EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. 2019 A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, D Employer identification number C Name of organization Check if applicable CATHOLIC CHARITIES OF THE DIOCESE OF Address change COVINGTON, INC. X Name change 61-0461728 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 859-581-8974 Final return/ 3629 CHURCH STREET G Gross receipts \$ 2.414.116 termi City or town, state or province, country, and ZIP or foreign postal code COVINGTON, KY 41015-1499 H(a) is this a group return F Name and address of principal officer BISHOP ROGER FOYS Applica-Yes X No for subordinates? nendina SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status X 501(c)(3) 501(c) (If "No," attach a list, (see instructions)) ◀ (insert no.) 4947(a)(J Website: ► WWW.COVINGTONCHARITIES.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Year of formation 1978 M State of legal domicile KY Trust Part I Summary COUNSELING AND SOCIAL SERVICES Briefly describe the organization's mission or most significant activities FOR THE GREATER CINCINNATI, NORTHERN KENTUCKY AREA if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 36 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 440 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column 6 Ō. 0. 7h b Net unrelated business taxable income from Form 99 RS-OS **Prior Year Current Year** APR **0'6** 2020 1,532,544. 1,340,041. Contributions and grants (Part VIII, line 1h) 185,986. 173,143. Program service revenue (Part VIII, line 2g) 87,272 118,130. 10 Investment income (Part VIII, column (A), lines 3, 4 60,486. 58,937. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d 1,690,251. 1,866,288. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29,782. 23,201. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,435,847. 1,374,336. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 128,592. b Total fundraising expenses (Part IX, column (D), line 25) 425,272. 420,341. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,890,901. 1,817,878. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -24,613. -127,627. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 4,990,628. 4,921,481. 20 Total assets (Part X, line 16) 40,989. 56,305. 21 Total liabilities (Part X, line 26) 4,949,639. 4,865,176. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete paclaration of preparer (other than officer) is based on all information of which preparer has any knowledge to war 3 Signature of officer Sign 🕰 ALAN PICKETT EXECUTIVE DIRECTOR Here $\overline{\forall}$ Type or print name and title ∞ Date 3-30 -2010 PTIN Preparer's signature Print/Type preparer's name 00 ₽00289<u>5</u>84 THEODORE J. FUNK THEODORE J. FUNK Paid 31-0905417 Firm's name VONLEHMAN & COMPANY INC. Firm's EIN ▶ Preparer Firm's address 810 WRIGHT'S SUMMIT PARKWAY, SUITE 300 Use Only

No

Phone no. (859) 331-3300

X Yes

Form 990 (2018)

FORT WRIGHT, KY 41011

May the IRS discuss this return with the preparer shown above? (see instructions)

<u>Form</u>	1 990 (2018) COVINGTON, INC. 61-046	517 <u>28</u>	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		·
•	TO PROMOTE HEALING, RESTORE HOPE, AND AFFIRM HUMAN POTENTIAL TH	IROUGH	
	SERVICES THAT EMPOWER, VOICES THAT SPEAK FOR JUSTICE, AND PARTY		S
	THAT STRENGTHEN COMMUNITIES.		
	THAT DIKENGIHEN COMMONITIED.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	A No
	If "Yes," describe these new services on Schedule O.		(TP)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, an	d
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 515,225. including grants of \$ 12,038.) (Revenue \$	129,7	729 .)
	THERAPEUTIC COUNSELING		
	- INDIVIDUAL		·-
	- FAMILY		
	- SCHOOL		
	<u> </u>		
4b	(Code) (Expenses \$ 107,036 • including grants of \$) (Revenue \$		0.)
	SAFE PASSAGE HOUSING COUNSELING		
		_	
4c	(Code) (Expenses \$ 367,085. including grants of \$ 972.) (Revenue \$		<u>0.</u>)
	PARISH KITCHEN		
4d	Other program services (Describe in Schedule O)		
-	(Expenses \$ 378,823. including grants of \$ 10,191.) (Revenue \$ 42,472	2.)	
 4е	Total program service expenses ► 1,368,169.		
	- The second of	Form 9	90 (2018)

832002 12-31-18

61-0461728

Form 990 (2018) COVINGTON, INC.
Part IV Checklist of Required Schedules

				
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		3,7	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	•
	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			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_ <u> </u>		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	X	
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 ⁹ If "Yes," complete Schedule D, Part IX	11d	_	X
	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		v	
	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	ا ـمـا	х	
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	·a		 -
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	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	Х	L
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	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 12 If "Yes," complete Schedule I, Parts I and II	21	000	X
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Form 990 (2018) COVINGTON, INC.

