



# Form 990

Department of the Treasury

nternal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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.

Open to Public Inspection

Form 990 (2018)

and ending A For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization Check If applicable Address Ichance WELCOME HOUSE OF NORTHERN KENTUCKY INC 61-1020382 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Initial return Room/suite 859-431-8717 Final return/ 205 PIKE ST 4,128,356. G Gross receipts 8 City or town, state or province, country, and ZiP or foreign postal code Amended return H(a) is this a group return COVINGTON, KY 41011 for subordinates? \_\_\_\_\_Yes X No F Name and address of principal officer: DANIELLE AMRINE Applios-tion H(b) Are all subordinates included? Yes No pending SAME AS C ABOVE If "No," attach a list. (see instructions) 1 Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or H(c) Group exemption number J Website: WWW.WELCOMEHOUSEKY.ORG L Year of formation; 1982 M State of legal domicile; KY Other 🕨 K Form of organization; X Corporation Trust Part | Summary Briefly describe the organization's mission or most significant activities: WELCOME HOUSE PROVIDES A CONTINUUM OF SERVICES THAT END HOMELESSNESS AND PROMOTE STABILITY Governance Check this box 🕨 🔛 if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) <u>51</u> 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Activities & 1928 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 **Current Year** Prior Year 2,934,599. 1,885,788. Contributions and grants (Part VIII, line 1h) 61,527. 55,121. Program service revenue (Part VIII, line 2g) 238,226. 157,608. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 359,988. 18,697. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,513,722.  $\overline{2,197,832}$ 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ......... 672,014. 419,517. 13 Grants and similar amounts pald (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 710,488. 1.596.959. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 531,219.481,595. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,913,721. 2,498,071. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -300,239.600,001. Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 6,830,495. 6,515,527 20 Total assets (Part X, line 16) 837,491. 912,545. 21 Total (labilities (Part X, line 26) 5,993,004. 5,602,982. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign DANIELLE AMRINE, CHIEF EXECUTIVE OFFICER Here Type or print name and title Preparer's dignature SETON ROWE Print/Type preparer's name P01824750 11/14/19 SETON ROWE Paid 31-0800053 Firm's EIN ь Firm's name LARK, SCHAEFER HACKETT & Preparer Firm's address 1 EAST 4TH STREET Use Only Phone no.513-241-3111 CINCINNATI, OH 45202 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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#### FORM HAS BEEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS

Form **8868** (Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 61-1020382 WELCOME HOUSE OF NORTHERN KENTUCKY INC File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. dute data for filling your 205 PIKE ST City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 41011 COVINGTON, KY Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Application Return Application Code <u>Code</u> Is For <u>is F</u>or 07 Form 990-T (corporation) 01 Form 990 or Form 990-EZ 08 Form 1041-A 02 Form 990-BL 09 Form 4720 (other than individual) 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 12 F

Form 990-T (trust other than above)	08 FOIII 8670
DANIELLE	
<ul> <li>The books are in the care of &gt; 205 PIKE</li> </ul>	ST - COVINGTON, KY 41011
Telephone No. ► 859-431-8717	Fax No. >
If the organization does not have an office or place	of business in the United States, check this box
<ul> <li>If this is for a Group Return, enter the organization?</li> </ul>	s four digit Group Exemption Number (GEN) If this is for the whole group, check this
box . If it is for part of the group, check this i	and attach a list with the names and EINs of all members the extension is for.
1 I request an automatic 6-month extension of time the organization named above. The extension is   X calendar year 2018 or  tax year beginning	e until NOVEMBER 15, 2019 , to file the exempt organization return for
•	

2	Change in accounting period			
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			0.
	any nonrefundable credits. See instructions.	3a	<u> </u>	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			n
	estimated tax payments made, Include any prior year overpayment allowed as a credit.	3b	_\$	
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			Λ.
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	. \$	·····

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

Final return

Initial return

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	990 (2018) WELCOME HOUSE OF NORTHERN KENTUCKY INC 61-1020382 Page 2
Orm:	990 (2018) WELCOME HOUSE OF NORTHERN KENTOCKT 2270  III Statement of Program Service Accomplishments
T. CIL.	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WELCOME HOUSE PROVIDES A CONTINUTIM OF SERVICES THAT END HOMELESSNESS
	AND PROMOTE STABILITY FOR EACH PERSON WE SERVE.
	AND PROMOTE STABILITY FOR EACH PERSON WE BERVE!
2	Did the organization undertake any significant program services during the year which were not listed on the  Yes X No
	paidr Form 990 or 990-627
	te 20/ Il describe those neur services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Vac." describe these changes on Schedule O.
4	Describe the overnization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue if any for each program service reported.
4-	584 555 institution graphs of \$ 127, U9U (Revenue \$ 10,750 - )
4a	CERUTCE COORDINATION INCLIDES ASSESSMENT, OUTREACH, CASE PLANNING,
	ETHANGIAI PRICATION/RUNGETING AND SERVICES (INCLUDING PAIRBORIE),
	HOUSING COUNSELING, AND REFERRALS. STAFF WORKS WITH INDIVIDUALS AND
	FAMILIES TO SECURE SUFFICIENT INCOME, FOSTER SELF-DETERMINATION AND
	STABILITY AND ASSIST IN OBTAINING AND MAINTAINING PERMANENT HOUSING.
	WELCOME HOUSE PARTNERS WITH OTHER ORGANIZATIONS TO PROVIDE
	WELCOME ROUSE PARTNERS WITH OTHER ORGANIZATIONS TO THE SERVED WHO
	COMPREHENSIVE SERVICES FOR THE INDIVIDUALS AND FAMILIES SERVED WHO  COMPREHENSIVE SERVICES FOR THE INDIVIDUALS AND FAMILIES SERVED WHO  COMPREHENSIVE SERVICES FOR THE INDIVIDUALS AND FAMILIES SERVED WHO  COMPREHENSIVE SERVICES FOR THE INDIVIDUALS AND FAMILIES SERVED WHO
	COMPRESSED AND SUSTAIN THEFT ORDER DOD TO TAKE
	VIOLENCE, CHEMICAL DEPENDENCY AND/OR OTHER BARRIERS TO PLAN
	FULFILLMENT.
	538 773
4b	
	HOUSTNG GRRVICE- THE HOUSING SERVICE AREA ENCOMPASSES THE EMERGENCE
	CHELTER FOR WOMEN AND CHILDREN, GARDENS APARTMENTS (FOR FAMILIES
	WORKING TOWARD EDUCATIONAL OR VOCATIONAL GOALS), KINGS CROSSING
	(HOUSING FOR INDIVIDUALS AND FAMILIES WITH DISABILITIES) AND FACILITIES
	MAINTENANCE.
	(Code: 1/Expenses \$ 954,782. including grants of \$ 398,665.) (Revenue \$ 40,186.)
4¢	(Code: ) (Expenses \$ 954,782. including grants of \$ THE EMPLOYMENT SERVICES AND THE THE EMPLOYMENT/BENEFITS AREA INCLUDES THE EMPLOYMENT SERVICES AND THE
	SOCIAL SECURITY OUTREACH SERVICES. EMPLOYMENT SPECIALISTS HELP WITH JOB
	READINESS ACTIVITIES AND ASSIST IN HELPING OBTAIN AND MAINTAIN STABLE
	EMPLOYMENT. INDIVIDUALS ASSESSED TO HAVE A DISABILITY THAT PREVENTS
	THEM FROM WORKING ARE ASSISTED WITH APPLYING FOR SOCIAL SECURITY
	DISABILITY. WELCOME HOUSE IS A VENDOR FOR THE OFFICE OF VOCATIONAL
	REHABILITATION TO OFFER INDIVIDUALS SUPPORT FOR EMPLOYMENT. CLIENTS ARE
	ENCOURAGED TO PURSUE EDUCATION AND JOB TRAINING OPPORTUNITIES TO HELP
	INCREASE THEIR INCOME.
14	Other program services (Describe in Schedule O.)
-70	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	2.178.110.
-10	Total program service expenses P

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#### FORM HAS BEEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS

Form **8868** (Rev. January 2019)

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury

File a separate application for each return.

