Form <b>JJU</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service
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#### \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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

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

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



A For the 2019 calendar year, or tax year beginning and ending					
Β	Check in applicat	le: C Name of organization		D Employer identified	cation number
X	Addr	COVERD Greater Cincinnati			
X	Nam chan	Doing business as Sweet Cheeks Diaper Bank		47-51753	83
	Initia retur		Room/suite	E Telephone number	
	Final	1400 State Avenue		513-402-3	1450
	term ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	704,023.
	Ame retur	CINCIMACI, OH 45204		H(a) Is this a group re	eturn
	Appl tion	F Name and address of principal officer. Megali Fischer		for subordinates	? Yes X No
	penc	<sup>ng</sup> same as C above		H(b) Are all subordinates in	cluded? Yes No
1	Tax-e	xempt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1	l) or 📃 527	If "No," attach a	list. (see instructions)
J	Nebs	ite:▶ www.sweetcheeksdiaperbank.org		H(c) Group exemption	n number 🕨
<u>K</u> [	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2015	State of legal domicile: OH
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities:	partner	with local	social
ŭ		service agencies to provide free diapers	to lov	v-income fam	ilies
Governance	2	Check this box 🕨 🗌 if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
ŝ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	4
vitik	6	Total number of volunteers (estimate if necessary)		6	200
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			140.
_	k	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		683,133.	663,945.
nue	9	Program service revenue (Part VIII, line 2g)		9,450.	8,600.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		36.	140.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,865.	12,977.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		690,754.	685,662.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	)	107,397.	132,412.
us Su	<b>16</b> a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	l t	<b>• • • • • • • • • •</b>	285.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		350,084.	513,158.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		457,481.	645,570.
	19	Revenue less expenses. Subtract line 18 from line 12		233,273.	40,092.
S OL			Be	ginning of Current Year	End of Year
Assets (	20	Total assets (Part X, line 16)		276,706.	316,650.
t As	-	Total liabilities (Part X, line 26)		271.	123.
Plet,	22	Net assets or fund balances. Subtract line 21 from line 20		276,435.	316,527.

Part II | Signature Block

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

		11/16/2020
Sign	Signature of officer	Date
Here	Megan Fischer, CEO	
	Type or print name and title	
	Print/Type preparer's name Preparer's signatore Date	
Paid	Paula Hume For func Nov 11,	2020 Belf-employed P00537516
Preparer	Firm's name 🕨 Barnes, Dennig & Cò+, LTD	Firm's EIN 🕨 31–1119890
Use Only	Firm's address ▶ 150 East Fourth Street	
	Cincinnati, OH 45202	Phone no. (513)241-8313
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2019)

See Schedule O for Organization Mission Statement Continuation

Form	1990 (2019) COVERD Greater Cincinnati	47-5175383	Page <b>2</b>
Pa	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 eliminate diaper need and raise awareness of the bas		
	for diapers in the community. In 2019, the diaper distri		am
	distributed 1,550,590 diapers into the Greater Cincinna		
	retail value of the diapers donated to families in need	was \$449,671	. •
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	X Yes	s 🔄 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	s 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, a	s measured by expenses	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$434,231. including grants of \$) (Rev		, <u>880.</u> )
	To eliminate diaper need and raise awareness of the bas	<u>ic health nee</u>	ed
	for diapers in the community.		
4b	(Code:) (Expenses \$108,558. including grants of \$) (Rev		, <b>720.</b> )
	To eliminate period poverty and raise awareness of the l	<u>basic health</u>	
	need for period supplies in the community.		
4c	(Code:) (Expenses \$ including grants of \$ ) (Rev	renue \$	)
4d	Other program services (Describe on Schedule O.)		
_	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses <b>542,789</b> .	,	
		Form	<b>990</b> (2019)
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	2		

17501110 758989 19058.0

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	L
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
46	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in 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,		х	
Ŀ.	Part VI	<u>11a</u>		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11a		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120		12a		x
h	Schedule D, Parts XI and XII	120		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.14		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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	
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 1? If "Yes." complete Schedule I. Parts I and II	21		X
332003	01-20-20	Form	990	(2019)

3

932003 01-20-20

Form	990	(2019)
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				<b>.</b>
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
210	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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			1
	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?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
932004	01-20-20	Form	990	(2019)

Form	990 (2019)       COVERD Greater Cincinnati       47-5175         t V       Statements Regarding Other IRS Filings and Tax Compliance (continued)	383	P	<sub>age</sub> 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
8	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>Conserving organizations maintaining denser advised funds. Did a denser advised fund maintained by the</li> </ul>			
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organization have excess business nothings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	0.0		
	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	

Form <b>990</b>	(2019)
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932005 01-20-20

Form 990	(2019)
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#### COVERD Greater Cincinnati

47-5175383 Page **6** 

X

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

Check if Schedule O contains a response or note to any line in this Part V	
Section 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	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11	<u>.</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point o	ne 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, st	ockhol	ders, 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	r by the	following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	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 ch	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	′es," de	scribe			
	in 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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent wi	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ OH , KY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (Section 501(c)(3	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest policy, an	d finan	cial	
	statements available to the public during the tax year.					

6

#### 45204 1400 State Avenue, Cincinnati OH

932006 01-20-20

2019.05000 COVERD GREATER CINCINNATI 19058.01

Form **990** (2019)

Form 990 (2019)	COVERD Greater Cincinnati	47-5175383 Page								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Sche	edule O contains a response or note to any line in this Part VII									
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated Employ	yees								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)						our	(D)	(E)	(F)
Name and title	Average	verage P					ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	week			officer and a director/trustee)			from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(W 2/1000 MICC)		and related
	below	dual t	In dividual trustee or In stitutional trustee Officer	Key employee	Highest compensated employee	ar			organizations	
	line)	Indivi	Institu	Officer	Key el	Highe	Former			5
(1) Diana Victoriano	1.00									
Board Member - start 4/17/19		х						0.	0.	0.
(2) Melissa Collins	1.00									
Board Member		X						0.	0.	0.
(3) Jeffrey Vogel	1.00									
Secretary		Х		Х				0.	0.	0.
(4) Tiffany Zerby	1.00									
Board Member		Х						0.	0.	0.
(5) Michael Jones	1.00									
Board Member - Start 4/17/19		Х						0.	0.	0.
(6) Brittani Schwab	1.00									
Board Member - Start 4/17/19		Х						0.	0.	0.
(7) Anna Bodde	1.00									
Board Member		Х						0.	0.	0.
(8) Angela Penick	1.00									
Board Member - Left 10/16/19		Х						0.	0.	0.
(9) Eric Hamberg	1.00									
Treasurer		Х		Х				0.	0.	0.
(10) Alois Barreras	1.00									
Board Member - Left 12/1/19		Х						0.	0.	0.
(11) Jeni Berreth	2.00									
Vice Chair - Start 7/17/19		Х		Х				0.	0.	0.
(12) Steve Brandstetter	3.00									
Board Chair		Х		Х				0.	0.	0.
(13) Megan Fischer	50.00									
CEO				Х				66,875.	0.	0.
		L								
932007 01-20-20										Form 990 (2019)