Part IV Checklist of Required Schedules (continued)

	•		Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2 ⁹ If "Yes," complete Schedule I, Parts I and III	22	Х	
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
24 a	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	-		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ŀ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
20	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28a		$\overline{\mathbf{x}}$
_	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	•	28c		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	- 2.5	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	30		-22
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			. v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		٠,	
	Part V, line 1	34	X	- V
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X_	
Par	 -			
	Check if Schedule O contains a response or note to any line in this Part V			X
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in 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	L	<u> </u>
832004	12-31-18	Form	990	(2018)

CATHOLIC CHARITIES OF THE DIOCESE OF 61-0461728 COVINGTON, INC. Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 36 filed for the calendar year ending with or within the year covered by this return 2b Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х 5h b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a 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? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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. Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

If "Yes," see instructions and file Form 4720, Schedule N

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

c Enter the amount of reserves on hand

Form 990 (2018)

14a

14b

15

16

X

13b

13c

COVINGTON, INC. Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to info da, da, or you below, december the direction of t			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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, or 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 year by the following:			
а	The governing body?	8a	Х	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	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	<u> </u>	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		- <u></u> -	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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 decision?		 -	
	The organization's CEO, Executive Director, or top management official	15a	X	<u></u>
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u> </u>		
	taxable entity during the year?	16a		Х
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	ļ		
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaılat	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEPHANIE CHERRY - (859) 581-8974			
	3629 CHURCH ST., COVINGTON, KY 41015-1430			

COVINGTON, INC.

61-0461728

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Form 990 (2018) 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	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization n	or any related o	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition more) than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	rson ı	s both	an	compensation	compensation	amount of
	week		cer an	lo a o	ii ecto	17005	lee)	from	from related	other
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9 0 0	ig E			sated		(W-2/1099-MISC)	(***-2/1099-101100)	organization
	organizations	ruste	l trus		ag.	mpeu		(** 2) 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	<u>.</u>	Key employee	st co	ы			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) FR JOHN MICHNIUK	1.00									
MEMBER		Х		<u> </u>				0.	0.	0.
(2) MOST REVEREND ROGER J. FOYS	1.00			ļ				_		_
PRESIDENT		Х		Х				0.	0.	0.
(3) VERY REV. GERALD REINERSMAN, VF	1.00							_		_
SECRETARY		Х		Х	<u> </u>	_		0.	0.	0.
(4) MR. DALE HENSON	1.00			l						
TREASURER	1 2 2 2	Х		Х	ļ			0.	0.	0.
(5) VERY REV. RYAN MAHER, VG	1.00			l <u></u>						
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(6) FR MICHAEL COMER	1.00	۱,,						0.	0.	^
MEMBER	42 00	Х		-	<u> </u>	-		<u> </u>	0.	0.
(7) ALAN PICKETT	42.00			x				77,367.	0.	0.
EXECUTIVE DIRECTOR	ļ			<u> </u>		\vdash	_	11,301.	0.	
		1								
				┝	<u> </u>	-				
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COVINGTON, INC.

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u> 1 Hi</u>	ghes	t C	ompensated Employee	s (continued)			
. (A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Estimate	
•	hours per	box	, unie:	ss per	rson ı	s both	n an	compensation	compensatio		amount o	of
	week (list any	\vdash	J. a.	1		T	<u>-</u> -	from	from related		other	tion
	hours for	recto						the organization	organizations (W-2/1099-MIS		compensation from the	
	related	6 or d	ig ig			sated		(W-2/1099-MISC)	(44-2/1099-14113	~, I	organizati	
	organizations	ndividual trustee or director	Institutional trustee		89/	шреп		(11 27 1000 111100)			and relate	
	below	lenp	ngo		Key employee	est co	<u>ا</u>			ļ	organizatio	ons
	line)	ş	firstr	Officer	Key e	Highest compensated employee	Former					
		1								ł		
		1										
	Ĭ .											
		1										
										- 1		
	<u> </u>			L	l							
1b Sub-total							ightharpoons	77,367.		0.		0.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	77,367.		0.		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	,		^
compensation from the organization											1,7	0
										Г	Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			35
line 1a? If "Yes," complete Schedule J for s										- }	3	X
4 For any individual listed on line 1a, is the si									he organization].		72
and related organizations greater than \$15										-	4	Х
5 Did any person listed on line 1a receive or							elate	ed organization or individ	dual for services	-		
rendered to the organization? If "Yes." con	nplete Schedul	e J f	or si	ıch ı	oe <i>r</i> s	on		<u> </u>			5	X
Section B. Independent Contractors									100.000			
1 Complete this table for your five highest co										ensat	ion from	
the organization Report compensation for	the calendar ye	ear e	end <u>ir</u>	ng w	ith c	or wi	thin		ear T		(0)	
(A) Name and business	addrass	BT/	``	7			ļ	(B) Description of s	envices	C	(C) ompensation	n
Name and business	address	147	INC				\dashv	Description of a				-
							\dashv					
												
	_						\neg		-			
							_					
2 Total number of independent contractors (ncludina hiit n	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than			
\$100,000 of compensation from the organ)	•	,				
		_						 		-	Form 990 (2	2018)