OMB No. 1545-1709

Internal Re	al Revenue Service Co to www.irs.gov/Form8888 for the latest information.						
Electro	nic filing (e-file)	, You can electronically file Form 8868 to	request a t	6-month automatic extension of time	to file any	of the	
forms li	sted below with	the exception of Form 8870, Information R	eturn for T	ransfers Associated With Certain Pe	rsonal Ber	nefit	
Contrac	cts, for which an	extension request must be sent to the IRS	in paper t	format (see instructions). For more de	italis on th	e electronic	
		rww.irs.gov/e-file-providers/e-file-for-charit					
Autor	natic 6-Mont	h Extension of Time. Only subm	it origina	al (no copies needed).			
All core	orations require	d to file an income tax return other than Fo	rm 990-T (	including 1120-C filers), partnerships	, REMICs,	and trusts	
		request an extension of time to file income					
		•			Enter file	r's identifying	number
<del></del>		empt organization or other filer, see instruc	tione		Employer	identification n	umber (EIN) or
Type o	ivaine oi ex	empt organization of other mer, see motion	,				
print	WRLCOM	E HOUSE OF NORTHERN K	ENTUC	KY INC		61-1020	382
File by the	9	rest, and room or suite no. If a P.O. box, se			Social sec	curity number (	SSN)
due date! filing your	205 PI					<u> </u>	
return, Se instruction	rs. City town o	or post office, state, and ZIP code. For a fo	reign addı	ess, see instructions.			
	COVING	TON, KY 41011				- <del></del>	
Enter ti	he Return Code t	or the return that this application is for (file	a separat	e application for each return)	***********		0 1
Applica			Return	Application			Return
Is For		<u></u>	Code	e is For			Çode
	90 or Form 990-	Z	01	Form 990-T (corporation)			07
Form 9			02	Form 1041-A			08
Form 4	720 (individual)		03	03 Form 4720 (other than individual)			09
Form 9	90-PF		04	04 Form 5227			10
Form 9	90-T (sec. 401(a)	or 408(a) trust)	05	5 Form 6069			11
Form 9	90-T (trust other		06	Form 8870			12
		DANIELLE AMRINE					
• The	books are in the	care of > 205 PIKE ST - 0	COVING				
Tele	ephone No. 🕨 💆	359-431-8717		Fax No.			
• If th	e organization de	pes not have an office or place of business	in the Uni	ned States, check this box	this is for	the whole are	P L
	is is for a Group	Return, enter the organization's four digit (	aroup Exe 1 and atta	mption Number (GEN) I	all membe	ring whole gro ers the extensio	ap, check ans an is for.
pox	lititis fo	r part of the group, check this box	j and atta	CH & list With the hearies and Ends of	un monio	310 010 031010	
			NOVEM	BER 15, 2019 to file	the exem	pt organization	return for
		matic 6-month extension of time until				, <b>.</b>	
		year 2018 or	11112440110				
,	tax year	· —	. an	d ending			
•	Lax your						
2 1	f the tax vear eni	tered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
- '		accounting period					
3a	f this application	is for Forms 990-BL, 990-PF, 990-T, 4720,	or <b>6069</b> , e	enter the tentative tax, less			
		le credits. See instructions.			3a	\$	0.
b I	If this application	is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			•
<u> </u>	estimated <u>tax pa</u>	yments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c	Balance due. Su	btract line 3b from line 3a. Include your pa	ıyment wit	h this form, if required, by		١.	0
	using EFTPS (Ele	otronic Federal Tax Payment System). See	instructio	nns.	3c	\$	0.
		ng to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 84	153-EO an	α Form 88/9-E	u for payment
instruc	rtions.						

Form 8868 (Rev. 1-2019)

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Par	IV Checklist of Required Schedules	<del></del>		
- 10000g	The state of the s		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	If "Yes," complete Schedule A	1	X	
	If "Yes," complete Schedule A	2	X	
2	Did the organization required to complete <i>Scriedula B</i> , <i>Schedule or Commence</i> on behalf of or in opposition to candidates for		ļ	
	willia affice 2 to MA = B assemble Cohodula C. Port I	3	l	<u> </u>
_	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		X
_	during the tax year? If "Yes," complete Scriedure C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		_	-
5	sthe organization a section 501(6)(9), 501(6)(9), 61 501(6)(9) organization data receives make the section as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
_	similar amounts as defined in Revenue Procedure 95-197 if "Yes," complete schedule 6, Fact in			
6	Did the organization maintain any donor advised runds or any smillar funds or accounts of which the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
	provide advice on the distribution of investment of amounts in about rands of accounts. If Test, compress our source of the provide agreements to preserve onen space.			
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		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Scriedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		X.
	Schedule D, Part III	$\sqcap$		
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?	ا و ا	х	1
	If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x	ĺ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		Series	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	112000	netwick: F	No. of the last
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	X	
	Part VI	1,14		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	""		<del> </del> -
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more on is total	11c	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	115	<del></del> -	<del>                                     </del>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d	ŀ	X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	116		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 <del>0</del>	┢	<del> </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	144		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes,* complete Schedule D, Part X	111		<del> </del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schodula D. Parts Yl and XII	12a		+≏
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	X	1
	If "Yes and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	A	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\vdash$	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\vdash$	+**
b	Fid the organization have apprenate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	an mare? WEVE - Beamplete Cabadula E. Darte Land IV	14b	1-	+-=-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or its any	1		- v
	torsign progrization? If "Vos." complete Schedule F. Parts II and IV	15	<del> </del>	X
16	Did the organization report on Part IX, column (A), fine 3, more than \$5,000 of aggregate grants or other assistance to	1		<b>.</b>
	or for foreign individuals? If *Ves * 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,		1	<sub>v</sub>
-,	column (A) lines 6 and 11e? If "Vec " complete Scheriule 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? # "Vas " complete Schedule G. Part il	18	X	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	-
	complete Schertule G. Part III	19	X	+
200	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
208	o if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del> </del>	<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	20016
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Par	t IV Checklist of Required Schedules (continued)	<del></del>		*1
A Charle		$\dashv$	Yes	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ا مم	x	
	Part IV column (A) line 22, if "Vos." complete Schedule I, Parts I and III	22	<del>-</del>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	X
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
	Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2,12		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
b	Is the organization aware that it engaged in an excess belief transaction was a disposition aware that it engaged in an excess belief transaction was a disposition aware that it engaged in an excess belief transaction was a disposition aware that it engaged in an excess belief transaction was a disposition aware that it engaged in an excess belief transaction was a disposition aware that it engaged in an excess belief transaction was a disposition aware that it engaged in an excess belief transaction was a disposition and the excess belief transaction was a disposition aware that it engaged in an excess belief transaction was a disposition and the excess belief transaction was a disposition as a complete and the excess belief transaction and the excess belief transaction was a disposition and the excess belief transaction was a disposition and the excess belief transaction and			
		25b		X
	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		X_
~~	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
oo.	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X_
h	A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		]
۰	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1,,	X
29	Did the grounization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<del></del> -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<b>.</b>	1	- T
	contributions? If "Yes," complete Schedule M	30	├	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	H "Ves " complete Schedule N. Part I	31	╁┈╴	┼┷╌
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32	-	<del>  ^</del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	99	x	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del></del>	╅
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
	Part V, line 1	35a	+	x
<b>3</b> 5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	000	1	†
ŀ	of the diguination of the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		1	$T^-$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		l x
	If "Yes," complete Schedule R, Part V, line 2		1	Τ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37	<u> </u>	X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	Ш,
H - 1	Toy Compliance			
	Statements Regarding Other IRS Filings and Tax Compliance  Check If Schedule O contains a response or note to any line in this Part V			
_	OHEON II OCHEOLOG O COMMING II 100000000		Yes	: No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8	1	
1:	b Enter the number reported in Box 3 of Forth 1096, Enter-0-11 not applicable  1b	0		
,	b Enter the number of Forms vi-29 included in the Fa. Enter to infort application comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u>_L</u>
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Part	Statements Hegarding Other Ins Fillings and Tax Compilance Commission	i	Vac	No
	Tay Chatamanta	950.65	Yes	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  2a 51	ANTHER SANTED		
	filed for the calendar year ending with or within the year covered by this result	2b	X	C21209-0409
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	× 3		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	За	:_236224	X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	H 1		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		- WESE	27/1000
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	(0.000)	X
Eα	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		$\vdash$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60	i	x
	any contributions that were not tax deductible as charitable contributions?	6a	<del>                                     </del>	<del>  ^^</del>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ا م	1	
	were not tax deductible?	6b	58.652	45-14-13
7	Organizations that may receive deductible contributions under section 170(c).	<b>ROSS</b> (1)	X	W.SEE
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?	7 <u>a</u>	X	+-
h	If "Ves." did the granization notify the donor of the value of the goods or services provided?	7b	<u> </u>	$\leftarrow$
G	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1_		
	to file Form 8282?	7c	SYSE	X
d	If "Yes " indicate the number of Forms 8282 filed during the year 7d 7		TOR	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <u>e</u>	├─-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	75	╀	┿
g	If the proprietion received a contribution of qualified intellectual property, did the organization file Form 8899 as required a	7 <u>g</u>	┯	╀──
h	If the proportion received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a norm 1050-07	7h	- AHC21	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	(E),411		
	sponsoring organization have excess business holdings at any time during the year?	8	- FEFER	a a 15493
9	Sponsoring organizations maintaining donor advised funds.	332	月蓮	<u> Pario AR</u>
a	Did the sponsoring organization make any taxable distributions under section 49667	9a	—	+
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1 5.E.7%	a design
10	Section 501(c)(7) organizations. Enter:	1000 AT		
а	Initiation fees and capital contributions included on Part Vill, line 12	-		
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	2027	\$550 2004	
	Gross income from members or shareholders	_		
h	Gross income from other sources (Do not net amounts due or paid to other sources against	107-111 107-1111		
	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	2000	e ENGLA
h.	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501/cN29) qualified nonprofit health insurance issuers.	65.75	5 <b>35</b> 5	
, G	Is the organization licensed to issue qualified health plans in more than one state?	13a	V 13528	ie isome
	Note. See the instructions for additional information the organization must report on Schedule O.	Vieta Solar		
h	Enter the amount of reserves the organization is required to maintain by the states in which the	Service Service		
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Designation of the last of the		Zi Cou-Si
18-	Did the organization receive any payments for indoor tanning services during the tax year?	14a	4	<u> </u>
(→B 	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14±	4-	<del> </del> -
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
15	excess parachute payment(s) during the year?	15	1 10000	X
	If "Yes," see instructions and file Form 4720, Schedule N.	375		
40	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
16	if "Yes," complete Form 4720, Schedule O.	700000 400.977		
	II 100, Complete Court of Contrast Cont	r	QQ	<b>n</b> /2019