#### 17501110 758989 19058.0

	990 (2019) COVERD Gr									47-51	753	383	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A)	tees, Key Emp (B)	oloy	ees,	and (C		ghes	t C	ompensated Employee (D)	s <u>(continued)</u> (E)			(F)	
	Name and title	Average hours per week (list any hours for related organizations	box	not c , unles cer an	Pos heck i ss per	ition more rson i irecto	than c s both r/trust	tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS		an com fr org	stimate nount other pensa rom th anizat	of ition e ion
		below line)	Individual tr	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former					d relat anizati	
											_			
1b	Subtotal								66,875.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		· · · · · · · ·		· · · · · · ·			0. 66,875.		0. 0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for su</i>				•			•	• • •	•	[	3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ),000? If "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth 9 <i>J f</i> e	ner compensation from t	he organization		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion <b>B. Independent Contractors</b>											5		х
1	Complete this table for your five highest con the organization. Report compensation for t										ensat	ion fro	om	
	(A) (B) Name and business address NONE Description of services										C	<b>(C</b> ompe	<b>C)</b> nsatio	n
2	Total number of independent contractors (ir	•	ot lin	nitec	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	,					Form	<b>990</b> (;	2019)

932008 01-20-20

					ate	r Cincinn	nati		47-5175	383 Page 9
Pa	rt V	111								
			Check if Schedule O c	contains a respo	onse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues							
S, G		с	Fundraising events			24,850.				
Sift: Jar /		d	Related organizations	1d						
imi imi			Government grants (contri							
er S	1	f	All other contributions, gifts,			600 00F				
Dthe			similar amounts not included		•	639,095.				
ont nd (		-	Noncash contributions included in I			285,246.	663,945.			
о a		h	Total. Add lines 1a-1f			Business Code	005,945.			
	0	_	Partner Agenc	V Income	<b>`</b>	446199	8,600.	8,600.		
vice	2	a b				440100	0,000	0,000.		
Serv		c								
m Ver		d								
Program Service Revenue		e								
Pro	1	f	All other program service	revenue						
			Total. Add lines 2a-2f				8,600.			
	3		Investment income (includ	ling dividends,	intere	est, and				
			other similar amounts) $\ldots$				140.		140.	
	4		Income from investment o							
	5		Royalties							
	_			(i) Rea	l	(ii) Personal				
	6		Gross rents	6a						
		b Less: rental expenses 6b c Rental income or (loss) 6c								
			Net rental income or (loss)							
			Gross amount from sales of	(i) Securi	ties	(ii) Other				
		u	assets other than inventory	7a		(,				
		b	Less: cost or other basis							
e			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
<b>a</b> 1			Net gain or (loss)			<b>&gt;</b>				
Other Re	8	а	Gross income from fundraisir including \$ 24							
-			contributions reported on							
			Part IV, line 18	-	8a	30,914.				
			Less: direct expenses		8b	18,361.				
			Net income or (loss) from t			<b>&gt;</b>	12,553.			12,553.
	9	а	Gross income from gaming							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from g		s	<b>&gt;</b>				
	10	а	Gross sales of inventory, le							
		•	and allowances							
			Less: cost of goods sold		-					
		C	Net income or (loss) from s	Sales UI INVENTO	лу	Business Code				
snu	11	a	Misc Income			900099	424.			424.
Miscellaneous Revenue		a b					•			
ella sver		c								
lisc			All other revenue							
2			Total. Add lines 11a-11d				424.			
	12		Total revenue. See instructio	ons			685,662.	8,600.	140.	12,977.
93200	a 01-0	20-	20							Form <b>990</b> (2019)

## 17501110 758989 19058.0

COVERD Greater Cincinnati Part IX Statement of Functional Expenses

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINCO	general expenses	CAPCINGES
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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,				
	trustees, and key employees	66,875.	33,666.	11,369.	21,840
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	56,246.	28,315.	9,562.	18,369
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
)	Payroll taxes	9,291.	5,760.	1,394.	2,137
1	Fees for services (nonemployees):				
а	Management				
b	Legal	2,250.		2,250.	
С	Accounting	6,991.		6,991.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	809.	10.00-	11-	809 5,851
2	Advertising and promotion	19,205.	13,237.	117.	5,851
3	Office expenses	5,559.	1,724.	707.	3,128
4	Information technology	5,411.	1,295.	926.	3,190
5	Royalties	22.670			
6	Occupancy	33,679.	33,193.	262.	224
7	Travel	3,601.	1,037.	1,250.	1,314
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6 742	F 007	<b>FAC</b>	1 100
9	Conferences, conventions, and meetings	6,743.	5,097.	546.	1,100
0					
1	Payments to affiliates	1 064		1 0 6 4	
2	Depreciation, depletion, and amortization	1,964. 4,033.	2,907.	<u>    1,964.</u> 1,126.	
3		4,033.	2,90/.	1,120.	
ł	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		374,674.	374,674.		
a b		16,947.	16,947.		
с С	Devial Gumpling	14,231.	14,231.		
d		6,404.	3,097.	1,255.	2,052
	All other expenses	10,657.	7,609.	1,777.	1,271
ē	Total functional expenses. Add lines 1 through 24e	645,570.	542,789.	41,496.	61,285
, ;	Joint costs. Complete this line only if the organization		,,	,,,	,200
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

