract? 7 To X 14 Different granization received a contribution of qualified intelligent property, did the organization file a form 1098-C? 8 Sponsoring organization with the year pay premiums of a personal benefit contract? 14 If the organization received an contri	b	* * * * * * * * * * * * * * * * * * * *					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5				counts (FBAR).			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6	5a				-		<u> </u>
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a							
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	12a		orm 1	1041?	12a		
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	·	a otiv iiti	00			
	17				17		
					1.1		

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			ving:		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the	Inter	rnal Reven	ue Co	ode.)	
					Yes	No
)a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing	the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		•			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise	to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisi	on?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
èec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed IN					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•	` '			
	X Own website X Another's website X Upon request X Other (explain on Schedule O)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	est policy,			
	and financial statements available to the public during the tax year.		•			

State the name, address, and telephone number of the person who possesses the organization's books and records. The Organization Tipton

1020 West Jefferson

IN 46072

765-675-8480

orm 990	(2023)	Tiptor	n County	Foundation	Inc
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Page **7**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the org		•				izatio	on c	ompensated any current o	officer, director, or trustee	<u> </u>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unle	heck ss pe	ition more rson i irecto	than of the state	n an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jason Hare	1.50	x		v		ed			0	0
(2) Susan Powell	0.00	^		X				0		<u> </u>
	1.50	,		,,						0
Vice Chair (3) Zack Conner	0.00	X		X				0	0	0
	1.50									
Treasurer	0.00	X		X				0	0	0
(4) Amber Rodibaugh	1.50 0.00	x		x				0	0	0
(5) Melissa Cunnyng										
Director	1.00 0.00	x						0	0	0
(6) Harry Diamond	1.00									
Director	0.00	X						0	0	0
(7) Abby Hobbs Director	1.00	x						0	0	0
(8) Jenny Mundell										
Director	1.00 0.00	х						0	0	0
(9) Bryce Silvey	1.00									
Director	0.00	x						o	0	0
(10)Mike Smith								-		-
Director	1.00	x						0	0	0
(11)Charles Woelfer										
Director	1.00	x						o	0	0

Part VII Section A. Officer	s, Directors, T	rust	ees,	Key	/ Em	ploy	/ees	, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week	bo: off	x, unle icer a	Pos check ess pe	erson directo	than is botl or/trus	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Robert Zahn (12)	1.00									
Director (13) Trish Zickmu	0.00 nd	X						0	0	0
(13) Director	1.50	X						o	o	o
(14) Mark Baird (14) Executive Director	40.00			x				116,626	0	0
(15)									-	
(16)										
(17)								VE.		
(18)										
(19)										
1b Subtotal			ctio	 n Δ				116,626		
d Total (add lines 1b and 1c) Total number of individuals (reportable compensation from	including but no	 t lim	ited					116,626 pove) who received more		
 3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on li 	s," complete Sch	nedu	le Ĵ	for s	uch	indiv	ridue	al		Yes No
organization and related orga individual	anizations great	er th	an \$	\$150	,000)? <i>If</i>	"Yes	s," complete Schedule J fo	or such	4 X
5 Did any person listed on line for services rendered to the	Ta receive or a	ccru	e co	mpe	ensa	tion 1	rom	any unrelated organization	on or individual	5 X
Section B. Independent ContractComplete this table for your	five highest com	npen	sate	d in	depe	ende	nt co	ontractors that received m	ore than \$100,000 of	
compensation from the organ	<u>nization. Report</u> (A) d business address	con	npen	ısatio	on fo	r the	cal		within the organization's (B) of services	(C) Compensation
2 Total number of independent received more than \$100,000	t contractors (in 0 of compensati	cludi ion fi	ing b	out n	ot lir orga	nited nizat	to t	hose listed above) who	0	

-*5045 Form 990 (2023) Tipton County Foundation Inc Page **9** Statement of Revenue Part VIII 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) (D) Revenue excluded Unrelated business revenue from tax under sections 512-514 **1a** Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c d Related organizations 1d Contributions, and Other Simi Government grants (contributions) 1e f All other contributions, gifts, grants, 587,677 and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g 587,677 h Total. Add lines 1a-1f Business Cod Program Service Revenue 637,888 637,888 2a Sustainabilitiy Fees **f** All other program service revenue 637,888 g Total. Add lines 2a–2f Investment income (including dividends, interest, and 2,141,358 2,141,358 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 9,580,468 other than inventory 7a Other Revenue **b** Less: cost or other 9,332,653 basis and sales exps. 7b 247,815

l	С	Gain or (loss)	7с	247	,815		
l	d	Net gain or (loss	s)		<u></u>	 247,815	
l	8a	Gross income from	n fundr	aising events			
l		(not including \$					
l		of contributions rep	ported	on line			
l		1c). See Part IV, li	ne 18		8a		
1							

b	Less: direct expenses	8b	
С	Net income or (loss) from fundraising	even	ts
9a	Gross income from gaming		

activities. See Part IV, line 19	9a	L
b Less: direct expenses	9a 9b	L
c Net income or (loss) from gaming ac	tivities	

10a	Gross sales of inventory, less
	returns and allowances
b	Less: cost of goods sold

С	Net income or	(loss) from	sales	of ir	nventory	<i>.</i>

12 Total revenue. See instructions

10a

10b

		Business Code			
11a	Other income		1,073		1,073
b					
С					
d	All other revenue				
	Total. Add lines 11a–11d		1,073		