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WELCOME HOUSE OF NORTHERN KENTUCKY INC

Form 990 (2018) nance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in					
Check if Schedule O contains a response or note to any line in this Part VI						X
on A. Governing Body and Management					- ,	
	r		1	uma-bei	Yes	No
Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>	20	33		
If there are material differences in voting rights among members of the governing body, or if the governing						
hady delegated broad authority to an executive committee or similar committee, explain in Schedule C.			]			
Enter the number of voting members included in line 1s, above, who are independent	1b	<u>l</u> .	20			
Did any officer director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
				2		_Х_
Diff the graphization delegate control over management duties customarily performed by or under the	direc	t supervision				
of efficient directors or trustees or key employees to a management company or other person?				3		<u> </u>
Distance or a propriet from make any cignificant changes to its governing documents since the prior Form 9	90 wa	s filed?	, , , , , , , , , , , , , , , , , , , ,	4		X
Did the organization become every during the year of a significant diversion of the organization's ass	ets?			5		X
Did the organization become aware outring the year of a significant and a significan				6		X
Did the organization have members of stockholders, or other persons who had the power to elect or as	point	one or				
Did the organization have inembers, succertainers, or other possers with the possers and p	•			7a		X
more members of the governing body?	tockha	iders, or				
Are any governance decisions of the organization reserved to for studies to approve of the studies and the studies are body?				7b		X
persons other than the governing body?	ar by th	e following:		2001		1 - 30 2 - 20 2 - 20 3 - 20
Did the organization contemporaneously occurrent the meanings need of without actions and attended to the	,	- ·		8a	X	
The governing body?				8b	Х	
is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ÇI ICU C	ar and		9		X
organization's mailing address? If "Yes." provide the names and addresses in Schedule O		Code)		<u></u>		
ion B. Policies (This Section B requests information about policies not required by the internal He	<u>wenue</u>	LOOP,			Yes	No
				10a	,,,,,	X
Did the organization have local chapters, branches, or affiliates?		a offiliator		100		
If "Yes," did the organization have written policies and procedures governing the activities of such ci	apter	s, anniaus,		10h		
and branches to ensure their operations are consistent with the organization's exempt purposes?					x	
Has the organization provided a complete copy of this Form 990 to all members of its governing body	A DBIO	ite illing the ic	11111		\$ SECTION	
Describe in Schedule O the process, if any, used by the organization to review this Form 990.					X	
Did the organization have a written conflict of interest policy? If "No," go to line 13		-ell-a-D		$\overline{}$	_	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to coi	OFFICES ?		IZD	┝ᢚ	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	describe		40-	v	
in Schedule O how this was done			•••••	-		<del> </del>
Did the organization have a written whistleblower policy?			••••••		4	├
Did the organization have a written document retention and destruction policy?			*****	14		<u>,25</u>
Did the process for determining compensation of the following persons include a review and approve	al by in	ndependent				
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					- T	3002
The organization's CEO, Executive Director, or top management official			******	$\overline{}$	<del>  △</del>	x
Other officers or key employees of the organization				15b	1 43 50 1000	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				750000 772000		
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a		Š.		
, , , , , , , , , , , , , , , , , , ,			******	16a	, -010004	X
taxable entity during the year?				200		
taxable entity during the year?  If "Yes " did the grounization follow a written policy or procedure requiring the organization to evaluate the companization of the experiment of the procedure requiring the organization of the evaluation of the experiment of the e	ate its	participation		25.1-11.5	-30257211	
If "Yes." did the organization follow a written policy or procedure requiring the organization to evalua-	ate its	participation				- FREE
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.	ate its mizatio	participation on's	· • • • • • • • • • • • • • • • • • • •	16b		HPATE
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization status with respect to such arrangements?	ate its mizatio	participation on's	····	16 <u>b</u>		HPAE
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the status with respect to such arrangements?  It is the otates with which a copy of this Form 990 is required to be filed   KY	ate its mizatio	participation on's				
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the status with respect to such arrangements?  It is the otates with which a copy of this Form 990 is required to be filed   KY	ate its mizatio	participation on's	01(c)(3)			ble
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure  List the states with which a copy of this Form 990 is required to be filed   KY  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	ate its mizatio	participation on's	01(c)(3)			ble
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶KY  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	nizatio	participation on's  0-T (Section 5	01(c)(3)			ble
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶KY  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.  Over public inspection. Indicate how you made these available. Check all that apply.  Over public inspection. Other (explains)	ate its inization and 991	participation on's  0-T (Section 5		s only)	availa	ble
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	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employees have a family relationship or a business relationship officer, director, trustees, or key employees to a management company or other person?  Did the organization delegate control over management duties oustomanily performed by or under the of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 9  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or an one members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or an energy overnance decisions of the organization reserved to (or subject to approval by) members, stockholders and proverning body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and actiresses in Schedule O.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such of and branches to ensure their operat	Enter the number of voting members of the governing body at the end of the tax year	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  Italian of the organization of the process, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a menagement company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  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Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management documents since the prior Form 990 was filed?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  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If how, or to fine 13  Did the organization have a written conflict of int	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body or if the governing body adelpated broad authority to an executive committee or similar committee, explain in Schadule 0.  Enter the number of voting members included in line 1s, above, who are independent  Did any officer, director, trustee, or key employee?  Did the organization deliegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization deliegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization become aware during the year of a significant diversion of the organization's assets?  5. Did the organization become aware during the year of a significant diversion of the organization's assets?  5. Did the organization have members, stockholders?  6. Did the organization have members, stockholders?  7. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body?  Did the organization contemperaneously document the meatings held or written actions undertaken during the year by the following:  8. Back committee with authority to act on behalf of the governing body?  10. It has the organization have been approved by the following state of the powers of the pow	Cincek if Schedule O contrains a response or note to any une in this Part of loop. A Governing Body and Management  Yes  Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  In the number of voting members included in line 1a, above, who are independent  In the contraint of the number of voting members included in line 1a, above, who are independent  In the number of voting members included in line 1a, above, who are independent  In the contraint of the properties of the expendence of the properties of the governing documents since the prior Form 990 was filed?  In the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7th persons other than the governing body?  But there are officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization become such contained the properties of the governing body?  If "Yes," did the organization have local chapters, branches, or efficiated?  If "Yes," did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and by any organization have a written conflict of interest policy? If "No," go to line 13  We