932010 01-20-20

#### 17501110 758989 19058.0

Form 990 (2019)

Form 990 (2019)

11

Part X Balance Sheet

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

		Check in Schedule O contains a response of hote to any in		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		38,080.	1	58,643.
	2	Savings and temporary cash investments		137,932.	2	151,572.
	3	Pledges and grants receivable, net		•	3	•
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former of		_		
		trustee, key employee, creator or founder, substantial con				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified perso				
		under section 4958(f)(1)), and persons described in sectio			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		98,194.	8	82,298.
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	24,459.			
	b	basis. Complete Part VI of Schedule D     10a       Less: accumulated depreciation     10b	1,964.	0.	10c	22,495.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	2,500.	15	1,642.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	276,706.	16	316,650.	
	17	Accounts payable and accrued expenses	271.	17	123.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	······		20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
es	22	Loans and other payables to any current or former officer,				
Liabilities		trustee, key employee, creator or founder, substantial con				
iab.		controlled entity or family member of any of these persons	F		22	
-	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third par	Г		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C			~	
	26	of Schedule D	F	271.	25 26	123.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		271.	20	123.
sa		and complete lines 27, 28, 32, and 33.				
nce	27			176,435.	27	164,955.
3ale	28	Net assets with donor restrictions		100,000.	28	151,572.
Βpt		Organizations that do not follow FASB ASC 958, check				
Net Assets or Fund Balances		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or equipment			30	
Ass	31	Retained earnings, endowment, accumulated income, or o			31	
let	32	Total net assets or fund balances		276,435.	32	316,527.
~	33	Total liabilities and net assets/fund balances		276,706.	33	316,650.

47-5175383 Page 11

Form **990** (2019)

## COVERD Greater Cincinnati

		2 <sub>age</sub> 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		
		662.
		570.
		092.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 27	6,	435.
5 Net unrealized gains (losses) on investments 5		
6 Donated services and use of facilities 6		
7 Investment expenses 7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain on Schedule O) 9		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	6,	527.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	Ye	s No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? 2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
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,		
review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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		
Act and OMB Circular A-133?3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2019)

932012 01-20-20

SCHE	DUL	.E A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne o	of the organizatio								identification number
<b>D</b> -			COVE	RD Greater	Cincinnati				4	7-5175383
Pa	rt I	Reason f	or Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions	3.	
The	orga	anization is not a	private found	lation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, con	vention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school desc	ribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a	cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical rese	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	)(iii). Enter	the hospital's name,
		city, and state	:							
5		An organizatio	n operated fo	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
				Complete Part II.)						
6		<b>-</b>			ental unit described in	section 17	70(b)(1)(A)	(v).		
	X	-		-	ntial part of its support fr				ne deneral r	oublic described in
•		•		complete Part II.)	indi part of ito support if	onna gove			ie general p	
8					1)(A)(vi). (Complete Par	ылу				
-		- ·				-	d in coniu	notion with a	land grant	aallaga
9		-	-		in section 170(b)(1)(A)(		-		-	-
			r a non-land-ç	grant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	_	university:								
10					than 33 1/3% of its supp					
					t to certain exceptions,					-
		income and ur	nrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	Ifter June 30, 1975.
		See section 5	<b>09(a)(2).</b> (Co	mplete Part III.)						
11		An organizatio	n organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).		
12		An organizatio	n organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See <b>section</b> {	509(a)(3). 🤇	Check the box in
		lines 12a throu	ugh 12d that	describes the type of	supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A su	pporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supporte	ed organizatio	on(s) the power to rec	ularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
			-	complete Part IV, Se						
b	Г	~		-	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hay	vina
~				-	anization vested in the sa			-		-
				at complete Part IV,						
~	Г			-	g organization operated	in connoct	ion with a		ly intograto	d with
С	L		-						ly integrate	a with,
-	Г		-		. You must complete I					
d	L		-	• • •	orting organization oper				° °	
			-		ation generally must sat	•		-	an attentiv	/eness
	Г	· · · · · · ·	·		plete Part IV, Sections					
е	L		-		vritten determination from			Туре I, Туре	II, Type III	
		•	•		nally integrated supporting	ng organiz	ation.			
f	Er	nter the number o	f supported of	organizations						
g	Pi			n about the supporte		(iv) Is the orga	nization listed			
		(i) Name of suppo	rted	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of		(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	1									1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

#### Schedule A (Form 990 or 990 EZ) 2019 COVERD Greater Cincinnati Part II

47-517<u>5383</u> Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		28,327.	75,633.	683,133.	663,945.	1451038.
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		28,327.	75,633.	683,133.	663,945.	1451038.
	The portion of total contributions			,	,	,	
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
-	column (f)						508,328. 942,710.
	Public support. Subtract line 5 from line 4.						942,710.
		( )					
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4		28,327.	75,633.	683,133.	663,945.	1451038.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						4.0.0
	and income from similar sources $\dots$				53.	140.	193.
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.)				124.	424.	548.
11	Total support. Add lines 7 through 10						1451779.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	124,069.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					▶ <u>X</u>
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		••••••				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-		
b	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets th	•				-	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		•	-			
				, .oo, .ra, or 170		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

# Schedule A (Form 990 or 990 EZ) 2019 COVERD Greater Cincinnati Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
~							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				-	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here	<u></u>					<b>&gt;</b>
Sec	ction C. Computation of Public	ic Support Per	centage				
15	Public support percentage for 2019 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	3 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	0 <b>19</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The org	anization qualifies	as a publicly supp	orted organizatior	• <b>•</b>
20	Private foundation. If the organization						
	23 09-25-19						90 or 990-EZ) 2019
			15	5			-

#### Schedule A (Form 990 or 990-EZ) 2019 COVERD Greater Cincinnati

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

932024 09-25-19

Yes No

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

16

# Schedule A (Form 990 or 990-EZ) 2019 COVERD Greater Cincinnati Part 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		
b	A family member of a person described in (a) above?	11b		
с	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		
	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			
	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			
	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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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)			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		•-
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	<u></u>		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0L		
S	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		Jd		
U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to supported organizations: IF TES, DESCRIDE IN F art VI the role played by the organization in this regard.	50		

17

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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	(Form 990 or 990-EZ) 2019 COVERD		
Part V	Type III Non-Functionally Integ	rated 509(a)	(3) Supporting Organizations