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L		.Check if Schedule O cont	aine a recnonce i	or note to any line	a in this Part VIII			
Ē		CHECK II SCHEddie O COIL	airis a response	or riote to arry line	(A)	(B)	(C)	(D)
l					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
	•					exempt function revenue	business revenue	sections 512 - 514
<u> </u>				102 222	_	10101140	101011110	312-314
nts ots		Federated campaigns		193,222.				
ira Ou	b	Membership dues	1b					
s, (Am	C	Fundraising events	1c	0.50 000				
a Figure	d	Related organizations		262,000.		1		
s, (е	Government grants (contribut	ions) 1e	312,965.				
L S	f	All other contributions, gifts, gran						
the the		sımılar amounts not ıncluded abo	ve 1f	571,854.				
Ę	g	Noncash contributions included in lines	1a-1f \$	20,497.				
Contributions, Gifts, Grants and Other Similar Amounts.	h	Total. Add lines 1a-1f			1,340,041.			
				Business Code				
a	2 a	PROGRAM SERVICE	FEES	624100	173,143.	173,143.		
Program Service Bevenue	b						<u> </u>	
	c							
E B	d							
Be							· ·	
요	•	All other program service reve	IN IA		-			
_		Total. Add lines 2a-2f	ilus		173,143.			<u> </u>
	3	Investment income (including	dividends intere				·-·	
	Ü	other similar amounts)	arriadriad, intere	•	66,671.			66,671.
	4	Income from investment of tax	vexemnt hand n	roceeds				
	5	Royalties	cocmpt bond p	.00000				<u> </u>
	3	Hoyaldes	(ı) Real	(II) Personal		., .		
	6 0	Gross rents	62,944.	(ii) i crooriur				1
		Less rental expenses	78,403.					
		Rental income or (loss)	-15,459.	-	1]
		• • •	13, 133.		-15,459.	-15,459.		·
		Net rental income or (loss)	() Consumtion	(v) Othor	13,437.	13, 433.		
	7 a	Gross amount from sales of	(i) Securities 656,297.	(II) Other				
		assets other than inventory	030,291.					
	b	Less cost or other basis	604 020					
		and sales expenses	604,838.					
		Gain or (loss)	51,459.	<u> </u>	<u> </u>			51,459.
		Net gain or (loss)			51,459.			31,439.
<u>a</u>	8 a	Gross income from fundraisin						
Other Revenue		including \$						
<u>§</u>		contributions reported on line	1c) See	60 600				•
ia l		Part IV, line 18	а	69,699.				
툿		Less direct expenses	b	25,535.	11 151			
		Net income or (loss) from fund	-	<u>`</u>	44,164.			44,164.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less direct expenses	b	15,089.				
		Net income or (loss) from gam			15,715.			15,715.
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b					.
	<u> </u>	Net income or (loss) from sale	s of inventory					ļ
		Miscellaneous Revenu	е	Business Code			*	.
	11 a	OTHER INCOME		624100	14,517.	14,517.		<u> </u>
	b		<u></u> _	ļ				
	С							+
	d	All other revenue		L	14 545			
	е	Total. Add lines 11a-11d			14,517.	170 001		170 000
	12	Total revenue. See instructions			1,690,251.	172,201.	0.	
83200	9 12-31	-18						Form 990 (2018)

Form 990 (2018) COVINGTON, INC.

Part IX Statement of Functional Expenses

تنا					
Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
	Check if Schedule O contains a respon		this Part IX (B)	(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			ł	
•	individuals See Part IV, line 22	23,201.	23,201.		
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,	77 267		77 267	
	trustees, and key employees	77,367.		77,367.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	988,931.	797,111.	121,734.	70,086.
7	Other salaries and wages	900,931.	/9/,111.	121,/34.	
8	Pension plan accruals and contributions (include	67 162	50,370.	12,500.	. 1 203
_	section 401(k) and 403(b) employer contributions)	67,163. 152,203.	114,146.	28,327.	4,293. 9,730.
9	Other employee benefits	88,672.	66,501.	16,503.	5,668.
10	Payroll taxes	00,072.	00,301.	10,303.	
11	Fees for services (non-employees)				
a b	Management Legal	722.	· ·	722.	····
	Accounting	13,600.		13,600.	
d	. · ·	13,000.		23/0001	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
·	Other (If line 11g amount exceeds 10% of line 25,			· ·	
3	column (A) amount, list line 11g expenses on Sch O.)	24,698.	21,435.	2,361.	902.
12	Advertising and promotion				
13	Office expenses				
14	Information technology	16,779.	12,630.	3,069.	1,080.
15	Royalties				
16	Occupancy	66,959.	56,954.	7,400.	2,605.
17	Travel	9,186.	5,641.	2,955.	590.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings	23,305.	8,847.	6,216.	8,242.
20	Interest				· · · · —
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,906.	56,001.	13,984.	4,921.
23	Insurance	15,122.	11,305.	2,823.	994.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().)	1			
а	FOOD	76,876.	76,876.	0.	0.
b	MAINTENANCE OF EQUIPMEN	23,562.	20,670.	2,139.	753.
c	PRINTING AND PUBLICATIO	17,979.	6,523.	838.	10,618.
d	SUPPLIES	13,825.	11,498.	1,589.	738.
	All other expenses	42,822.	28,460.	6,990.	7,372.
25	Total functional expenses. Add lines 1 through 24e	1,817,878.	1,368,169.	321,117.	128,592.
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 following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