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## Employees, and Independent Contractors

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

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

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

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

(A) Name and Title	(B) Average hours per	ge Position Reportable Reportable Gompensation compensation							(E) Reportable compensation from related	e Estimated on amount of other	
	week (list any hours for related organizations below line)	Individual Instae or director	institutional must ee	Orliger		Highest compansated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
) MADELAINE BLINCOE	1.00	X						0.	0.	0	
RUSTEE RUSTEE	1.00	х		<u>.</u>			L	0.	0.	0	
RUSTEE RUSTEE	1.00	x			L		_		0.	0	
A) LAURA CANTER RUSTEE	1.00	х					<u> </u>	0.	0.	<u>c</u>	
5) KATIE DAVIDSON ECRETARY	1.00	x		x				0.	0.		
6) SHAUNA DYNES	1.00	x		x			L.	0.	0.		
7) DIANE FRITZ (TERMED)	1.00	x			_	$\perp$	_	0	0.		
8) TOM HAUSTERMAN	1.00	x			1	_		0	. 0.		
(9) EMILY HEIDT PRUSTEE	1.00	<u>x</u>		$\downarrow$	-	1	-	0	. 0.	.	
(10) KRISTI HORINE PREASURER	1.00	<u>  x</u>		×		_	1	0	. 0		
(11) SUSAN JACKSON (TERMED) TRUSTEE	1.00	<u>  X</u>		_	1	$\downarrow$	_	0	. 0	•	
(12) STEPHANIE BUHN TRUSTEE	1.00	<u> </u>		$\downarrow$	_	$\downarrow$	$\downarrow$	0	. 0		
(13) MICHELLE KOLB (TERMED) TRUSTEE	1.00	] 2	ζ.	_	$\downarrow$	-	1	0	. 0		
(14) NEIL LEYSHOCK VICE CHAIR	1.00	<u> </u>	K	1	x	$\perp$	-	0			
(15) SELENA MURDOCH TRUSTEK	1.00	<u>2</u>	x	$\perp$	+	_	+			· <del>               </del>	
(16) CHRIS MARKUS TRUSTEE	1.00	<u>]</u>	x	_	$\dashv$	+	_			•	
(17) WAYNE ONKST TRUSTEE			x			$\perp$			0.	Form 990 (	

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Form 990 (2018)

Part VII Section A. Officers, Directors, 1	<u>rustees, Key Emp</u>	<u> loye</u>	ees,			qhes	t C			
(A)	(B)	İ		_ ((		_		(D)	(E)	(F)
Name and title	Average		nat c		more	than o		Reportable	Reportable	Estimated amount of
	hours per week	box,	, unles cer an	es per	rson i irecto	is both or/trust	an tee)	compensation from	compensation from related	other
	(list any				Г		<u> </u>	the	organizations	compensation
	hours for	director		ŀ		모		organization	(W-2/1099-MISC)	from the
	related	56 FG	Stee			ansak e		(W-2/1099-MISC)		organization
	organizations	Shap	nastri		83.60	ğ a				and related
	below line)	Individual erustee or	nstitutional trustee	Officer	d ma kar	Highest compensated employee	Former			organizations
(18) MARIE SCHENKEL	1.00	=	=	Ĭ	×		-	_		
TRUSTEE		X			_	_		_0.	0.	0.
(19) JASON SPAULDING	1.00			1				_	n	,
TRUSTEE		X.	_	<u> </u>	ļ	╄	<u> </u>	0.	0.	0.
(20) CARA STEWART	1.00			1	l				0.	0.
TRUSTEE	1 00	X	<u> </u>	_	⊢	╄	<b> </b>	0.	U+	
(21) ELIZABETH STEWART-PIRONE	1.00	١.,					l	0.	0.	0.
TRUSTEE	1.00	X	<b>├</b> 一	├	⊢	┿┈	┢			
(22) GINNY TALLENT TRUSTEE	1.00	x						0.	0.	0.
(23) ANGIE TAYLOR (TERMED)	1.00	<del></del>	1			1	T			
TRUSTEE		x	l					0.	0.	0.
(24) SHELLEY WARNER	1.00		Π			Ï			_	_
TRUSTEE		X	_			<u> </u>		0.	0.	0.
(25) DANIELLE AMRINE	42.00			Ĺ				444 200	,	490.
CHIEF EXECUTIVE OFFICER		igspace	<u> </u>	X	<u> </u>	╄	┞	111,392.		490.
		4				ŀ	1			
			l	<u> </u>	L	1	<b>&gt;</b>	111,392.	0.	490.
1b Sub-total	-t MI Costian A		•••••	• · · · · ·	,		•	0.	0.	0.
c Total from continuation sheets to Pa								111,392.	0.	490.
d Total (add lines 1b and 1c)	out not limited to th	mse.	liste	ed a	bov	e) wł	10 F	<u> </u>	000 of reportable	
2 Total number of individuals (including a compensation from the organization			,			-,				1
Compensation from the organization										Yes No
3 Did the organization list any former of	ficer, director, or tr	uste	e, ke	ey e	mpl	oyee	, or	highest compensated e	mployee on	
line 1a? If "Ves " complete Schedule J	for such individual							.,	*************************	3 X
4 For any individual listed on line 1a, is the	he sum of reportab	le co	omp	ensa	atio	п апс	d oil	her compensation from t	he organization	
and related organizations greater than	\$150,000? If "Yes	." cc	amo	lete	Sch	edul	øJ	for such individual		4 X
5 Did any person listed on line 1a receive	e or accrue compe	nsat	lon 1	from	any	y uni	elat	ed organization or indivi	dual for services	5 X
rendered to the organization? # "Yes."	' complete Schedu	le J	for s	uch	per	son		***************************************	***************************************	5 1 1
Section B. Independent Contractors								to the second second bloom to	2100 000 of compane	ation from
Complete this table for your five higher	st compensated in	aebe	enae andi	ent c	iith Lith	racto	ors t Athir	nat received more mair :	# (00,000 O) CDINPANS #881.	HOIT HOIT
the organization. Report compensation		ear e	erici	ng v	WLLT I	OF W	race and	(B)	70011	(C)
(A Name and busi	ness address	N	ON	Ε				Description of	services	Compensation
								1	ļ	
	<u> </u>							<u> </u>	<del></del>	
										······································
									Ì	
· <u> </u>								1	- Indias	genderm, mer die 1970 demokratie
2 Total number of independent contract		not li	imite	ed to	the		isted	d above) who received n	nore than	
\$100,000 of compensation from the o						0			accounty consumal	Form <b>990</b> (2018)
										LOW 220 (5018)