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

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		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .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		
7	Check here if the current year is the organization's first as a nen functional	ly intogrator		

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

1

#### Schedule A (Form 990 or 990-EZ) 2019 COVERD Greater Cincinnati

Ра	TV Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 COVERD Greater C	incinnati	47-5175383 Page 8
Part VI	Supplemental Information. Provide the explanatio Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 8 (See instructions.)	ns required by Part II, line 10; Part II, lin c, 11a, 11b, and 11c; Part IV, Section E ines 1c, 2a, 2b, 3a, and 3b; Part V, line	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
932028 09-25-	9	20	Schedule A (Form 990 or 990-EZ) 2019

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Employer identification number

47-517538	3	
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COVERD	Greater	Cincinnati

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

47-5175383

## COVERD Greater Cincinnati

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		- \$\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
2	Name, address, and ZIP + 4	Total contributions          \$	Type of contribution       Person    X      Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		- \$9,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           -           \$7,500.	Type of contribution         Person       X         Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		- \$\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		- _ \$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		

22

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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47-5175383

## COVERD Greater Cincinnati

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$ <u>81,892.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	, , , , , , , , , , , , , , , , ,	\$ <u></u> 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		- \$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 923452 11-06		- \$\$143,964.	Person X Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

23

47-5175383

## COVERD Greater Cincinnati

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$8,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$17,295.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 923452 11-06		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

17501110 758989 19058.0

24

(d)

(d)

(d)

(d)

(d)

(d)

noncash contributions.)

X

X

X

X

47-5175383

#### COVERD Greater Cincinnati Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

25 2019.05000 COVERD GREATER CINCINNATI 19058.01

17501110 758989 19058.0

Schedule B	(Form 99	0, 990-EZ	, or 990-PF	) (2019)
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Name	of	organization

Page 3

Employer identification number

47-5175383

COVERD Greater Cincinnati

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Kroger gift cards		
		\$5,000.	03/08/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	10,000 period supplies, 191420 Diapers		
		\$61,892.	05/01/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	5796 period supplies, 469,684 diapers		
		\$136,208.	05/15/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

26

### 17501110 758989 19058.0

Page **4** 

ame of organ	nization			Employer identification number
OVERD (	Greater Cincinnati			47-5175383
Part III E	xclusively religious, charitable, etc., contributi om any one contributor. Complete columns (a) ompleting Part III, enter the total of exclusively religious, of Jse duplicate copies of Part III if additional s	through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	try For organizations	hat total more than \$1,000 for the ye
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	 t	
	Transferee's name, address, ar	ud ZIP + 4	Relationship of tra	insferor to transferee
a) No.				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		insferor to transferee
-				
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gif	 t	
	Transferee's name, address, ar	ud ZIP + 4	Relationship of tra	Insferor to transferee
a) No. rom				
art I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	 t	
	Transferee's name, address, ar			Insferor to transferee
154 11-06-19		27	Schedule	B (Form 990, 990-EZ, or 990-PF) (2

## 17501110 758989 19058.0

SCHEDULE C	Political Campaign and Lobbying Activities	L	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 52	2019	
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization is described below.</li> <li>Attach to Form 990 or Form 990 for instructions and the latest information.</li> </ul>	990-EZ.	Open to Public Inspection
If the organization ansy	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Camp	aign Activit	ies), then
-	anizations: Complete Parts I-A and B. Do not complete Part I-C.	0	,,
	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part	t I-B.	
<ul> <li>Section 527 organization</li> </ul>	ations: Complete Part I-A only.		
If the organization answ	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Acti	vities), then	1
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do n	ot complete	e Part II-B.
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B.	Do not con	nplete Part II-A.
If the organization answ	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form	990-EZ, Pa	rt V, line 35c (Proxy
Tax) (see separate insti	ructions), then		
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizations: Complete Part III.		
Name of organization		Employer i	dentification number
	COVERD Greater Cincinnati		7-5175383
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section 52	27 organiz	zation.
1 Provide a description	on of the organization's direct and indirect political campaign activities in Part IV.		
2 Political campaign	activity expenditures	▶\$	
3 Volunteer hours for	political campaign activities		

#### Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶\$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶\$\_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? No Yes b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \_\_\_\_\_ ▶ \$\_\_\_ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

4 Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Yes

No

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019	COVER	D Grea	ter Cincinna	ati	47-5	175383 Page 2	
	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under						
section 501(h)).							
A Check <b>b</b> if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,							
expenses, and shar	e of exces	s lobbying e	expenditures).				
B Check 🕨 📃 if the filing organiza	tion check	ked box A ar	nd "limited control" pro	ovisions apply.			
		bying Exper neans amou	nditures nts paid or incurred.)	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals	
<b>1a</b> Total lobbying expenditures to influ		lic opinion (	araccroate lobbying)				
<b>b</b> Total lobbying expenditures to influ	•				1,451.		
c Total lobbying expenditures (add line		-	• • • • •		1,451.		
d Other exempt purpose expenditure					363,969.		
e Total exempt purpose expenditure			\ \		365,420.		
f Lobbying nontaxable amount. Enter	•				73,084.		
If the amount on line 1e, column (a) o			bying nontaxable am				
Not over \$500,000	1 (6) 10.		the amount on line 1e.				
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc				
Over \$1,000,000 but not over \$1,5	,		00 plus 10% of the exc				
Over \$1,500,000 but not over \$17,			0 plus 5% of the exce				
Over \$17,000,000	000,000	\$1,000,0					
		φ1,000,					
g Grassroots nontaxable amount (en	ter 25% of	f line 1f)			18,271.		
h Subtract line 1g from line 1a. If zero		,			0.		
i Subtract line 1f from line 1c. If zero					0.		
j If there is an amount other than zer							
reporting section 4911 tax for this					Γ	Yes No	
¥			eraging Period Under				
(Some organizations the	nat made				of the five columns be	low.	
	Se	e the separa	ate instructions for lin	nes 2a through 2f.)			
	Lob	bying Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	( <b>d)</b> 2019	(e) Total	
2a Lobbying nontaxable amount				73,021.	73,084.	146,105.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						219,158.	
c Total lobbying expenditures				732.	1,451.	2,183.	
d Grassroots nontaxable amount				18,255.	18,271.	36,526.	
e Grassroots ceiling amount							
(150% of line 2d, column (e))						54,789.	
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

# Schedule C (Form 990 or 990-EZ) 2019 COVERD Greater Cincinnati 47-51753 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

## 47-5175383 Page 3

## (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b	)
	lobbying activity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)( <del>(</del>	ō), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 ai	nd 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2019

932043 11-26-19

SCHEDULE [	)
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Department of the Treasury

(Form 990)
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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.