3,615,811

0

3,028,134 Form **990** (2023)

0

Miscellaneous Revenue

Sect	ion 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a respo			t complete column (A).	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	885,169	885,169		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	171,387	171,387		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	116 626	40 603	46 545	20 200
_	trustees, and key employees	116,626	49,683	46,545	20,398
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	194,162	82,715	77,499	33,948
8	Pension plan accruals and contributions (include	174,102	02,713	11,433	33,340
U	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	11,157	4,753	4.453	1.951
10	Payroll taxes	24,945	10,627	4,453 9,956	1,951 4,362
11	Fees for services (nonemployees):			7,000	
а	Management	637,888	637,888		
b	Legal				
С	Accounting	51,065		51,065	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	73,620		73,620	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	34,573	25,357	250	8,966
13	Office expenses	7,054	2,588	2,925	1,541 6,582
14	Information technology	40,505	15,696	18,227	6,582
15	Royalties	40.044		0.016	
16	Occupancy	19,814	7,678	8,916	3,220 3,227
17	Travel	8,067	2,420	2,420	3,221
18	· 1				
	for any federal, state, or local public officials	17 205	6 706	7 707	0.010
19	Conferences, conventions, and meetings	17,305	6,706	7,787	2,812
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	31,773	12,312	14,298	5 162
22	• •	10,558	4,091	4,751	5,163 1,716
23 24	Insurance Other expenses. Itemize expenses not covered	10,338	4,091	4,731	1,710
24	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.)				
а	Repairs and Maintenance	23,181	8,983	10,431	3,767
b	Dues and Subscriptions	12,571	4,871	5,657	2,043
c	Miscellaneous	4,819	1,445	1,448	1,926
d	Development	1,308			1,926 1,308
е	All other expenses	560	217	252	91
25	Total functional expenses. Add lines 1 through 24e	2,378,107	1,934,586	340,500	103,021
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 if				
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2023)

				(A) Beginning of year		(B) End of year	
1	Cash—non-interest-bearing			173,360	1	913,361	
'2	-			173,300	2	313,301	
3			3	20,000			
4	A (' 11 (4	20,000			
5			7				
"							
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons					
6			5				
	under section 4958(f)(1)), and persons described in s				6		
Assets					7		
8 As					8		
9				17,930	9	13,331	
	a Land, buildings, and equipment: cost or other	T		,			
	basis. Complete Part VI of Schedule D	10a	732,687				
1	Less: accumulated depreciation	10b	732,687 421,564	337,492	10c	311,123	
11				46,239,804	11	311,123 51,328,858	
12					12		
13					13		
14					14		
15					15	9,962	
16		∋ 33)		46,768,586	16	9,962 52,596,635	
17	Accounts payable and accrued expenses			5,350	17	15,500	
18				115,100	18	152,806	
19	Deferred revenue				19		
20					20		
21	Escrow or custodial account liability. Complete Part I	√ of Schedu	ıle D		21		
ဖ္မ 22	Loans and other payables to any current or former of	ficer, directo	or,				
≜	trustee, key employee, creator or founder, substantia	I contributor	r, or 35%				
Liabilities	controlled entity or family member of any of these per	sons			22		
┙ 23	Secured mortgages and notes payable to unrelated the	hird parties			23		
24	Unsecured notes and loans payable to unrelated third	d parties			24		
25	Other liabilities (including federal income tax, payable	es to related	third				
	parties, and other liabilities not included on lines 17-2	4). Comple	te Part X				
	of Schedule D			160,694		1,467,862	
26	<u> </u>			281,144	26	1,636,168	
န္မ	Organizations that follow FASB ASC 958, check h	ere X					
<u>ا ي</u>	and complete lines 27, 28, 32, and 33.					4 - 44	
<u>e</u> 27			39,520,935	27	1,541,779 49,418,688		
<u>"</u> 28		6,966,507	28	49,418,688			
두	Organizations that do not follow FASB ASC 958, o						
<u> </u>	and complete lines 29 through 33.						
Net Assets or Fund Balances 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					29		
30 Se					30		
¥ 31				46 407 440	31	EO OCO 4CT	
				46,487,442	32	50,960,467	
33	Total liabilities and net assets/fund balances			46,768,586	33	52,596,63 <u>5</u>	

Form **990** (2023)

ı Olli	1 300 (2020) 11pcon councy roundacton inc				ı aş	ge 12
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				811
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 107</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,23	37 <u>,</u> '	<u>704</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46	, 48	37 , <u>-</u>	442
5	Net unrealized gains (losses) on investments	5	4	, 53	32,	<u>467</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-1	,16	i9 , :	282
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-12	27,	864
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	50	,96	50,	<u>467</u>
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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.					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Tipton County Foundation Inc