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		Check if Schedule O contains a response or		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
1	atini Ia	Federated campaigns 1a 1	26,600.				
	b	Membership dues 1b					
	c	Fundraising events 1c	44,534.				
1		Related organizations 1d					
		Government grants (contributions) 1e 1,7	81,066.				
1		All other contributions, gifts, grants, and					
		similar amounts not included above1f 9	82,399.				
1	g	Noncash contributions included in lines 1a-1f: \$	96,632.				
1	h.	Total. Add lines 1a-1f		2,934,599.			
П		<u>B</u>	usiness Code				
2		PAYKE REVENUE	900099	40,186.	40,186.		ļ
]	b	CLIENT RENTAL INCOME	900099	21,341.	21,341.		
1	С						
	d					··· <u>·</u> .	
2	е			<del></del>		· <del></del> -	<del> </del>
1	f	All other program service revenue				armetiche et l'abrecoudes	se Miskagovetyskied (s)
	g	Total, Add lines 2a-2f		61,527.			
3	3	Investment income (including dividends, interest	i, and				95 400
		other similar amounts)		75,490.	<u>.</u>		75,490
4	4	Income from investment of tax-exempt bond pro	ceeds 🕨			<u></u>	ļ <u> </u>
5	5	Royalties			**************************************	ace Circle V Destroyage	Art a maioroxensiphiotoxes
		(i) Real	(ii) Personal				
6	ŝа	Gross rents 18,750.					
	b	Less: rental expenses 0.					
	c	Rental income or (loss) 18,750.					
1	d	Net rental income or (loss)		18,750.	18,750.	Lego H. Carlling Cones	. v 1764/24 postupa Heiriga.
7	7 a	Gross amount from sales of (i) Securities	(ii) Other				
ı		assets other than inventory 668,479.					
	b	Less: cost or other basis					
		and sales expenses 586,361.					
1	G	Gain or (loss) 82,118.					
	d	Net gain or (foss)	<b>&gt;</b>	82,118.	enn mad i Martinenger in Add 112752		82,118
1	8 a	Gross income from fundraising events (not					
		including \$ 44,534. of					
1		contributions reported on line 1c). See	:				
		Part IV, line 18	31,341.				
	ь	Less: direct expenses b	24,713.				
	С	Net income or (loss) from fundraising events	<b>.</b>	6,628.		za Colo 18 Transcalatora	6,628
1		Gross income from gaming activities. See					
İ		Part IV, line 19	<u> 18,590.</u>				
	b	Less: direct expenses b	3,560.				
	c	Net income or (loss) from gaming activities	<u></u>	15,030.	Tanan dalam an ara was an ara sa ara sa ara sa ara sa ara sa ara sa ara sa ara sa ara sa ara sa ara sa ara sa	g= = Mildoningi (Amares	15,030
1		Gross sales of inventory, less returns					
		and allowancesa					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory				State and the second of the Date of the State	
Г			Business Code				
1	1 a	DADBARD CITTO TMOORE	900099	178,384.	178,384.	<u> </u>	
1	ъ.	PRINT OPER LA TER	900099	96,074.	96,074.	<u> </u>	<u> </u>
	c	OTHER INCOME	900099	45,122.			45,12
	4	All other revenue					
1	-	Total, Add lines 11a-11d	<b>&gt;</b>	319,580.			
1	-	Total revenue, See instructions		3,513,722.	354,735.	1 0	. 224,38

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Part IX Statement of Functional Expenses

SECIK	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons	e or note to any line in th	nis Part IX		753
Do n 76, 8	ot include amounts reported on lines 6b, ib, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	200 510	220 510		
	and domestic governments. See Part IV, line 21	320,519.	320,519.		
_	Grants and other assistance to domestic	254 405	251 405		
	individuals. See Part IV, line 22	351,495.	351,495.		
3.	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		<u></u>		
	Benefits paid to or for members			Satisfaction Compared to a contraction of the contr	
5	Compensation of current officers, directors,	117 007	75,814.	28,189.	7,879.
	trustees, and key employees	111,882.	/3,014.	20,203.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	Į			
	persons described in section 4958(c)(3)(B)	1,368,253.	927,160.	344,734.	96,359.
7	Other salaries and wages	1,300,233+	221,2004		<u> </u>
8	Pension plan accruais and contributions (include				
	section 401(k) and 403(b) employer contributions)	99,480.	67,410.	25,064.	7,006.
9	Other employee benefits	130,873.	88,683.	32,974.	9,216.
10	Payroll taxes	130,0734	00,005.		
11	Fees for services (non-employees):				
8	Management	3,306.	598.	2,708.	·
	Legal	29,440.	5,328.	24,112.	
c	Accounting	23,440.	3,3200		
d	Lobbying				·
e	Professional fundralsing services. See Part IV, line 17	20,457.	Control of the Contro	20,457.	·
f	Investment management fees	20,4574	<u> </u>		
g	Other. (If line 11g amount exceeds 10% of line 25,	12,356.	2,236.	10,120.	
	column (A) amount, list line 11g expenses on Sch 0.)	12,000	2,2001		
12	Advertising and promotion	127,901.	95,627.	21,762.	10,512.
13	Office expenses	141,3010	<u> </u>		
14	Information technology				<u></u>
15	Royalties	165,244.	145,876.	13,988.	5,380.
16	Occupancy	5,302.	3,708.	862.	732.
17	Travel	2,3021	3,7000		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5,869.	4,104.	955.	810.
19	Conferences, conventions, and meetings	395.	2,20,2-	395.	
20	Interest	3734		-	
21	Payments to affiliates	75,996.	58,115.	12,914.	4,967
22	Depreciation, depletion, and amortization	31,629.	5,360.	26,269.	
23	Insurance	31,023			
24	Other expenses. Itemize expenses not covered above, (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	35,111.	15,716.	11,745.	7,650
	OTHER EXPENSES	10,679.	8,166.		698
	EQUIPMENT RENTAL	7,534.	2,195.	4,303.	1,036
c		113341			
d					
0	All other expenses	2,913,721.	2,178,110.	583,366.	152,245
25	Total functional expenses. Add lines 1 through 24e	4,313,1414	2/2/0/2201	1	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-729)		<u> </u>	<del> </del>	Earm 990 /201

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 553,339. 1,073,222. 330,985. Cash - non-interest-bearing 439,940. 2 Savings and temporary cash investments 2 365,758. 448,380. 3 Pledges and grants receivable, net 20,272. 3 25,042. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 17,368. 407,368 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis, Complete Part VI of Schedule D ....... <u>1,545,637.</u> 1,606,133. 1,092,322. 10c 2,654,239.  $\overline{2,5}69,074$ . 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 600,660. 12 422,276. 13 Investments - program-related, See Part IV, line 11 13 14 Intangible assets 14  $\overline{266,329}$ 15 Other assets. See Part IV, line 11 15 6,830,495. 6,515,527 16 Total assets. Add lines 1 through 15 (must equal line 34) 73,193. 77,710. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 195,573. 227,499 21 Escrew or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 568,725. 568,725. 23 Secured mortgages and notes payable to unrelated third parties 0. 38,611. Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of . Schedule D 837,491. 912,545 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 5,239,456. 5,101,482. 27 Net Assets or Fund Balances Unrestricted net assets 753,548. 484,500. 28 Temporarily restricted net assets 28 17,000. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 5,993,004. 5,602,982. 33 Total net assets or fund balances 6,830,495. 6,515,527. 34 Total liabilities and net assets/fund balances Form 990 (2018)