Interna	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest inform	nation.	Inspection
Nam	e of the organizat	ion COVERD Greater Cin	cinnati	Employ	yer identification number 47-5175383
Par	t I Organiz	ations Maintaining Donor Advise		or Accounts	
		on answered "Yes" on Form 990, Part IV, lin			
		· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at e	end of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	Did the organizati	ion inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organizati	ion inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
	impermissible priv	vate benefit?			Yes No
Par		vation Easements. Complete if the org		Part IV, line 7.	
1		servation easements held by the organization	· · · · · ·		
		n of land for public use (for example, recrea	·	-	portant land area
		of natural habitat	Preservation o	f a certified histor	ic structure
-		n of open space			
2	•	a through 2d if the organization held a qualit	ried conservation contribution in the form		
-	day of the tax yea				eld at the End of the Tax Year
a h					
b	0	rvation easements on a certified historic structure	ucture included in (a)		
с С		rvation easements included in (c) acquired a			
u		nal Register			
3		rvation easements modified, transferred, rel			ring the tax
•	year ►				
4		where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and en	forcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easeme	ents during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements o	luring the year
	▶\$				
8		rvation easement reported on line 2(d) abov			
		(4)(B)(ii)?			Yes No
9		ibe how the organization reports conservation	•		
		nd include, if applicable, the text of the footr	note to the organization's financial statem	ents that describ	es the
Par		counting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar A	ssets
1 41		if the organization answered "Yes" on Form			
10		n elected, as permitted under FASB ASC 95		and balance shee	t works
ia	•	reasures, or other similar assets held for put			
	,	n Part XIII the text of the footnote to its finar	, ,		
b	· •	n elected, as permitted under FASB ASC 95			orks of
-	•	sures, or other similar assets held for public	· ·		
		ving amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,		
		uded on Form 990, Part VIII, line 1		▶ \$	
2	.,	received or held works of art, historical tre			
		ounts required to be reported under FASB A			
а	-	d on Form 990, Part VIII, line 1	-	• • •	
b		n Form 990, Part X			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