Employer identification number

			Tipton	Count	y Foundation	Inc		**=***	<u> 5045 </u>				
Pi	art I	Reas	on for Public	Charity	Status. (All organizati	ions mus	t comp	lete this part.) See inst	ructions.				
The	orga	anization is no	t a private founda	ation becau	ise it is: (For lines 1 through	12, check	only one	box.)					
1		A church, co	nvention of churc	hes, or as	sociation of churches descri	bed in sec	tion 170	(b)(1)(A)(i).					
2		A school des	described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or	ital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П				=			ction 170(b)(1)(A)(iii). Ente	r the hospita l 's name,				
		city, and stat	=					. , , , , ,	•				
5		-		the benefit	of a college or university ow	ned or ope	erated by	a governmental unit describ	ed in				
		-	(b)(1)(A)(iv). (Co		•	•	,	· ·					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X					ort from a g	overnme	ental unit or from the general	public				
_			section 170(b)(1		· ·	D (II)							
8	Н				170(b)(1)(A)(vi). (Complete								
9								conjunction with a land-gran e, city, and state of the collec					
10		receipts from support from	n activities related gross investmen	I to its exe t income a	mpt functions, subject to cer	tain except le income	tions; and (less sed	outions, membership fees, ard (2) no more than 33 1/3% oution 511 tax) from businessent III.)	of its				
11		An organizat	tion organized and	d operated	exclusively to test for public	safety. Se	ee sectio	on 509(a)(4).					
12								nctions of, or to carry out the					
								i 509(a)(2). See section 509 complete lines 12e, 12f, and					
	а				**			ed organization(s), typically b					
		the supp	orted organizatio	n(s) the po	· · · · · · · · · · · · · · · · · · ·	lect a majo		e directors or trustees of the	, ,				
	b				•		ith ite eu	pported organization(s), by h	navina				
	U				•			hat control or manage the su	_				
		organiza	tion(s). You mus	t complete	e Part IV, Sections A and C).							
	С				supporting organization ope structions). You must com p			with, and functionally integra	ated with,				
	d		-					ction with its supported orga	nization(s)				
			•	_		•		ion requirement and an atter	` ,				
		requirem	ent (see instruction	ons). You	must complete Part IV, Se	ctions A a	nd D, an	d Part V.					
	е				ceived a written determination- on-functionally integrated sup			t it is a Type I, Type II, Type	III				
	f		mber of supported	• •		oporting or	garnzano	11,					
	g				he supported organization(s	;).							
(i)		e of supported	(ii) EIN		(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of				
	org	ganization			(described on lines 1-10		ır governing	support (see	other support (see				
					above (see instructions))		ment?	instructions)	instructions)				
/# >						Yes	No						
(A)													
(B)													
(C)													
(D)													
(E)													

-5045 Tipton County Foundation Inc Schedule A (Form 990) 2023 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 Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 467,482 640,778 727,692 284,353 587,677 2,707,982 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 467,482 640,778 727,692 284,353 587,677 2,707,982 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 2,707,982 Section B. Total Support

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	467,482	640,778	727,692	284,353	587,677	2,707,982
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,567,680	1,361,552	1,827,319	1,950,987	2,141,358	8,848,896
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 VI.)	3,512	44,601	17,141	19,104	638,961	723,319
11	Total support. Add lines 7 through 10						12,280,197
12	Gross receipts from related activities, etc	. (see instructions	s)			12	

13 First 5 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

	with a compatition of the bird cappairs are contage		
14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	22.05%
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	22.51%
16a		this	
	box and stop here. The organization qualifies as a publicly supported organization		
b			
	this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in		
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported		
	organization		
b	10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	;	
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain		
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported		
	organization		
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 Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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.)

Sec	tion A. Public Support			, , , , , , , , , , , , , , , , , , , ,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(u) 2010	(2) 2020	(6) 2021	(4) 2022	(0) 2020	(i) rotar
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	ere					
Sec	tion C. Computation of Public S	Support Perce	entage				
15	Public support percentage for 2023 (line						
16	Public support percentage from 2022 Sc				<u></u>	16	%
	tion D. Computation of Investm			10 1 (0)		4=	1 0/
17 10 le	Investment income percentage for 2023					40	
	ovestment income percentage from 2022 States 33 1/3% support tests — 2023. If the or				 a 15 is more than		
ıJa	17 is not more than 33 1/3%, check this l	-					
b	33 1/3% support tests — 2022. If the or						
	line 18 is not more than 33 1/3%, check to						
20	Private foundation. If the organization of		_			-	

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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.
- 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 line 10b below.
 - 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
_ =		
6		
7		
8		
9a		
9b		
9с		
10a		