COVINGTON, INC.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 182,996. 71,414. Cash - non-interest-bearing 1 614,699. 545,210. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 114,219. 71,451. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 4,017. 8,200. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 3,027,064. basis. Complete Part VI of Schedule D 10a 1,066,405. 1,546,904 1,960,659. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 2,639,375 2,147,566. Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 5,399. 15 15 Other assets. See Part IV, line 11 4,921,481. 4,990,628. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 18,635. 43,202. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 0. 22,354. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 13,103. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 40,989. 56,305. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,942,310. 27 4,819,622. 27 Unrestricted net assets 7,329. 45,554. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds

4,865,176.

4,949,639.

4,990,628.

33

34

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

CATHOLIC CHARITIES OF THE DIOCESE OF 61-0461728 COVINGTON, INC. Page 12 Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,690,251. Total revenue (must equal Part VIII, column (A), line 12) 1,817,878. 2 Total expenses (must equal Part IX, column (A), line 25) -127,627 3 Revenue less expenses Subtract line 2 from line 1 4,949,639. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 43,164. Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 Я 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 4,865,176. 10 column (B)) Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 Х 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Х

Х

2c

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

CATHOLIC CHARITIES OF THE DIOCESE OF

OMB No 1545-0047

Open to Public Inspection

Employer identification number

61-0461728 COVINGTON, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (ii) EIN ına document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 COVINGTON, INC.

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 61-0461728 Page 2

(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)

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		•				
	membership fees received. (Do not						
	include any "unusual grants ")	2261361.	1918305.	1544254.	1532544.	1340041.	8596505.
2	Tax revenues levied for the organ-					· - ·	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2261361.	1918305.	1544254.	1532544.	1340041.	8596505.
-	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	1			•		
	amount shown on line 11,						
	column (f)	,					82,369.
6	Public support. Subtract line 5 from line 4						8514136.
	ction B. Total Support		· ·				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2261361.	1918305.	1544254.	1532544.	1340041.	8596505.
-	Gross income from interest,	-					
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	216,502.	179,852.	140,385.	123,511.	66,671.	726,921.
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)	23,015.	15,898.	22,499.	19,708.	59,879.	140,999.
11	Total support. Add lines 7 through 10			•		,	9464425.
	Gross receipts from related activities,	etc (see instruction	ins)			12 1	,665,640.
	First five years. If the Form 990 is for	•	•	fourth or fifth ta	x vear as a section		
	organization, check this box and stor		,,	-,	,	(-)(-)	▶□
Sec	ction C. Computation of Publi		centage		-		
14	Public support percentage for 2018 (I	ine 6. column (f) di	vided by line 11, co	olumn (fl)		14	89.96 %
	Public support percentage from 2017					15	91.14 %
	33 1/3% support test - 2018. If the			line 13, and line 1	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies			•		·	$\triangleright X$
ь	33 1/3% support test - 2017. If the o			ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	
_	and stop here. The organization qual					·	ightharpoons
17a	10% -facts-and-circumstances test				13. 16a, or 16b, a	and line 14 is 10% o	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
h	10% -facts-and-circumstances test	~			-	7a. and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		-			`	
	iodiraction, ii the organizatio	s.a mot origonal				dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018 COVINGTON, INC.

[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

Galendar year (or fload year beginning in) 1 Grifs, grants, contributions, and membrarship floes received. (On not include any "unusual grants") 2 Gross receipt from admissions, merchandise sold or services performed, or facilities formed before organizations to law several purpose of a Gross receipt from admissions, merchandise sold or services performed, or facilities in the services performed or facilities from the formed or facilities that are not an unrelated trade or business under section 513 3 Cross receipt from admissions that are not an unrelated trade or business under section 513 5 The value of services or facilities furnated by a governmental unit to the organization without charge of Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received exceeded greater of 35,000 or 150 of the services or facilities for the services of the organization without charge of the services of the organization of the organization of the services of the organization of	qualify under the tests listed to	pelow, please comp	olete Part II)				
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Schedule A (Form 990 or 990-EZ) 2018 COVINGTON, INC.