31 2019.05000 COVERD GREATER CINCINNATI 19058.01

Schedule D (Form 990) 2019

Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Yes       No         c       Beginning balance       1d       1d         d       Additions during the year       1d       1e         d       Did thorganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       In the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (d) Three years back if or fants or scholarships       Image: transmitter as the sequence of the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: trans or scholarships       Image: trans or schol	Sche		Greater Ci						47-51			age <b>2</b>
collection terms (check all that apply):       d       Loan or exchange program         a       Public exhibition       d       Loan or exchange program         b       Statiarly research       e       Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	ical Tre	asures, or	r Othei	r Similaı	r Assets	(contir	nued)	
a Public exhibition d b Scholary research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization societ oreceles donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? b Part VI Excorv and CutoScholal Arrangements. Complete if the organization answered "Yes" on Form 990, Part VI, line 9, or reported an amount on Form 900, Part X, line 21. b the organization analysis of the intermediaty for contributions or other assets not included on Form 900, Part X, line 21. b Beograduation an agent, trustee, custodian or other intermediaty for contributions or other assets not included on Form 900, Part X, line 21. b Beograduation an agent, trustee, custodian or other intermediaty for contributions or other assets not included on Form 900, Part X, line 21. b Beograduation an agent, trustee, custodian or other intermediaty for contributions or other assets not included on Form 900, Part X, line 21. b Beograduation and part Beograduation has been provided on Part XIII b Beograduation band part Beograduation and been part Beograduation has been provided on Part XII b Br Yes' explain the anangument in Part XIII endowment line Ad XIII context the organization answered "Yes' on Form 900, Part V, line 10. b If 'Yes' organization include an amount on Form 900, Part X, line 21, for escrew or custodial account liability? b If 'Yes' organization in Bart XII. Complete if the organization answered "Yes' on Form 900, Part V, line 10. b If 'Yes' organization and the provided on Part XII. b Beograduation as beegin provided on Part XII. b If 'Yes' organization answered 'Yes' on Form 900, Part V, line 10. b If 'Yes' organization answered 'Yes' on Form 900, Part V, line 10. c Beograduation as a development in Bart XII. b If 'Yes' organization answered 'Yes' on Form 900, Part V, line 10. c Beograduation aschere the organi	3	Using the organization's acquisition, accessi	on, and other record	s, check ar	ny of the f	ollowing that	make si	gnificant u	use of its		,	
b       Scholary research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, dd the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         6       During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to to solid to raise hunds arther than to be maintained as part of the organization answered "Ves" on Form 980, Part X, line 21.         14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Amount         c       Beginning balance       4nount       1d         d       Additions during the year       1e       1d         able the organization include an amount on Form 990, Part X, line 21. for secrow or custodial account liability?       Yes       No         b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII       Yes       No         b       If Yes, "explain the arrangement in Part YIII. Check here if the explanation has been provided or Part XIII       Yes       No         b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII       Yes       No         b       Contributor		collection items (check all that apply):										
c Preservation for future generations   4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   6 Derint W   6 Sector and Cutodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V. line 9.0   7 reported an amount on Form 990, Part X, line 21.   1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.   1a Is the organization in part XIII and complete the following table:   C Beginning balance   1d 16   1d 16   1d 16   2 Doting balance   1d 16   2 Dation organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   2 Dation organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   2 Dation organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   2 Dation organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   2 Dation organization   3 Datine organization   4 Additions of facilities   a Contributions   5 Contributions   6 Current year   6 Di	а	Public exhibition	c	1 🗌 Lo	an or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or     reported an amount on Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is disting balance     Leginning balance     Is diaditions during the year     Is disting adaptione     Is disting adaption     Is disting adaptione     Is disting adaption     Is disting adapti	b	Scholarly research	e	e 🗌 Ot	her							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization asswered "Yes" on Form 190, Part IV, line 9, or     reported an amount on Form 190, Part X, line 21.     The organization angement in Part XII. Rest:     testing the arrangement in Part XIII and complete the following table:	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, fusdee, custodian account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Id	4	Provide a description of the organization's co	ollections and explai	n how they	further th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP       Image: Complete the following table:         Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         Image: Complete the following table:       Image: Complete the following table:       Image: Complete the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Complete the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Complete the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Complete the organization:       Image: Comple	5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical treas	sures, or othe	er similar	assets		_		_
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII: Check here if the explanation has been provided on Part XIII?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10.       Image: Stack (e) Four years back for an an and programs or scholarships       Image: Stack back back back back back back back b	_											No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the complete the following table:       Image: Complete the c	Par			ete if the or	rganizatio	n answered "	'Yes" on	Form 990	, Part IV, I	ine 9, or		
on Form \$90, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Distributions during the year       1d         d Additions during the year       1d         d Distributions during the year       1d         d Distributions during the year       1d         d Distributions during the year       1d         d Beginning of year balance       1d         e Distributions       0 Distributions         f a Beginning of year balance       1e) Current year         e Other expenditures for facilities       0         and programs       1d         e Other expenditures for facilities       1d         and rogarans       1d         e Other expenditures for facilities       1d         and rogarans       1d         f Administrative expenses       1d         g End of year balance       %         b Permanent endowment >       %         f Term endowment >       %         f Berdinistrative expenses       1d         g End of year balance       1d <th></th> <th>reported an amount on Form 990, Pa</th> <th>rt X, line 21.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		reported an amount on Form 990, Pa	rt X, line 21.									
b       If "Yes," explain the arrangement in Part XII and complete the following table:	<b>1</b> a			2					_	-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the cognization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the cognization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part Y, line 10.         fa       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions									L	Yes		No
c       Beginning balance       1c         id       id         id	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:							
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif TYes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (a) Current year end balance (line 1g, column (a) held as:       as doerd designated or quasi-endowment >%       %         2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       as doerd designated or quasi-endowment >%       %         7 The percentages on lines 2a, 2b, and 2 schould equal 100%.       3a Are there endowment 1 >%       %       3a(u)										Amoun	<u>t</u>	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (d) Current year       (e) Dury organs       (d) Three years back       (e) Four years back         c       Not there segenditures for facilities       (d) Current year end balance       (in a scholarships       (d) Current year end balance       (in a scholarships       (d) Current year end balance       (in a scholarships       (d) Three years back       (e) Four years         g       End of year balance       (m)       (g) colar and balance       (in a scholarships       (g) Colar and balance       (in a scholarships       (g) Colar and balance       (g) Colar and balance       (g) Colar and balance       (g) Colar and balan	С											
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Second	d											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No the investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Cher exponditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         f       Administrative expenditures for facilities	-											
b       If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year end balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:         a       Board designated or quasi-endowment (b)%       %       Memanent endowment (b)%       (b) Permanent endowment (b)%         b       Permanent endowment (c) und not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       (a) (i) (i) (i) (i) (i) (i) (i) (i) (i) (i												1
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Current year       (c) Two years back       (c) Three years back       (e) Four years back         b       Contributions       (c) Current year       (c) Two years back       (c) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Current year       (c) Two years back       (c) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back		-						ity?	∟	_ res		] <b>NO</b> ]
(a) Current year       (b) Prior year       (c) Two years back       (c) Ture years back												<u> </u>
1a       Beginning of year balance									ware hack	(a) Fou	r veare	hack
b       Contributions	19	Beginning of year balance	(a) Ourient year		n year		3 Dack				your 3	Dack
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Term endowment ▶  %   b Permanent endowment ▶  %   c Term endowment ▶  %   ii) Nealead or granizations   (i) Unrelated organizations   (ii) Related organizations   iii) Related organizations   iii) Beard beginated uses of the organization's endowment funds.     Part VI Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   1a Land   b Buildings   c Leasehold improvements   20, 0.76. 1, 338.   18, 738.   e Cother   iiiing 20, 0.76.   1, 338. 18, 738.   e Other	h											
d Grants or scholarships	c											
e       Other expenditures for facilities and programs	d											
and programs   f   Administrative expenses   g   End of year balance   2   Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a   Board designated or quasi-endowment ▶  %   b   Permanent endowment ▶  %   c   Term endowment ▶  %   The percentages on lines 2a, 2b, and 2c should equal 100%.   3a   Are there endowment tinds not in the possession of the organization that are held and administered for the organization by:   (i)   U   U   U   U   U   U   U   U   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   20,0776.   1,338.   18,738.   e Other	e											
f       Administrative expenses	-											
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment thunds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations isted as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property (a) Cost or other basis (investment) basis (other)</li> <li>(c) Accumulated depreciation</li> <li>1a Land</li>												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         d Description Sa(ii), are the related organizations isted as required on Schedule R?         d Descripte in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         d Equipment       20,076.       1,338.       18,738.         d Equipment       4,383.       626.       3,757.	-			e (line 1q, c	olumn (a)	) held as:						
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Interlated organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(iii) Additions, and Equipment.</li> </ul> <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>basis (investment)</li> <li>basis (other)</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Rook value</li> <li>(d)</li></ul>	а		-		( )	,						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	b	- ·		_								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       3a(ii)												
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements c Leasehold improvements d Equipment e Other basis (other) (b) Cost or 0ther basis (cother) (c) Accumulated depreciation (d) Book value basis (18, 738. (d) Equipment (e) Other (c) Accumulated (f) Book value (f) Book va		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       20,076.       1,338.       18,738.         c Leasehold improvements       20,076.       1,338.       18,738.         d Equipment       4,383.       626.       3,757.         e Other       0       0       0	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held ar	nd administer	ed for th	e organiza	ation			
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       20,076.       1,338.       18,738.         b Buildings       4,383.       626.       3,757.         e Other       0       0       0		by:									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       20,076.         1,338.       18,738.         d       Equipment         e       Other		(i) Unrelated organizations								3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       20,076.       1,338.         d Equipment       4,383.       626.       3,757.		(ii) Related organizations								3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sche	edule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	4			wment fun	ds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par											
basis (investment)         basis (other)         depreciation           1a Land		· · · · · · · · · · · · · · · · · · ·	d "Yes" on Form 990	), Part IV, li	ne 11a. S	ee Form 990	, Part X,	line 10.				
b Buildings       20,076.       1,338.       18,738.         c Leasehold improvements       20,076.       1,338.       18,738.         d Equipment       4,383.       626.       3,757.         e Other       0       0       0		Description of property			.,		• •		ed	(d) Boo	k value	e
c Leasehold improvements       20,076.       1,338.       18,738.         d Equipment       4,383.       626.       3,757.         e Other	1a	Land										
d Equipment         4,383.         626.         3,757.           e Other												
e Other	с	Leasehold improvements										
	d	Equipment				4,383.		62	26.		<u>3,7</u> !	57.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	_										<u>.</u>	~ -
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, column</u>	( <u>B), line 1</u>	0c.)		<u></u>		2	2,49	15.