11 Has the organization accepted a gift or contribution from any of the following persons? A person wind directly or indirectly controls, either actions or tigother with persons described on lines 11b and 11c below, the governing body of a supported organization? A 30% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, 11b, or 1	Pai	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b a		r		Yes	No
11s below, the governing body of a supported organization? A family member of a person described on line 11s above? If "Yes" to line 11s, 11b, or 11c, provide details in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have the power to regularly appoint or elact at least a majority of the organization's effective organization, supervised, or controlled the organization's activities. If the organization and more supported organization, describe how the power to regularly appoint or elact at least a majority of the organization's effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the power's to appoint and/or remove officers, directors, or trustees and all times during the tax year? If "No." describe in Part VI how the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated, supervised, or controlled the supporting organization that the time the supported organization (s) that operated, supervised, or controlled the supporting organization that the time the supported organization (s) that operated, supervised, or controlled the supporting organizations. 1 Were a majority of the organization's supported organizations? If "Yes," escapion in Part VI how control or trustees of each of the organization's supported organizations. If ye is supported organization's the very of the organization's supported organization's by the supported organization's activities and the supported organization's by the supported organization's activities and the organization's effects of the organization's effects of the organization's effects of the organization is activities and the organization is investment policies and infericting the use of the organization is investment policies and i	11				
b A family member of a person described on line 11a a tove? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B, Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's officers, directors, or trustees were allocated among the supported organization, describe how the powers to appoint ander remove officers, directors, or trustees were allocated among the supported organization operated in the propriet of organization of part vision of part visio	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
c. A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide debtain Part V. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sideres, directors, or trustees at all times during the tax year? If "No," describe in Part V thow the supported organization(s) effectively operated, supervised, or controlled the organizations is activities. If the organization had more than one supported organizations, describe how the powers to appoint andor remove efficient, directors, or trustees are allocated among the supported organizations and vinate conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization and vinate conditions or restrictions, if any, applied to such powers during the tax year. 3 Part V hove providing such hearts for the benefit of any supported organization? If "Yes," applien in Part V hove controlled the supporting organization. 5 Part V hove providing such hearts for amount of the purposes of the supporting organizations of the supporting organizations of the supporting organizations of the supporting organizations 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 V hove control or management of the supporting organizations was vested in the sante persons that controlled ormanaged the susported organization is active at the sante persons that controlled ormanaged the susported organization is active at the sante persons that controlled organization is active at the sante persons that controlled organization is active at the sante persons that controlled organization is active at the sante persons that controlled organization is active at the sante persons that cont		11c below, the governing body of a supported organization?	<u>11a</u>		
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year or general and the 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 of the supported organization of part VI how providing such benefit carried out the purposes of the supported organization, if I "Ves", explain in Part VI how providing such benefit carried out the purposes of the supported organization of I "Ves", explain in Part VI how control 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 organizations. 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 organizations. 1 Did the organization provide to each of its supported organizations. 2 Section D. All Type III Supporting Organizations. 3 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering organization or the date of notification, and (iii) copies of the organization maintained a close and continuous working relationship with the supported organization have a signifi	b	A family member of a person described on line 11a above?	11b		
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's officers, directors, or trustees and at all times during the tax year? If 'No,' describe in Part VI how the supported organization's officers, directors, or trustees were electeded among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization sand what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization of the organization of any supported organization's than the supported organization(s) that operated. 3 Section C. Type II Supporting Organizations 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations and the supported organization's the same porsons that centralities or trustees of each 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 unaversal organization's trustees of each of the organization's unaversal organization's trustees of each of the organization's was supported organization's trustees of each of the organization's unaversal organization's unaversal organization's limited to the organization's limited to the organization's trustees of the organization's organization's limited to each of its supported organizations, by the list day of the fifth month of the organization's poverning documents in effect on the date of notification, and (iii) copies of the organization's povern	С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
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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 on line 2, above, 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). 2 Activities Test. Answer lines 2a and 2b below. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further their exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization's involvement, one or more of the organization's supported organizations, and how the organization	Seci	on D. All Type in Supporting Organizations			
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trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .					
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Did the diagnization exercise a substantial dedice of direction dye, the dollars, and activities of each	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.

3b

Schedule A (Form 990) 2023 Tipton County Foundati	on Inc	**-**!	5045	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Suppo		zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on Nov. 2	20, 1970 (<i>explain in Par</i>	t VI). See	
instructions. All other Type III non-functionally integrated supporting organ	nizations must c	omplete Sections A thro	ugh E.	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current	Year
		(71) Thor Tour	(optiona	al)
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 (optiona	
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):				
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 0.015 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 0.035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C – Distributable Amount			Current Y	ear
1 Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 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-functionall	y integrated Typ	e III supporting organiza	ation	

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023

Page **7**

Par	t V Type III Non-Functionally Integrated 509(a)(3	<u>) Supporting Organ</u>	izations (continu	<u>(ed)</u>	
Sect	ion D – Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	ses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5_	Qualified set-aside amounts (prior IRS approval required—provide of	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ	nization is responsive		8	
	(provide details in Part VI). See instructions.			\sqcup	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required– <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part VI

Schedule A (Form 990) 2023

n 990) 2023 Tipton County Foundation Inc **-***5045 Page 8
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.) Part II, Line 10 - Other Income Detail \$ 84,358 Part II, Line 17a - 10% Facts and Circumstance Test - 2023 The Foundation is funded primarily from contributions from the public. The Foundation's public support percentage substantially exceeds the minimum 10% threshold. The Foundation has continued to be organized and operated to attract new and additional public support through fundraising efforts. Support is received by a representative number of people. The Board of Directors represents the broad interest of the public and the Foundation and have not provided the majority of the support for the Foundation. Part II, Line 17b - 10% Facts and Circumstance Test - 2022 The Foundation is funded primarily from contributions from the public. The Foundation's public support percentage substantially exceeds the minimum 10% threshold. The Foundation has continued to be organized and operated to attract new and additional public support through fundraising efforts. Support is received by a representative number of people. The Board of Directors represents the broad interest of the public and the Foundation and have not provided the majority of the support for the Foundation.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2023

Tipton County Foundation Inc **-***5045

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	DRAFI
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.
Special Rules	
regulations under sec 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or d from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educationa	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one experts year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, I purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.
contributor, during the contributions totaled r during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions re during the year
must answer "No" on Part IV,	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line at the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Tipton County Foundation Inc.