Part IV | Supporting Organizations

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

Section	A.	Ali	Supporting	Organizations	

Ye<u>s</u> No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by 1 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 2 organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer За (b) and (c) below b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 3с purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 4a Was any supported organization not organized in the United States ("foreign supported organization")? [f 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action 5a was accomplished (such as by amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? 5c c Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 6 Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with 7 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 8 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ) 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 9a in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which 9b the supporting organization had an interest? If "Yes." provide detail in Part VI. c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit 9с 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 10a supporting organizations)? If "Yes," answer 10b below

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

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Pa	rt IV Supporting Organizations _(continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	L	
	A family member of a person described in (a) above?	11b	L	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		,	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_1_	l	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u> </u>		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		
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	ļ		
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ļ
	significant voice in the organization's investment policies and in directing the use of the organization's		·	l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			-
500	supported organizations played in this regard.	3		1
	tion 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	s).		
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions,		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b	\vdash	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			اــــــــا
L	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2F		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 COVINGTON, INC.			51-0461728 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explaın ın l	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E	-
Sect	tion A` - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			•
	instructions for short tax year or assets held for part of year).			<u> </u>
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	<u></u>	
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		<u> </u>	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			·
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	. <u> </u>	
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	······································	<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

	rt V Type III Non-Functionally Integrated 509			1-0461 <u>/</u> 26 Page 7
	ion D - Distributions	ajjoj Supporting Orga	(CONTINUES)	Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		Current rear
2				
_	organizations, in excess of income from activity	t purposes of supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		 	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
Ŭ	(provide details in Part VI). See instructions	ie organization is responsive		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			<u>-</u>
<u> </u>	Eine o amount arvided by line o amount	(1)	(11)	(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions			
3_	Excess distributions carryover, if any, to 2018			
a	From 2013			[
b	From 2014			
С	From 2015		-	
d	From 2016			<u> </u>
е	From 2017			!
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years	<u> </u>		
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4		-	
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7		·	
а	Excess from 2014			
b	Excess from 2015			<u> </u>
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

		990-EZ) 2018 C							61-046172	
Part VI	Part IV, Secti line 1, Part IV Section D, lin	on A, lines 1, 2, /, Section D, line ies 5, 6, and 8, a	3b, 3c, 4b, 4c, 5 s 2 and 3, Part I	5a, 6, 9a, 9i V, Section	b, 9c, 11a E, lines 1d	ı, 11b, and 11c, f	Part IV, Sec d 3b; Part V	tion B, lines 1 a , line 1, Part V,	17b, Part III, line 12 and 2, Part IV, Sec Section B, line 1e, al information.	tion C.
PART I	(See instructi						· <u>· · · · · · · · · · · · · · · · · · </u>			
			 2014	.015.	2015	\$15,898,	2016	\$22.499	9. 2017	
		\$59,879		,						
<u> </u>	2010	<u> </u>								. <u> </u>
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

CATHOLIC CHARITIES OF THE DIOCESE OF COVINGTON, INC.

Inspection Employer identification number

OMB No 1545-0047

Open to Public

61-0461728 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes □No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2018 COVINGT(Page 2
Par	rt III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, or C	Other S	imila	r Assets	(continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the f	ollowing that ar	e a signi	ficant u	ise of its c	ollection if	tems
	(check all that apply).									
а	Public exhibition	•	d 🔲 L	oan or excl	hange program:	s				
b	Scholarly research		e 🔲 0	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	y further th	e organization's	s exempt	purpo	se ın Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	ures, or other s	ımılar as	sets			
	to be sold to raise funds rather than to be ma	intained as part of t	the organi	zation's col	lection?				Yes_	No.
Par	rt IV Escrow and Custodial Arrang	gements. Compl	lete if the	organizatio	n answered "Ye	s" on Fo	rm 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ontributions	or other assets	s not incl	luded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ble						
	. ,	•	_						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			_
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo	orm 990. Part X. line	21. for e	scrow or cu	stodial account	t liability?			Yes	No
	If "Yes," explain the arrangement in Part XIII.					-				
Par										
		(a) Current year		or year	(c) Two years b		Three v	years back	(e) Four	years back
1a	Beginning of year balance	tuy Gurrent your	107		(o) mo youro a	,,,,,			197.45	
	Contributions		1							
b										
	Net investment earnings, gains, and losses			-						
d	Grants or scholarships	··· -							 	
е	Other expenditures for facilities		}							
	and programs		 						 	
f	Administrative expenses		ļ			_			 	
g	End of year balance		<u> </u>			1			<u> </u>	
2	Provide the estimated percentage of the curre	ent year end balanc	, ,	, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	ation that	are held an	ıd admınıstered	for the c	organiza	ation	_	
	by								`	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment fu	ınds.						
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV,	line 11a S	ee Form 990, P	art X, line	e 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acci	umulate	ed	(d) Book	value
		basis (invest	ment)	basis	(other)	depre	ciation			
1a	Land								·	
b	Buildings			2,41	7,566.		5,5			,996.
C	Leasehold improvements				0,960.	28	3,9	50.	97	,010.
d	Equipment		· · · · · · · · · · · · · · · · · · ·		1,439.		9,7			,653.
	Other		" -		7,099.		7,0			0.
	Add lines 1a through 1e. (Column (d) must ex	qual Form 990 Part	X colum	n (R) line 1	2c)				1,960	,659.