Schedule D (Form 990) 2019

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Schedule D	(Form 990	) 2019	COVERD	Greater	Cincinnat	i

#### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	umn (b) must equal Form 990. Part X, col. (B) line 15.) Other Liabilities.	
Part X		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 COVERD Greater Cincinnat		47-5175383 <sub>Page</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	)	
Pa	rt 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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2019	
Department of the Treasury	L L	Attach to Form 990	-		-			Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instr				on.		Inspection	
Name of the organization		Greater Cincinnati					Employer ide 47-5175	identification number 75383	
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
· · ·	complete this part	ε. ed funds through any of the followin	a activ	ities. (	Check all that apply.				
a 📃 Mail solicitat		e 📃 Solicita	tion of	non-g	overnment grants				
	email solicitations			-	nment grants				
c Phone solici d In-person so		g 🔄 Special	fundra	lising	events				
•		or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with p			•	f			
compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agree	ments under which tr	ne tur	Idraiser is to be	Ð	
			(iii)	Did		(v)	Amount paid	(	
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or cor	aiser ustody	(iv) Gross receipts from activity	to (o	fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
Total				►					
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration	
or licensing.									
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	: <b>Z</b> . §	sche	dule G (Form 9	990 or 990-EZ) 2019	

932081 09-11-19

## Schedule G (Form 990 or 990 EZ) 2019 COVERD Greater Cincinnati

47-5175383 Page 2

Part II 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 Spring Gala	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
	1	Gross receipts	55,764.			55,764
	2	Less: Contributions	24,850.			24,850
	3	Gross income (line 1 minus line 2)	30,914.			30,914
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,800.			5,800
Ulrect Expenses	7	Food and beverages	8,049.			8,049
ן∃	8	Entertainment	700.			700
	9	Other direct expenses				700 3,812
	10	Direct expense summary. Add lines 4 throug		· · · · · · · · · · · · · · · · · · ·	•	18,361
	11					12,553
3		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
						(±) (±
	1	Gross rovonuo				
LIAAN	1	Gross revenue				
	<u>1</u> 2	Gross revenue				
		Cash prizes				
		Cash prizes				
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		Yes %	Yes %	
DIRECT EXPENSES REVENUE	3 4 5	Cash prizes Noncash prizes Rent/facility costs		└── Yes % └─ No	Yes% No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes % □ No		No	
	3 4 5 6	Cash prizes	Yes%	□ No	<u>No</u> No	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	□ No	<u>No</u> No	
Direct Expenses	3 4 5 7 8 Ent	Cash prizes	Yes% No	□ No	No ►	
	3 4 5 6 7 8 Enti	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these s	□ No	No ►	
	3 4 5 6 7 8 Enti	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these s	□ No	No ►	
	3 4 5 6 7 8 Entit Is tt If "	Cash prizes	yevoked, suspended, or te	states?	No	YesN
a b a	3 4 5 6 7 8 Entit Is tt If "	Cash prizes	yevoked, suspended, or te	states?	No	YesN

Schedule G (Form 990 or 990 EZ) 2019 COVERD Greater Cincinnati	47-5175383 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entry to administer charitable gaming?	tity formed
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b> %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events boo	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$	and the amount
of gaming revenue retained by the third party $ ightarrow$ \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds</li> </ul>	sto
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organization	
organization's own exempt activities during the tax year <b>s</b>	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
932083 09-11-19	Schedule G (Form 990 or 990-EZ) 2019
37	


Schedule G (Form 990 or 990-EZ)

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2019	
Open to Public Inspection	

lame of the organization	
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Nam	e of the organization COVERD Great	or Cin	cinnati		Employer identification number 47-5175383
Pa			CIMALI		1 41-2112202
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
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 - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	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				
24	Archeological artifacts				
25	Other (Diapers)	X	927,171	278,151.	Market
26	Other ( Period Suppli )	Х	23,805		
27	Other ► ( )		1	,	
28	Other ( )				
29	Number of Forms 8283 received by the organ for which the organization completed Form 82	-			

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

Schedule M (Form 990) 2019	COVERD Grea	ter Cinc	innati		47-51753	83 P
Part II Supplementa	al Information. Prov	ide the informat	ion required by Par	t I, lines 30b, 32b, and 3	3, and whether the c	organization
is reporting in Pa	rt I, column (b), the num	ber of contribut	ions, the number of	items received, or a cor	mbination of both. Al	so complete
this part for any a	additional information.					

932142 09-27-19		Schedule M (Form 990) 2019
		Oskadula M /Essa 2000 00 10

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Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



47 - 5175383

COVERD Greater Cincinnati

Form 990, Part I, Line 1, Description of Organization Mission:

while raising awareness of the basic health need for diapers.

Form 990, Part III, Line 1, Description of Organization Mission:

The diapers went to an average of 3,500 children each month to help

ease the burden of diaper need. We began distributing period supply

kits to our partner agencies and ended the year sending nearly 8,000

into the community. Hundreds of volunteers completed 4,096 service

hours to ensure program growth and success.

Form 990, Part III, Line 2, New Program Services:

We began distributing Period Supply kits to combat period poverty in

Greater Cincinnati. Each kit contains pads or tampons, flushable

cleansing cloths, liners, and advil. These have gone out to our

existing partners and new partners like schools that are doing what

they can to keep girls in school and women at work.