Employer identification number **-**5045

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
.1	Estate of Floyd L. Ogden 2626 W State Road 28 Tipton IN 46072	\$ 151,763	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Mark and Linda Baird 7642 W 450 N Sharpsville IN 46068	\$ 27,159	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)			
3	Campbell Family Foundation 21557 Shorevista Ln Noblesville IN 46062	\$ 23,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Encompass Credit Union 221 N Main St Tipton IN 46072	\$ 77,334	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
.5	John and Donna Findling 4871 W State Road 28 Tipton IN 46072	\$ 5,237	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	High Performance Alloys Inc. PO Box 40 Tipton IN 46072	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

2 ane

Schedule B (Form 990) (2023)

Name of organization

Tipton County Foundation Inc

Employer identification number **-**5045

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	Ben and Becky Hobbs 3231 S 400 E Tipton IN 46072	\$ 6,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
. 8	Independent Colleges of Indiana 601 S Meridian St Indianapolis IN 46225	\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 9	Name, address, and ZIP + 4 Indiana University Health Tipton Hospital 1000 S Main St Tipton IN 46072	Total contributions \$ 8,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	Lilly Endowment Inc 2801 N Meridian St Indianapolis IN 46208	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
.11	Dan and Pam Mason 11596 W Division Rd Kempton IN 46049	\$ 30,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	Nancy Nicholson 1135 Leininger Dr Tipton IN 46072	\$ 14 ,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2023)

Page 3 of 3

Page 2

Name of orga Tipto	anization n County Foundation Inc	Employer identification number **-***5045	
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional spac	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Pioneer Employees 1000 W Jefferson St Tipton IN 46072	\$ 16,52	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	Sherman L Servies 374 N 400 W Tipton IN 46072	\$ 6,36	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	City of Tipton 216 S Main St Tipton IN 46072	\$ 8,112	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Tipton County Clerk 101 E Jefferson St Tipton IN 46072	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Ivaille	s of the organization		Employer identification number
т	ipton County Foundation Inc		**-***5045
	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 6.	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	17	`
2	Aggregate value of contributions to (during year)	52,652	
3	Aggregate value of grants from (during year)	36,188	
4	Aggregate value at end of year	728,219	
5	Did the organization inform all donors and donor advisors in writing t		
•	funds are the organization's property, subject to the organization's e.		Yes X No
6	Did the organization inform all grantees, donors, and donor advisors		
-	only for charitable purposes and not for the benefit of the donor or do		
	conferring impermissible private benefit?		Yes X No
Pá	art II Conservation Easements		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (for example, recreation or ed		y important land area
	Protection of natural habitat	Preservation of a certified h	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a c	conservation
	easement on the last day of the tax year.	\wedge	Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic structure in		
d			
	and historic structure listed in the National Desister		2d
3	Number of conservation easements modified, transferred, released,		anization during the
	tax year		3
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
	3, 1 3,	,	3
7	Amount of expenses incurred in monitoring, inspecting, handling of v	violations, and enforcing conservation e	asements during the year
	3, 1, 5,	,	9
8	Does each conservation easement reported on line 2d above satisfy	the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
	sheet, and include, if applicable, the text of the footnote to the organ	ization's financial statements that descr	ribes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Oth	ner Similar Assets
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	o report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exhi	bition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial sta	tements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re	port in its revenue statement and ba l an	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtheran	ce 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,	-	n, provide the
	following amounts required to be reported under FASB ASC 958 rela		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990 Part X		. \$

Schedule D (Form 990) 2023 Tipton C	ounty Found	dation Inc	**-*	**5045	Page 2
Part III Organizations Maintaini	ng Collections of	f Art, Historical	Treasures, or O	ther Similar As	sets (continued)
3 Using the organization's acquisition, access collection items (check all that apply).	ssion, and other record	ds, check any of the	following that make s	significant use of its	
a Public exhibition	d Lo	oan or exchange pro	gram		
b Scholarly research					
c Preservation for future generations					
4 Provide a description of the organization's	collections and explai	in how they further t	he organization's exe	mot ourpose in Part	
XIII.	oonoonono ana onpia.		organization o one		
5 During the year, did the organization solici	t or receive donations	of art_historical trea	asures or other simila	ır	
assets to be sold to raise funds rather than					Yes No
Part IV Escrow and Custodial A		part of the organizat	ion o concentin		100 110
Complete if the organizati 990, Part X, line 21.		s" on Form 990,	Part IV, line 9, or	reported an am	ount on Form
1a Is the organization an agent, trustee, custo included on Form 990, Part X?	odian or other interme	•	ns or other assets not		Yes No
b If "Yes," explain the arrangement in Part X					
2 ii ree, explain the analogement are	arra comprete are n	ono mig table!			Amount
c Beginning balance				1c	
d Additions during the year				1e	
Distributions during the year f Ending balance				16 1f	
f Ending balance2a Did the organization include an amount or	Form 000 Part V lin		todial apparent ligh		Yes No
<u> </u>				*	
b If "Yes," explain the arrangement in Part X Part V Endowment Funds	in. Check here if the e	explanation has been	n provided on Part Ar		
Complete if the organizati	on answered "Ves	" on Form 900	Part IV line 10		
Complete if the organizati	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Basissian afrons balance	45,640,648	55,371,959		45,295,456	
1a Beginning of year balance	660,441	183,921	685,400	431,794	
b Contributions	000,441	163,921	663,400	431,794	393,307
c Net investment earnings, gains, and	6 700 202	7 770 560	6 200 607	F 000 005	7 051 776
losses	6,708,323	-7,773,569	6,390,687		
d Grants or scholarships	1,986,884	2,141,663	1,488,165	972,540	1,397,467
e Other expenditures for facilities and					
programs					
f Administrative expenses	637,824				
g End of year balance	50,384,704	45,640,648		49,784,037	39,045,840
2 Provide the estimated percentage of the c		ce (line 1g, column (a)) he l d as:		
a Board designated or quasi-endowment	0.73%				
b Permanent endowment 78.25 %					
c Term endowment 21.02 %					
The percentages on lines 2a, 2b, and 2c s	hould equal 100%.				
3a Are there endowment funds not in the pos	session of the organiz	ation that are he l d a	and administered for t	he	
organization by:					Yes No
(i) Unrelated organizations?					3a(i) X
(ii) Deleted envenientions?					3a(ii) X
b If "Yes" on line 3a(ii), are the related organ					
4 Describe in Part XIII the intended uses of					
Part VI Land, Buildings, and Eq					
Complete if the organizati	-	s" on Form 990.	Part IV. line 11a.	See Form 990.	Part X. line 10.
Description of property	(a) Cost or other bas			ccumulated	(d) Book value
	(investment)	(othe	1 ' '	preciation	• •
1a Land	35,	953			35,953
L D 2.0	570 ·			312,315	258,388
c Leasehold improvements				<u>,</u>	230,300
d Equipment		031		88,650	37,381
4aibiliair				J J , J J J J	<u> </u>