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Form	990 (2018) WELCOME HOUSE OF NORTHERN KENTUCKY INC	<u>61-10</u>	<u> 20382 </u>	Page	<u>, 12</u>
Par	1 XI Reconciliation of Net Assets			r	
	Check if Schedule O contains a response or note to any line in this Part Xi		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				70	
1	Total revenue (must equal Part Vitil, column (A), line 12)	_1	3,513		
2	Total expenses (must equal Part IX, column (A), line 25)	_2	2,913		
3	Revenue less expenses. Subtract line 2 from line 1	_3		00	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4	5,602		
5	Net unrealized gains (losses) on investments	5	-155		
6	Donated services and use of facilities	6	- 54	1,00	<u>v.</u>
7	investment expenses	7			
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>v.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		E 001		1.1
	colume (B))	10	5,993	, 00	# •
Pai	rt XIII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII				No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	2a	Number	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	on 9			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	UII A			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		25	X	29529 540
b	Were the organization's financial statements audited by an independent accountant?				07065
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	, LILLIO,			
	consolidated basis, or both:    Separate basis   X   Consolidated basis   Both consolidated and separate basis		100 mm (100 mm) 100 mm (100 mm) 100 mm (100 mm) 100 mm (100 mm)		
		e audit	, e square	24 277	macimae 4
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?	dule O.	1 T-10		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ale Audit		maden inter	es statistica (%)
За			3a	x	
	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		1	
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
	or audits, explain why in achedule O and describe any steps taken to discuss additional additional and all and a series taken to discuss a data.		Form	990 (	2018)

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#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

Open to Public Inspection

Name of the organization

Employer identification number

				JE NORTHERN I				1-1020362
Pε	rt I	Reason for Public (	CharityStatus $\psi$	All organizations must co	mplete thi	s part.) Se	e Instructions.	
The	organi	ization is not a private found	ation because it is: (f	For lines 1 through 12, cl	heck only o	one box.)		
1		A church, convention of ch					YAYi).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
	-							the bosnital's name.
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
_		oity, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
5	ш			lege or university owned	or operate	ed by a go	verm lendt unt deschot	3 <b>4</b> III
		section 170(b)(1)(A)(iv). (C						
6	닞	A federal, state, or local government						
7	X	An organization that norma	-	ntial part of its support fr	om a gove	rnmental (	unit or from the general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe						
9		An agricultural research org	janization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city,	and state of the college	or
		university:						
10	[	An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from o	ontributio	ns, membership fees, an	d gross receipts from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Co		hood openion of the lary in		<b>-</b>	,	
44		An organization organized a	•	welv to toet for nublic sat	latu See 4	section 50	19/a\(4\).	
11	<del></del>	An organization organized a						numases of one or
12	L	more publicly supported or						
								SHOOK THE BOX III
	_	fines 12a through 12d that						ali din a
а	L	Type I. A supporting orga						
		the supported organization			majority o	t the direc	tors or trustees of the st	ipporting
	_	organization. You must o						
b	L	Type II. A supporting org						
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete i	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally						zation(s)
		that is not functionally int						
		requirement (see instructi	_					
_		Check this box if the orga	•	•				•
_	_	functionally integrated, or						
_	Ento	or the number of supported of						
		ride the following information						
		Name of supported	(ii) EN	(iii) Type of organization	(iv) is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization	i 'í	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)
		<u> </u>		above (see instructions)	100		<del></del> .	
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Schedule A (Form 990 or 990-EZ) 2018 WELCOME HOUSE OF NORTHERN KENTUCKY INC 61-1020382 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support						
	ıdar year (or liscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						•
	membership feas received. (Do not				4005700	2024500	10000303
	include any "unusual grants.")	1437128.	1526655.	2225223.	1885788.	∠y3#3yy.	10009393.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				i		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			*****	4000000	2024500	10009393.
4	Total, Add lines 1 through 3	1437128.	1526655.	2225223.	1885788.	2934399·	10003333
5	The portion of total contributions						
	by each person (other than a						1
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					ATLANSFALL DESCRIPTION	10009393.
6	Public support. Subtract line 5 from line 4.						<u> 10009333.</u>
Sec	tion B. Total Support	<del></del>	,	<del></del>		4 1 5040	(f) Total
Cala	ndar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017 1885788.	(e) 2018	(f) Total 10009393.
7	Amounts from line 4	1437128.	1526655.	2225223.	1885/88.	2934393.	<u> 10003333.</u>
8	Gross income from interest,	1					
	dividends, payments received on					į	
	securities loans, rents, royalties,	l			04 00E	88,240.	352,622.
	and income from similar sources	69,641.	54,726.	58,120.	81,895.	00,240.	332,022.
9	Net income from unrelated business				İ		
	activities, whether or not the			İ	1		
	business is regularly carried on			ļ <u>-</u> -		<u> </u>	<del> </del>
10	Other income. Do not include gain			j			
	or loss from the sale of capital			45.545	60.669	CC 700	228,936.
	assets (Explain in Part VI.)		80,849.	12,640.	68,667.	66,780.	10590951.
11	Total support. Add lines 7 through 10						621,601.
12	Gross receipts from related activities	, etc. (see instructi	ońs)			12	021,001
13	First five years. If the Form 990 is fo	r the organization	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3)	_
	organization, check this box and sto ction C. Computation of Publ	p here	roontage				
Se	ction C. Computation of Publ	ic Support Per	cemage	. 1 (0)		14	94.51 %
14	Public support percentage for 2018 (	Jine 6, column (1) a	Noed by line 11, C	colorini (i)		15	94.54 %
15	Public support percentage from 201	7 Schedule A, Part	ili, line 14	n line 19 and line			
168	33 1/3% support test - 2018. If the	organization did n	ot check the box o	mune is, and line	14 B 33 1/370 OF II	iore, officer upa De	»XXIIIII ►XX
	stop here. The organization qualifies	as a publicly supp	orted organization	l	l line 15 in 22 1/20/	or more check f	
ı	33 1/3% support test - 2017. If the	organization did n	ot check a box on	ation	, mae 10 18 00 17070	S. S. HILLEY DIRECT D	<b>▶</b> □
	and stop here. The organization qua	innes as a publicly	supported organiz	ahadi a bay aa lin	a 13 16a ar 16h	and line 14 is 10%	
17	and stop here. The organization que	t - 2018. If the on	ganization did not	check a DUX OITHII	bara Explain in Pa	art VI how the orga	nization
	and if the organization meets the "fa	cts and circumstar	ices" test, check ti	ms DOX and Stop	nere, ∟apiani iii i*t Lorganization	ALC ELLION UNO OTHE	<b>&gt;</b> □
	meets the "facts-and-circumstances"	test, The organiza	TION QUAIMES AS A	publicly supported	13 16a 16h 🗠	17a, and line 15 is	
١	b 10% -facts-and-circumstances tes	t - 2017. If the or	ganization did not	CHECK & DOX OH IIII	atan hara Evalai	n in Part VI how th	1 <del>0</del>
	more, and if the organization meets	the "facts-and-circ	ımstances" test, C	HACK THIS DOX SUICE	atop nere, capial	nization	
	organization meets the "facts-and-cit	cumstances" test.	ine organization (	qualifies as a publi Sa 166 17a or 17	ory supported orga hi chack this have	and see instruction	
<u>18</u>	Private foundation. If the organizati	on ala not check a	Luox on line 13, 16	<u>νας 10μς 17α, ΟΙ 17</u>	erh	edule A (Form 99	iO or 990-EZ) 2018
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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			·	·	,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				1		
	are not an unrelated trade or bus-						
	iness under section 513					<u> </u>	
4	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to				1	]	
	or expended on its behalf					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						<u></u>
	Amounts included on lines 1, 2, and					j i	
	3 received from disqualified persons						
t	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		· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	
	Add lines 7a and 7b						
8	Public support, (Subtract line 7c from line 6.)		Ann. 100 - 1	- Mission a constitution was a re-			
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	10) 2013	(8) 2010	.,,_,		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses				İ		
	acquired after June 30, 1975			ļ			
	Add lines 10a and 10b			<u> </u>		<u></u>	
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					1	
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total cumport, (Add lines 9, 10c, 11, and 12.)			<u> </u>		<u> </u>	<u> </u>
14	First five years. If the Form 990 is to	or the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n <b>501(c)</b> (3) organiza	ation,
	check this box and stop here	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***********		<u></u> ▶∟⊥
Se	ction C. Computation of Publ	ic Support Pe	rcentage	. <u></u> ,		-1 1 · · ·	
	Public support percentage for 2018 (			column (f))		15	<u>%</u>
16	Public support percentage from 201					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 2			line 13, column (f)	)	17	%
19	investment income percentage from	2017 Schedule A	, Part III, line 17			18	%
10	a 33 1/3% support tests - 2018. If the	e organization did	not check the box	on line 14, and fir	ne 15 is more than :	33 1 <i>1</i> 3%, and line 1	7 is not
	more than 33 1/3%, check this box a	ind stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	<b>-</b>
	6.33 1/3% support tests - 2017. If the	e organization did	not check a box o	n line 14 or line 19	ea, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizati	on did not check a	box on line 14. 1	9a, o <u>r 19b, check</u>	this box and see in	structions	<u></u>
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#### 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.
- 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")? ##