Schedule D (Form 990) 2018

	ARITIES OF TH	E DIOCESE OF	61	-0461728	D '
Schedule D (Form 990) 2018 COVINGTON, Part VII Investments - Other Securities.	INC.			-0401/20	Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Par	t Y line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu		d-of-year market v	alue
(1) Finançial derivatives	(4)	(-,	-		
(2) Closely-held equity interests					
(3) Other					
(A) GENERAL TRUST	537,280.	END-OF-YEA	R MARKET	VALUE	
(B) MARY MOSER TRUST	797,711.	END-OF-YEA			
(C) MARY HARMELING TRUST	51,631.	END-OF-YEA			
(D) PARISH KITCHEN TRUST	194,715.	END-OF-YEA			
(E) MERTES UTELHOFFEN TRUST	254,701.	END-OF-YEA			
(F) PUTTMAN TRUST	311,528.	END-OF-YEA			
(G)	322,323				
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,147,566.				
Part VIII Investments - Program Related.		<u>. </u>			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c See Form 990. Par	t X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valu		d-of-year market v	alue
(1)				-	
(2)					
(3)					
(4)					
(5)				<u> </u>	
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Par	t X, line 15		
(a)	Description			(b) Book va	llue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	e 15.)			·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 99	0, Part X, line 25	<u> </u>	
1. (a) Description of liability		(b) Book value		-	
(1) Federal income taxes					
(2)					
(3)					
(4)					
	1	1			

1.	(a) Description of liability	(b) Boo	ok value	
(1)	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)			

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

CATHOLIC CHARITIES OF THE DIOCESE OF 61-0461728 Page 4 COVINGTON, INC. Schedule D (Form 990) 2018 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,811,818. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 43.164 2a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 78,403. 2d d Other (Describe in Part XIII) 121,567. e Add lines 2a through 2d 2e 1.690.251. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) 0. 4c c Add lines 4a and 4b 5 1,690,251. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,896,281. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities 2b b Prior year adjustments c Other losses 2c 78,403. d Other (Describe in Part XIII) 2d 78,403. 2e e Add lines 2a through 2d 1.817.878. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 817 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. PART X, LINE 2:

THE AGENCY HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING PRONOUNCEMENT
RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE AGENCY
RECOGNIZED NO INTEREST OR PENALTIES IN THE STATEMENTS OF ACTIVITIES FOR
EITHER OF THE YEARS ENDED JUNE 30, 2019 OR 2018. IF THE SITUATION AROSE
IN WHICH THE AGENCY WOULD HAVE INTEREST TO RECOGNIZE, IT WOULD RECOGNIZE
THIS AS INTEREST EXPENSE AND PENALTIES WOULD BE RECOGNIZED IN OTHER
EXPENSES. CURRENTLY, THE PRIOR THREE YEARS ARE OPEN UNDER FEDERAL AND
STATE STATUTES OF LIMITATIONS AND REMAIN SUBJECT TO REVIEW AND CHANGE.
THE AGENCY IS NOT CURRENTLY UNDER AUDIT NOR HAS THE AGENCY BEEN CONTACTED
BY THESE JURISDICTIONS.

CATHOLIC CHARITIES OF THE DIOCESE OF 61-0461728 Page 5 COVINGTON, INC. Schedule D (Form 990) 2018 Part XIII | Supplemental Information (continued) BASED ON THE EVALUATION OF THE AGENCY'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR BOTH YEARS ENDED JUNE 30, 2019 AND 2018. PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 78,403. PART XII, LINE 2D - OTHER ADJUSTMENTS: 78,403. RENTAL EXPENSES

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or 1f the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Go to www.irs.gov/Form990 for instructions and the latest inform
CATHOLIC CHARITIES OF THE DIOCESE OF

Employer identification number

COVINGT	ON, INC				61-0461	728			
	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
c Phone solicitations d In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indiv	a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
(i) Name and address of individual or entity (fundraiser)	(iı) Actıvıty	or con	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No		-				
		<u> </u>							
		ļ							
S List all states in which the organization or licensing	n is registered or licensed to solicit of	contrib	▶ utions	or has been notified	ıt ıs exempt from reç	gistration			
·									
				·	···				

CATHOLIC CHARITIES OF THE DIOCESE OF 61-0461728 Page 2 Schedule G (Form 990 or 990-EZ) 2018 COVINGTON, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through CASSBA CC col (c)) (event type) (total number) (event type) 69,699. 69,699. 1 Gross receipts 2 Less: Contributions 69,699. 69,699. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 25,535. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col. (c)) 30,804. 30,804. Gross revenue 2 Cash prizes Noncash prizes Rent/facility costs 15,089. 15,089. Other direct expenses X Yes90.00 % Yes Yes 6 Volunteer labor No 15,089. 7 Direct expense summary Add lines 2 through 5 in column (d) 15,715. Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities KY X Yes a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes X No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 COVINGTON, INC.	<u>61-04</u>	1617 <u>28</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
-	to administer charitable gaming?		Yes	X No
12	Indicate the percentage of gaming activity conducted in			
	The organization's facility	1	13a	%
	o An outside facility	ŀ	13ь 100	
	·	ا اد	130 12 0 0	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	15		
	Name ► STEPHANIE CHERRY			
	Address ► 3629 CHURCH STREET - COVINGTON, KY 41015			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$ If "Yes," enter name and address of the third party.	unt		
	Name			
	Address			
16	Gaming manager information			
	Name STEPHANIE CHEERY			·
	Gaming manager compensation > \$			
	Description of services provided ► OVERSEE GAMING FUNCTION			
	Director/officer X Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	X No
r	no Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent is	n the		
-	organization's own exempt activities during the tax year > \$			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V)	and Part	III lines 9 9	9b 10b
تـــا	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions.	and tare	,	,,
	100, 100, 10, and 170, as applicable 7100 provide any additional information decisions.			
				