331,722

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Page	3

Part VII	Investments – Other Securities Complete if the organization answered "Yes"		V. line 11b. See Form 99	Page . 0. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation:
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(C)				
(Þ)				
(⊑)				
(F.)				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related	E 000 B (1	V II 44 0 5 000	2 D () () ()
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year	market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 990	0, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes"	on Form 990 Part I	V line 11e or 11f See Fo	rm 990 Part X
	line 25.		, , , , , , , , , , , , , , , , , , , ,	
1.	(a) Description of liability	/		(b) Book value
	income taxes			
	cy Funds			1,284,622
	ity Payable			173,278
(4) Righ	t of Use			9,962
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 25, col. (B))			1,467,862
	uncertain tax positions. In Part XIII, provide the text of 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 ...

Schedule D (Form 990) 2023 Tipton County Foundation Ir		**=***504		Page 4
Part XI Reconciliation of Revenue per Audited Financial State		-	r Retu	urn
Complete if the organization answered "Yes" on Form 99				
1 Total revenue, gains, and other support per audited financial statements			1	7,886,556
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	4 500 467		
a Net unrealized gains (losses) on investments	. 2a	4,532,467	_	
b Donated services and use of facilities	2b		-	
c Recoveries of prior year grants	2c	10 504	-	
d Other (Describe in Part XIII.)	2d	-12,524		4 510 042
e Add lines 2a through 2d			2e	4,519,943 3,366,613
3 Subtract line 2e from line 1			3	3,366,613
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	72 620		
a Investment expenses not included on Form 990, Part VIII, line 7b		<u>73,620</u> 175,578		
b Other (Describe in Part XIII.)		•	01001001000000	240 100
 c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 			4c 5	249,198 3,615,811
Part XII Reconciliation of Expenses per Audited Financial Sta				
Complete if the organization answered "Yes" on Form 99			Jei Ke	eturn
			1	2,244,249
				2,244,249
	2a			
a Donated services and use of facilities			_	
b Prior year adjustments				
c Other losses	—		_	
d Other (Describe in Part XIII.) e Add lines 2a through 2d			2e	
e Add lines 2a through 2d Subtract line 2e from line 1			3	2,244,249
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,620		
		60,238		
b Other (Describe in Part XIII.)c Add lines 4a and 4b	[40]	00,230	4c	133,858
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	2,378,107
Part XIII Supplemental Information				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines	: 1h and 2h: Part V. line	- 4· Pa	rt X line
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			J 1, 1 G	717, IIIO
Part V, Line 4 - Intended Uses for Endown	•			
rate v, fine a linearded obes for findown		<u></u>		
The Foundation uses endowment funds to be	nefi+	Tinton Cour	n + 17	Indiana
The roundacton uses endowment funds to be	:::ETTC	TIPCON COU.	<u>н</u> су.,	, Indiana.
Part X - FIN 48 Footnote				
rait x - rin 40 roothote				
The Foundation has evaluated tax position	e tak	en in the t	2 Y 1	returns filed
The Foundation has evaluated tax position	is can		a.a	-ecariis Tite
and has determined that there are no unce	rtain	tax positi	ons	as defined h
and has accermined onds short are no anoc		Postor	Y	
the generally accepted accounting princip	les.			
one generally decepted decommend primer	·			
Part XI, Line 2d - Revenue Amounts Include	led in	Financials	- c	
1410 MI, LINE 24 Nevenue Amounts Includ				,
Change in value of split int.			\$	-12,524
Don't VI line 4h Devenue America Includ				

Schedule D (Form 990) 2023 Tipton County Foundation Inc	**-***5045	Page 5
Schedule D (Form 990) 2023 Tipton County Foundation Inc Part XIII Supplemental Information (continued)		
Agency Fund Revenue	\$	175,578
Part XII, Line 4b - Expense Amounts Included o	on Return - Other	
Agency Fund Expenses	\$	60,238
• • • • • • • • • • • • • • • • • • • •		
•		