  "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 | or Type || 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.)

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	edule A (Form 990 or 990 EZ) 2018 WELCOME HOUSE OF NORTHE IT! V Type III Non-Functionally Integrated 509(a)(3) Supportin			1-1020382 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			art VI ) See instructions All
•	other Type III non-functionally integrated supporting organizations must co			at vi., See lissa actions. A
Sec	tion A - Adjusted Net Income	<u>яприсо о</u>	(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		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		7		
. 8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		<u></u>
C	Fair market value of other non-exempt-use assets	1c		0-100
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		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		6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	· ·	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting organi	ization (see
	instructions).	- <del>-</del>		<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 WELCOME HOUSE Part V Type III Non-Functionally Integrated 509		NTUCKY INC 6	1-1020382 Page 7
Section D - Distributions		(corrector)	Current Year
1 Amounts paid to supported organizations to accomplish ex	empt purposes		
2 Amounts paid to perform activity that directly furthers exem			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	ses of supported organizations		
4 Amounts paid to acquire exempt-use assets	<u>-</u>		
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 organization is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reason-			
able cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
<b>b</b> From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount	2000		
Carryover from 2013 not applied (see instructions)			(2012)
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D,	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
line 7: \$		2-1000-1219-121-231-231-231-231-231-231-231-231-231	
Applied to underdistributions of prior years		alan nganan an angang ang manang ang manang ang manang ang manang ang ang ang ang ang ang ang ang an	V7-2 8 (47) (7) (7) (7)
b Applied to 2018 distributable amount			THE DESIGNATION OF THE PERSON
c Remainder, Subtract lines 4a and 4b from 4.	Fig. 5 and the control of the contro		
5 Remaining underdistributions for years prior to 2018, if			See See See See See See See See See See
any. Subtract lines 3g and 4a from line 2. For result greater			And the state of t
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			=
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.	B. Yelin k. Laylerige. Vyayyy direbida, kista ya kwa ka		
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015		726356632265275575647821225478 7545686675645656668	
c Excess from 2016	i de samende met samen de la de la desimila de la desimila de la desimila de la desimila de la desimila de la dela dela della		
d Excess from 2017			
e Excess from 2018	he comment of the second of th		

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	Form 990 or 990	EZ) 2018	WELC	OME E	<u>IOUSE</u>	OF	NOR,	LHEKV	KE	NTUCI	CA TIM	<u> </u>	) T – T O	<u> 20304</u>	Page 8
<b>Earty</b>	Supplementa Part IV, Section / line 1; Part IV, Se Section D. lines	ai Infori A, lines 1, ection D, 5, 6, and	<b>mation.</b> , 2, 3b, 3c	Provide , 4b, 4c,	the expla 5a, 6, 9a,	anations , 9b, 9c	s requir , 11a, 1	ed by Pa 15, and	rt II, line 11c; Pai	: 10; Pa: rt IV, Se th: Part '	ction B, li V line 1: I	7a or i7 nes1an PartV.S	b; Part III d 2; Part ection B, informati	, line 12; IV, Sectio fine 1e; P on.	n C, art V,
	(See Instructions	<u>.)                                      </u>					_								
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## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **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

2018

Name of the organization

Employer identification number

W	ELCOME HOUSE OF NORTHERN KENTUCKY INC	61-1020382						
Organization type (check	ona):							
Filers of:	Section:							
Form 990 or 990-EZ								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF 501(c)(3) exempt private foundation								
4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation							
, ,	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.						
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	• •						
Special Rules								
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, coor, during the year, total contributions of the greater of {1} \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from						
year, total contrib	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 cruelity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),							
year, contribution is checked, enter purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious in mplete any of the parts unless the General Rule applies to this organization because it refer to contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>						
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo t Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo							

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Employer identification number

WELCOME	HOUSE	OF	NORTHERN	KENTUCKY	INC

61-1020382

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF GREATER CINCINNATI  2400 READING RD  CINCINNATI, OH 45202	\$ <u>126,600.</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
2	TRANSITIONS  1650 RUSSELL STREET  COVINGTON, KY 41011	\$ <u>174,561.</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
3	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  451 7TH STREET S.W.  WASHINGTON, DC 20410	\$512,301.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	KENTUCKY HOUSING CORPORATION  1231 LOUISVILLE RD  FRANKFORT, KY 40601	\$314,036.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COMMONWEALTH OF KENTUCKY  229 WEST MAIN STREET, SUITE 400  FRANKFORT, KY 40601	\$517,754.	Person X Payroli  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6.	BOONE COUNTY FISCAL COURT  2950 WASHINGTON STREET  BURLINGTON, KY 41005	\$ 123,093.	Person X Payroll

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Employer identification number

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61-1020382

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KENTON COUNTY FISCAL COURT  303 COURT STREET, # 205  COVINGTON, KY 41011	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HENRY FISCHER  1868 RIVER HEIGHTS LANE  VILLA HILLS, KY 41017	\$\$\$	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	WH MAINSTRASSE I  2170 GILBERT AVENUE  CINCINNATI, OH 45206	\$ 120,447.	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	IMPACT 100, INC.  4010 EXECUTIVE PARK DRIVE, SUITE 100  CINCINNATI, OH 45241	- - \$\$88,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ANTHEM  3075 VANDERAR WAY  CINCINNATI, OH 45209	* 83,000.	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
Mos		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

## WELCOME HOUSE OF NORTHERN KENTUCKY INC

61-1020382

Part II	Noncash Property (see instructions). Use duplicate copies of Part	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
		     \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(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
<u> </u>		\$	
(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
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trt III Excl	OUSE OF NORTHERN KEN usively religious, charitable, etc., contribution one contribution. Complete columns (a) letting Part III, enter the total of exclusively religious, duplicate copies of Part III if additional	ons to organizations described in sect through (e) and the following line entry, paritable, etc., contributions of \$1,000 or les	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. (Siter this info. once.) \$\infty\$\$ \$
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
) No. rom Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part [	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee

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#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

Attach to Form 990.