	to the second se			

CATHOLIC CHARITIES OF THE DIOCESE OF 61-046<u>1728 Page 4</u> Schedule G (Form 990 or 990 EZ) COVINGTON, Part IV Supplemental Information (continued) COVINGTON, INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. CATHOLIC CHARITIES OF THE DIOCESE OF General Information on Grants and Assistance COVINGTON, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part

OMB No 1545-0047	2018	Open to Public

Inspection

2 Employer identification number 61-0461728 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

Page 2

61-0461728

Schedule I (Form 990) (2018)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BUS PASSES, FOOD, SHOES/CLOTHING, INCIDENTALS	22	°	23,201.	COST	BUS PASSES, FOOD, SHOES/CLOTHING, INCIDENTALS
Supplement	quired in Part I, lir	e 2, Part III, column	(b), and any other ac	Iditional information.	
PART I, LINE 2: ASSISTANCE IS ONLY PROVIDED TO CURRENT CLIENTS	RENT CLIE	IS ,	LIMITED IN A	IN AMOUNT, AND	
SUBJECT TO MANAGEMENT APPROVAL.					
			·		

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

CATHOLIC CHARITIES OF THE DIOCESE OF COVINGTON, INC.

Employer identification number 61-0461728

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art · Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes		-					
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Oidsely field stock Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other		·					
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	-						
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
22	Historical artifacts							
23	Scientific specimens		1					
23 24	Archeological artifacts							
25	Other (FOOD)	X	100	20.497.	FAIR MARKET	VA	LUE	
25 26	Other (1002)							
2 0 27	Other ()		 					
28	Other ()				-			
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
23	for which the organization completed Form 828							
	or which the organization completes from oze	55, 1 4, 11, 1	J01160 F1011110477048	Jernent			Yes	No
สกล	During the year, did the organization receive by	v contributio	n any property rer	norted in Part I, lines 1 throug	ih 28 that it			1.50
JUA	must hold for at least three years from the date							١.
	exempt purposes for the entire holding period?			Willow 1011 (1042) 22 12 12 12 12	,o u 10.	30a		x
h	If "Yes," describe the arrangement in Part II.	•					\vdash	
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribut	uons?	31		X
	Does the organization hire or use third parties of	-	·	•	ione	<u> </u>		
JŁa	contributions?	Ul Telatou o.	yanzadono to com	sit, process, or con noneas		32a		х
h	If "Yes," describe in Part II.					- OZU		
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is cher	cked			
30	describe in Part II	Oldiffii (C) IOI	a type of property	, tor writer column (a) is eriec	wou,			

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

Schedule M (Form 990) 2018

	CATHOLIC CHARITIES OF THE DIOCESE OF	61 0461729
Schedule M	(Form 990) 2018 COVINGTON, INC.	61-0461728 Page 2
T art II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a com	i, and whether the organization bination of both. Also complete
	this part for any additional information	•
•		•
		
		
	•	
-		
		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No _1545-0047

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF COVINGTON, INC.

Employer identification number 61-0461728

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:						
ASSET BUILDING FOR CHILDREN, PARENT/CHILD PROGRAM, POSITIVE PARENTING						
EDUCATION, YOUTH DEVELOPMENT SERVICES, ETC.						
EXPENSES \$ 378,823. INCLUDING GRANTS OF \$ 10,191. REVENUE \$ 42,472.						
FORM 990, PART VI, SECTION A, LINE 4:						
AMENDED ARTICLES OF ORGANIZATION FILED WITH THE STATE OF KENTUCKY. THIS						
INCLUDES A CHANGE OF THE NAME OF THE ORGANIZATION.						
FORM 990, PART VI, SECTION B, LINE 11B:						
ONCE THE 990 IS COMPLETED THE CONTROLLER REVIEWS AND CHECKS THE FINANCIAL						
INFORMATION AGAINST THE AUDITED FINANCIAL STATEMENTS OF THE AGENCY. THE						
BOARD OF DIRECTORS RECEIVES AND REVIEWS AND APPROVES THE 990 PRIOR TO						
FILING.						
990 PART V, LINE 2A						
THE W-2'S FOR THE ORGANIZATION'S EMPLOYEES ARE FILED ON BEHALF OF THE						
ORGANIZATION BY A COMMON PAYMASTER OR PAYROLL AGENT.						
FORM 990, PART VI, SECTION B, LINE 12C:						
THE BOARD MEMBERS SIGN AN ANNUAL STATEMENT ON CONFLICTS OF INTEREST AND THE						
ORGANIZATION REVIEWS AND UPDATES ITS POLICY ANNUALLY. THE CONTROLLER						
MONITORS COMPLIANCE OF THE POLICIES.						