₹
8:45
10/23/2024
64355

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No. 1545-0047 2023

Employer identification number **-**5045 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. Tipton County Foundation Inc General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization Part

the selection criteria used to award the grants or assistance?	istance?	<u>-</u> - +	t funds in the United States.	funds in the United States.	919113 01 933131311		Yes X No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organat received mo		and Domestic 100. Part II can	Governments. be duplicated if	Complete if the additional spac	organization se is needed.	ions and Domestic Governments. Complete if the organization answered "Yes" on Form 990, \$5,000. Part II can be duplicated if additional space is needed.
(a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Alternatives, Inc.					,		
PO Box 1302	-	, ,	0				Charitable Support
Anderson Ling 46015	60/0×××-××	SOTOS	79,890				
(2) American Bible Society							
101 N Independence Mall East Philadelphia PA 19102	**-**	501c3	6,783	_			Project Funding
(3) Billy Graham Evangelistic Assoc.							
1 Billy Graham Parkway							Project Funding
Charlotte NC 28201	**-**8350	501c3	6,783				1
(4) Boys & Girls Club of Tipton County	ıty						
	ı						Youth Development
Tipton IN 46072	**-**1264	501c3	81,288				
13							
PO Box 628222							Project Funding
Orlando FL 32662	**-**3088	501c3	6,783				
(6) C W Mount Community Center							
341 W Jefferson St, Ste A							Building Repairs
Tipton IN 46072	**-**3314	501c3	17,105				
(7) David C. Cook Global Mission							
Dr							Project Funding
Colorado Springs CO 80918	**-**8100	501c3	6,783				
(8) Encore Lifestyle and Enrichment							
900 E Jefferson St							Charitable Support
Tipton IN 46072	**-**5362	501c3	87,300				
(9) Far East Broadcasting							
-							Project Funding
La Mirada CA 90637	**-**1574 501c	501c3	13,567				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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) 2023

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SCHEDULE (Form 990)

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

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

Open to Public Inspection OMB No. 1545-0047 2023

> Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number **-**5045 Tipton County Foundation Inc

Part I General Information on Grants and Assistance	id Assistance						
1 Does the organization maintain records to substantiate the amount of the gran	e the amount of the	e grants or a	ts or assistance, the grantees' eligibility for the grants or assistance, and	ees' eligibility for the	grants or assistan	ce, and	SOV
 Describe in Part IV the organization's procedures for monitoring the use of gra 	nonitoring the use	of grant fun	nt 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,	Omestic Orga	anization	s 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	at received mo	re than 🛠	5,000. Part II can	be duplicated if	additional spa	ce is needed.	
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash		(f) Method of valuation (book FMV appraisal		(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) Firefly Children & Family Alliande							
1575 Dr Martin Luther King Jr St							Charitable Support
7	**-***1264	501c3	10,000				
(2) Food Finders Food Bank							
1204 Greenbush St							Charitable Support
Lafayette IN 47904	**-**	501c3	6,000				
(3) Good Shepherd Food Pantry							
120 Fourth Street							Charitable Support
Tipton IN 46072	**-**5291	501c3	7,200				
(4) Gospel Literature International							
2990 Inland Empire Blvd							Project Funding
Ontario CA 91764	**-**7966	501c3	6,783				
(5) Indiana University Health Found.							
1800 N Capitol Ave							Project Funding
Indianapolis IN 46202	**-**3086	501c3	10,175				
(6) Johnson University							
7900 Johnson Dr.							Project Funding
Knoxville TN 37998	**-***1104	501c3	6,783				
(7) Kelley Agricultural Historical							
6545 W 550 N							Project Funding
Sharpsville IN 46068	**-**4804 501	501c3	97,302				

Northview Way IN 46220

Indianapolis

(9) Northview Church

Tipton

Operating Support

48,890

501c3

-1583

IN 46072

Ind

(8) Kemp United Methodist Church,

228 N Main St

24,000

-*5249 501c3

Operating Support

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

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

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Attach to Form 990.

Open to Public Inspection OMB No. 1545-0047 2023

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part

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

-5045 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Tipton County Foundation Inc General Information on Grants and Assistance

Tariff Grants and Other Assistance to Domestic Organization 1 (a) Name and address of organization or government (b) EIN (c) IRC (c) EIN (c) IRC (c) EIN (c)	re than \$5,000. Part II can be duplicated if (c) IRC section (d) Amount of cash (e) Amount of ash grant noncash assistance (f applicable) (e, 783 (e, 783) (organization se is needed. (g) Description of noncash assistance	Complete if the organization answered "Yes" on Form 990, additional space is needed. (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMN, appraisal noncash assistance or assistance
(a) Name and address of organization or government dission Society iry Road orda IN 46142 **-**4924 ation Army Castle Way West Dr spolis IN 46250 **-**8167 ohn the Baptist Catholic Church dill St IN 46072 **-***1089 Blast Ministries	cable) (d) Amount of cash grant cable) (a) Amount of cash grant grant cable) (c) 23 6, 783	(g) Amount of (f) Method realuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
### dission Society Try Road	28			
Try Road Jod IN 46142 **-**4924 Stion Army Castle Way West Dr Jpolis IN 46250 **-**8167 Shn the Baptist Catholic Church Aill St IN 46072 **-**1089 Blast Ministries	12 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
Castle Way West Dr Ppolis IN 46250 **-**8167 Short the Baptist Catholic Church Aill St IN 46072 **-**1089 Blast Ministries	28 28			Project Funding
Castle Way West Dr Apolis IN 46250 **-**8167 The Baptist Catholic Church Aill St IN 46072 **-**1089 Blast Ministries	12 12 28			
polis IN 46250 **-**8167 The Baptist Catholic Church Aill St IN 46072 **-**1089 Blast Ministries	12 12 28			Operating Support
Ohn the Baptist Catholic Church 4ill St IN 46072 **-**1089 Blast Ministries	m			
### ### ### ##########################	3			
IN 46072 **-**1089 Blast Ministries	<u>е</u>			Building Funds
Teen Blast Ministries				1
				Operating Support
Sharpsville IN 46068 **-**5860 501c	9,000			1
(5) Tipton Community School Corporation				
1051 S Main St				Project Funding
Tipton IN 46072 **-**9591 GOV	7 , 400			
(6) Tipton County Historical Society				
				Operating Support
Tipton IN 46072 **-**0387 501c	.c3 30,887			
(7) Tipton County Ministerial Assoc.				
3611 State Rte 19				Project Funding
arpsville IN 46068 $ **-***8196 $ $501c$.c3 10,000			
(8) Tipton Fire Department				
227 E Jefferson St.				Project Funding
Tipton IN 46072 GOV	75,000			
(9) Tri-Central Community School Corp				
				Athletic Trainer
arpsville IN 46068 $ **-***4937 $ GOV	7 26,667			