Form 990, Part VI, Section A, line 4:

Legal name of the company was updated at the state level to COVERD Greater Cincinnati.

Form 990, Part VI, Section B, line 11b: Organization's process to review Form 990 - the return is reviewed by the Board at a board meeting. All questions that arise are addressed. A vote is taken to approve the filing of the return.

41

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

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

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization COVERD Greater Cincinnati	Employer identification number $47 - 5175383$
Form 990, Part VI, Section B, Line 12c:	
A person deemed to have a conflict of interest in accordan	ce with the
Organization's conflict of interest policy is required to	disclose the
relationship on an annual basis. In the event that a pers	on has a conflict
arise as a result of a particular contract or transaction	in which the
Organization contemplates entering into or enters into, th	e person is
required to disclose all material facts pertinent to the t	ransaction. The
Board will discuss and vote upon any transactions that are	deemed to have a
conflict of interest at hand.	

Form 990, Part VI, Section B, Line 15:

Compensation process for Top Official and Compensation process for Officers

- The Organization works with a nonprofit consultant and utilizes a

regional compensation and benefits report to determine compensation. The

Board discusses and a vote is taken to approve the compensation.

Form 990, Part VI, Section C, Line 19:

Our articles of incorporation are available on the Ohio Secretary of State's website. Our governing documents, conflict of interest policy and financial statements are available upon request.

932212 09-06-19



DATE 05/23/2019 DOCUMENT ID 201914203466

DESCRIPTION AMENDED/RESTATED ARTICLES (AMA) 
 FILING
 EXPED
 CERT
 COPY

 50.00
 0.00
 0.00
 0.00

Receipt

This is not a bill. Please do not remit payment.

FROST BROWN TODD LLC 3300 GREAT AMERICAN TOWER 301 EAST FOURTH STREET CINCINNATI, OH 45202

# STATE OF OHIO CERTIFICATE

## **Ohio Secretary of State, Frank LaRose**

2433776

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

#### COVERD GREATER CINCINNATI

and, that said business records show the filing and recording of:

Document(s)

AMENDED/RESTATED ARTICLES

Effective Date: 05/22/2019

Document No(s): 201914203466



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of May, A.D. 2019.

Jul Jone

**Ohio Secretary of State** 

Form 541 Prescribed by:





Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910 www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.gov File online or for more information: www.OHBusinessCentral.com

## Certificate of Amendment (Nonprofit, Domestic Corporation) Filing Fee: \$50 Form Must Be Typed

Check the appropriate box:
Amendment to existing Articles of Incorporation by Members pursuant to Ohio Revised Code section 1702.38(C) (128-AMD)
Amended and Restated Articles by Members pursuant to Ohio Revised Code section 1702.38(D) or by Directors pursuant to <ul> <li>Ohio Revised Code section 1702.38(E) (126-AMAN) - The following articles supersede the existing articles and all amendments thereto.</li> </ul>
Complete the following information:

Name of Corporation	SWEET CHEEKS DIAPER BANK
Charter Number	2433776

### A copy of the resolution of amendment must be attached to this document.

Note: If amended and restated articles were adopted, amended articles must set forth all provisions required in original articles other than with respect to the initial directors pursuant to Ohio Revised Code section 1702.38(A). In the case of adoption of the resolution by the directors, a statement of the basis for such adoption shall be provided.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Г

#### Required

Must be signed by an authorized officer of the Corporation pursuant to the Ohio Revised Code section 1702.38(G).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

/s/ Megan Fischer		
Signature		
By (if applicable)		
Megan Fischer, CEO		
Print Name		
Signature		
By (if applicable)		

DocuSign Envelope ID: 93CB151C-BCE3-468E-8B57-095790C0BD54

## SWEET CHEEKS DIAPER BANK

## **Attachment to Certificate of Amendment**

**WHEREAS**, that the Board has determined it in the best interests of the Company to "expand" the purpose of the Company and the scope of services provided by Company to include the provision of a broader range of personal products to low-income families; and

**WHEREAS**, that the Board has also determined that the Company should change its name from "Sweet Cheeks Diaper Bank" to "COVERD Greater Cincinnati" in connection with such expansion of purpose; and

**WHEREAS**, that the Board has determined to amend and restate the Articles of Incorporation of the Company to reflect both the new name and the expanded purpose of the Company.

**NOW, THEREFORE, BE IT RESOLVED,** that in accordance with Ohio Revised Code 1702.38, that the Amended and Restated Articles of Incorporation of the Company, in substantially the form attached hereto as **Exhibit A**, be and are hereby adopted to take the place of the existing Articles of Incorporation of the Company, including all amendments thereto.

**FURTHER RESOLVED,** that the officers of the Company are authorized to execute any documents necessary to cause such Amended and Restated Articles to be filed with the Secretary of State of Ohio.

**RESOLVED FURTHER,** that the officers of the Company (collectively, the "*Authorized Persons*") are authorized and directed, in the name and on behalf of the Company, to take all actions and to execute all agreements, instruments and other documents (including but not limited to the Amended and Restated Articles of Incorporation), as such Authorized Persons deem necessary or advisable to effectuate the foregoing resolutions, the taking of any such action and the execution of any such agreement, instrument or document to be conclusive evidence of the due authorization thereof by the Board and the Company.

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DOC ID ----> 201914203466

DocuSign Envelope ID: 93CB151C-BCE3-468E-8B57-095790C0BD54

## EXHIBIT A

#### AMENDED AND RESTATED ARTICLES OF INCORPORATION

#### OF

### **COVERD** Greater Cincinnati

## **ARTICLE I**

Name. The name of the said corporation shall be COVERD Greater Cincinnati.

## ARTICLE II

**Location.** The place in the State of Ohio where its principal office of the corporation is located is in Cincinnati, Hamilton County, Ohio.

## **ARTICLE III**

**Purpose.** The purposes of this corporation are to work with local partner service agencies to provide personal care products, including but not limited to diapers, incontinence products and menstrual products, to low-income families through donations, both financial and in-kind, while raising awareness of the basic health need for such personal care products.

## **ARTICLE IV**

<u>Supersedes Existing Articles</u>. These Amended and Restated Articles of Incorporation take the place of and supersede the existing Articles of Incorporation and all amendments thereto.