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

2018

OMB No 1545-0047

Open to Public Inspection

CATHOLIC CHARITIES OF THE DIOCESE OF

Employer identification number 61-0461728

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets **e** Total income Ð Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity 9 INC COVINGTON, Name, address, and EIN (if applicable) of disregarded entity Part Part II

(g) Section 512(b)(13) controlled ş × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) LINE 2 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) KENTUCKY Primary activity CHURCH DIOCESE OF COVINGTON - 61-0447243 of related organization, Name, address, and EIN 41015 COVINGTON, KY PO BOX 15550

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

Schedule R (Form 990) 2018

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CATHOLIC CHARITIES OF THE DIOCESE OF COVINGTON, INC.

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

61-0461728

General or Percentage managing ownership			more related	(i) Section Section 512(b)(13) controlled entity?			Schodulo D (Form 900) 2015
(j) General or managing partner?			le or	(h) Percentage ownership			, C
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Percend-of-year own			 - Chodoo
(h) Disproportionale allocations? Yes No			art IV, line 34	(f) Share of total income			
(g) Share of end-of-year assets			Form 990, P				
(f) Share of total income			swered "Yes" or	(C corp, S corp, or trust)			
			ion an	trolling y			
(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)			if the organizat	(d) Direct controlling entity			
Predor (relat excluded			nplete	(c) Legal domicile (state or foreign country)			
(d) Direct controlling entity				(b) Primary activity			
(c) Legal domicile (state or foreign country)			as a Corpong the tax)	Print			
(b) Primary activity			ganizations Taxable rporation or trust dun	≧ c			
(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization			000000 10 00 10

61-0461728

Page 3

Yes No

Schedule R (Form 990) 2018 COVINGTON, INC.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 Durin	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	nth one or more rela	ited organizations listed II	אויוו Parts II	_	_	_
æ	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		n e		1a	Г	×
b Gift,	Gift, grant, or capital contribution to related organization(s)				1b		×
c Giff, g	Gift, grant, or capital contribution from related organization(s)				10	×	
d Loan	Loans or loan guarantees to or for related organization(s)				19		×
e Loan	Loans or loan guarantees by related organization(s)				1e		×
						-	٦
† Divid	Dividends from related organization(s)				#		×
g Sale	Sale of assets to related organization(s)				19	1	×
	Purchase of assets from related organization(s)				f		×
i Exch	Exchange of assets with related organization(s)				÷		×
j Leas	Lease of facilities, equipment, or other assets to related organization(s)				F		×
						Ì	7
k Leas	Lease of facilities, equipment, or other assets from related organization(s)				¥	1	×
I Perfc	Performance of services or membership or fundraising solicitations for related organization(s)	ation(s)			=		×
m Perfc	m Performance of services or membership or fundraising solicitations by related organization(s)	ation(s)			Ē		×
n Shari	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			ŧ		×
o Shari	Sharing of paid employees with related organization(s)				٩	×	ľ
					Ì	i	
p Reim	Reimbursement paid to related organization(s) for expenses				1	7	×
q Reim	Reimbursement paid by related organization(s) for expenses			,	₽	1	×
					Ì	Ť	7,
r Othe	Other transfer of cash or property to related organization(s)				-	Ť	4 ;
ار,	Other transfer of cash or property from related organization(s)				18		4
2 If the	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	must complete this	line, including covered r	elationships and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)							
(6)		_					
5 4							
(5)							
<u>(</u> 9 کھر							
832163 10-02-18	18			Schedule R (Form 990) 2018	R (Form	(066	2018

Page 4

CATHOLIC CHARITIES OF THE DIOCESE OF

COVINGTON, INC. Schedule R (Form 990) 2018 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(k) rcentaç <i>w</i> nershı								90) 20.
(J) General or Permanaging Dartner? Ves No								For more
Gene Dard								e B (
(h) (i) (j) (k) (k) Dispropor Code V-UBI General or Percentage allocations of Schedule K-1 partner? Of Schedule K-1 partner? Ves No (Form 1065) Yes No								Schedule R (Form 990) 2018
opor- ate sons?								
(h) Disproportionate allocations?		·			<u>.</u> .			
(g) Share of end-of-year assets								
(f) Share of total								
(e) Are all 501(c)(3) 0083? Yes No								
e pari							-	
(d) Predominant income procept (related, unrelated, excluded from tax under sections 512-514)								
elle gn				-				
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of entity								

61-0<u>461728 Page 5</u> Schedule R (Form 990) 2018 COVII
Part VII Supplemental Information. COVINGTON, INC. Provide additional information for responses to questions on Schedule R. See instructions.

CATHOLIC CHARITIES OF THE DIOCESE OF