[~]

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

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

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

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

Open to Public Inspection OMB No. 1545-0047 2023

Attach to Form 990.

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

Tipton County Foundation Inc

Employer identification number

-5045

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ŝ Operating Support Project Funding Project Funding Project Funding (h) Purpose of grant or assistance Yes Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash 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 (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 6,783 50,309 6,783 6,783 (d) Amount of cash grant (c) IRC section (if applicable) |**-***1036| 501c3 501c3 **-**2279 501c3 501c3 **-**3619 General Information on Grants and Assistance **-** the selection criteria used to award the grants or assistance? (b) EIN IN 46072 IN 46250 (2) West Street Christian Church CO 80155 WA 98481 (a) Name and address of organization (1) Wesleyan Native Ministries or government (4) Youth for Christ 132 N West St PO Box 50434 (3) World Vision PO Box 70102 PO Box 4555 Indianapolis Englewood Tipton Tacoma Part II Part 2 9 6 8 6

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) 2023

-*5045	duals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Inc	als. C
ion	dividu
Foundation Inc	Domestic Individ
County	istance to
Tipton	Other Ass
(Form 990) 2023	Grants and
Schedule I	Part III

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	to Domestic Individ	luals. Complete if th	e organization ansv	vered "Yes" on Form 990	, Part IV, line 22.
	Part III can be duplicated if additional space is needed	itional space is neede	pe.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of	(d) Amount of	(e) Method of valuation (book, EMV appraisal other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV annaisal other)
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1 Scho	1 Scholarships	83	171,387			
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Part IV	Supplemental Information. Provide the information	ovide the information		ne 2; Part III, colum	required in Part I, line 2; Part III, column (b); and any other additional information.	tional information.

Procedures for Monitoring the Use of Grant Funds 1 Part I, Line 2 All organizations considered for grants from the foundation are evaluated

to determine that the payments requested qualify for the furtherance of the

Foundation's charitable purpose. The recipient organization must report how

the funds were used.

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

-*5045 Tipton County Foundation Inc Form 990 - Organization's Mission The Foundation is organized exclusively for charitable, religious, educational and scientific purposes including the making of distributions to organizations that qualify as exempt organizations under section 501(c) (3) of the internal revenue code of 1986, or corresponding sections of any subsequent federal tax code. It is empowered to administer and distribute property for the aforesaid purposes in accordance with the terms of any such charitable gift, grant, devise or bequest, subject to any limitation or restriction Imposed by any law, and the provisions of the articles of incorporation and by-laws of the Foundation. In furtherance of the aforesaid purposes, the Foundation may transact any and all lawful business, provided such business is not inconsistent with the Foundation being organized and operated exclusively for charitable purposes. Form 990, Part VI, Line 7a - Election of Members and Their Rights Appointing authority to the governing body is vested in the Mayor of Tipton, Tipton Circuit Court Judge, Tipton County Board of Commissioners, And the superintendents of the Tipton Community School Corporation and the

Tri-Central Community Schools. The remaining members are elected by the

Board of Directors to 5 year terms, with a 10 consecutive year limit.

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
Tipton County Foundation Inc	**-***5045
Form 990, Part VI, Line 11b - Organization's Prod	cess to Review Form 990
A copy of the tax return is provided to the Board	d of Directors for their
review prior to filing the return.	
Form 990, Part VI, Line 12c - Enforcement of Cont	flicts Policy
The Board of Directors are required to complete a	a conflict of interest
questionnaire annually. Board members are require	ed to update this
questionnaire if their circumstances change.	
Form 990, Part VI, Line 15a - Compensation Proces	ss for Top Official
The Executive Committee of the Board of Directors	s uses comparability data,
review of financial resources, and job performance	ce to determine executive
compensation. The Board adopted an Executive Comp	pensation and Intermediate
Sanctions Policy in 2008.	
Form 990, Part VI, Line 18 - No Public Disclosure	e Explanation
The Foundation makes its tax returns available to	o the public upon request.
Form 990, Part VI, Line 19 - Governing Documents	Disclosure Explanation
The Foundation has a link to its determination le	etter and its most current
Form 990 on its website at tiptoncf.org. All other	er governing documents,
Conflict of Interest Policy, and financial states	ments are available upon
request.	
Form 990, Part XI, Line 9 - Other Changes in Net	Assets Explanation
Change in value of split int.	\$ -12,524
Agency Fund Revenue	\$ -175,578
	Page 1 of 2

Schedule O (Form 990) 2023 Name of the organization	Page 2
	Employer identification number
Tipton County Foundation Inc	**-***5045
Agency Fund Expenses	\$ 60,238
Total	\$ -127,864