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

OMB No. 1545-0047 18 Open to Public Inspection

Department of the Tressury Internal Revenue Service Name of the organization

Employer identification number

	WELCOME HOUSE OF NORTHERN KENTUCKY INC		61-1020382
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccour	ILS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	m > =	
	(a) Donor advised funds	(b) Fur	ds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	nring	
	impermissible private benefit?		Yes No
Par		v, line /	
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat Preservation of a certified	historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conserva F	Ition easement on the last
	day of the tax year.	<u>ÇEN</u>	Held at the End of the Tax Year
а	Total number of conservation easements		· · · · · · · · · · · · · · · · · · ·
b	Total acreage restricted by conservation easements		
¢	Number of conservation easements on a certified historic structure included in (a)	. <u>2c</u>	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	. ا	
	listed in the National Register	_2d	during the toy
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ınızauor	ouning the tax
	year >		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		Ves No
	violations, and enforcement of the conservation easements it holds?	tion age	ements during the year
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	UO11 G03	Gilettis dailing the your
	The state of the s	aseames	ots during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	basciilo	to daining and your
	► \$ 170/h/di	(RVI)	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)		Yes No
	and section 170(n)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense state.	ement. 2	and balance sheet, and
9	In Part XIII, describe how the organization reports conservation easients in its revenue and expense state include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	rnaniza	tion's accounting for
		A GLANCE	
Da	conservation easements.  **Till Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
_	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and bal	ance sheet works of art,
18	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	•	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance	e sheet works of art, historical
O	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service,	provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	>	\$ <u></u> _
	(ii) Assets included in Form 990, Part X		\$
а	If the organization received or held works of art, historical treasures, or other similar assets for financial gain		
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
_	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b>	\$
a	Assets included in Form 990, Part X		
	Assets included in Form 990, Part X		Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018

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	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that are	a signif	icant L	ise of its c	ollection it	ems
	(check all that apply):		F1.						
а	Public exhibition	d		hange programs					
þ	Scholarly research	e	Other						
C	Preservation for future generations								
	Provide a description of the organization's co						se in Part	XIII.	
	During the year, did the organization solicit o						r-	٦	
	to be sold to raise funds rather than to be ma							Yes	No
Par	Escrow and Custodial Arran	- '	te if the organizatio	n answered "Yes	on Fo	rm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	rww.							
	ls the organization an agent, trustee, custodi						Г <del>ъ</del>	٦.,	<b>—</b> ъ.
	on Form 990, Part X?				• • • • • • • • • • • • • • • • • • • •		∟≙	Yes	Ll No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:						
								Amount	
c	Beginning balance				• • • • • • • • • • • • • • • • • • • •	10			
	Additions during the year					1d		,	
e	Distributions during the year		***************************************			te			
f	Ending balance				******	1f		<del>-</del>	
	Did the organization include an amount on Fe						L <u>X</u>	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.								
Par	Endowment Funds. Complete			1					
		(a) Current year	(b) Prior year	(c) Two years ba	, , , ,		years back		
1a	Beginning of year balance	2,569,074.	2,512,702.	2,478,6	73.	2,8	365,802.	2,9	79,670.
	Contributions		7,102.						
¢	Net investment earnings, gains, and losses	-1,861.	389,639.	192,9	91.		14,019.	2	43,063.
đ	Grants or scholarships								
e	Other expenditures for facilities								
	and programs	160,000.	321,592.	140,5	92.	- 3	352,000.		35,310.
f	Administrative expenses	18,946.	18,777.	18,3	70.		21,110.		21,621,
g	End of year balance	2,388,267.	2,569,074.	2,512,7	02.	2,4	178,673.	2,8	65,802.
	Provide the estimated percentage of the cun	rent year end balance	(line 1g, column (a)	) held as:					
a	Board designated or quasi-endowment	99.29	_%						
ь	Permanent endowment > .71	_%							
	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.			•				
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	d administered t	or the o	rganiz	ation	_	
	by:							Υ	es No
	(i) unrelated organizations						**********	3a(i)	X
	(ii) related organizations							3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza							3ь	
	Describe in Part XIII the intended uses of the			***************************************				•	
Раг	tVI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	ırt X, line	10.			
	Description of property	(a) Cost or ot			(c) Accu		ed	(d) Book	value
		basis (investm	ent) basis	(other)	depre	ciation	1		
1a	Land		3	6,000.					,000.
	Buildings		2,35	5,461.	92	0,5	42.	1,434	,919.
	Leasehold improvements			1					
	Equipment		14	8,826.	8	4,2	28.	64	,598.
	Other			7,672.		7,5			,120.
	Add lines 1a through 1e. (Column (d) must e						<b>&gt;</b>	1,545	<u>,637.</u>

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Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 WELCOME HOUSE OF NORTHER	N KENTUCK			020382	Page 4
Pa	Reconcillation of Revenue per Audited Financial State	19a 19a	steriuc per nec			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	124.		1	3,365,	559.
1	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:			7.30¥		
2	No. 1 To the control of the control	2a	-155,979.			
а						
b	The standard control of the st					
G						
d	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			2e	<b>-155</b>	
e	Subtract line 2e from line 1			3	3,521	<u>,538.</u>
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		,,			
4	12 July 1 - James 200 Doyt VIII ling 7h	4a	20,457.			
a	and the state of t	4b	-28,273.			
þ	•			4c	-7	<u>,816.</u>
C	mark and the property of the control			5	3,513	,722.
5 Pa	rt XII   Reconciliation of Expenses per Audited Financial Stat	ements With E	xpenses per P	eturr	١.	
17 (L) TO	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a,				<del></del>
1	Total expenses and losses per audited financial statements	**********		1	2,975	,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•			
a	m	2a	54,000.			
b	man and the state of the state					
	Att and a second					
r. C	The state of the s					
d	A LONG TO A MINISTER AND			2e		<u>,000.</u>
e	Subtract line 2e from line 1			3	2,921	<u>,537.</u>
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•••			
4	to the second of	48	20,457.			
8	and the state of t		-28,273.			
b	Add lines 4a and 4b			4c	-7	,816.
-	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.	1		5	2,913	,721.
Pe	rr⊠III Supplemental Information.					
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X	K, Jine 2; Part 7	Χŧ,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional informa	ation.			
			<del> </del>		<del>- ,</del>	
PA	RT IV, LINE 1B:			· <u>-</u>		
TH	E ORGANIZATION IS AUTHORIZED BY THE SOCI	AL SECURI	TY ADMINIS	TRA	TION TO	
CE	RVE AS A REPRESENTATIVE PAYRE FOR ELIGIB	LE PARTIC	IPANTS. T	HE_		. <u></u>
				amn	TOBER 0	n Cu
<u>OR</u>	GANIZATION IS THE CUSTODIAN FOR THE PART	TCIPANTS	FUNDS, RE	STR	ICTED C	non
AN	D FUNDS HELD FOR OTHERS CONSIST OF ACCOU	NTS HELD	BY THE ORG	ANI	ZATION	<del></del> .
IIN	DER THE REPRESENTATIVE PAYEE PROGRAM AS	WELL AS T	ENANT SECU	RIT	Y DEPOS	ITS
	<del>-</del>					
AN	D REPLACEMENT RESERVE ACCOUNTS FROM THE	KING D CIV	ODDING INC			
<u>P#</u>	ART V, LINE 4:				<u>.</u>	
IN	ORDER TO ALLOW THE INVESTMENT MANAGER (S	) TO OBTA	IN THE MOS	T C	OMPETIT	IVE
TC	OTAL RATE OF RETURN (DIVIDENDS, INTEREST	AND CAPIT	AL APPRECI	ITA	ON), TH	E
BC	DARD HEREBY ADOPTS AN ANNUAL WITHDRAWAL I	OHICI IN	THE TRUMPINE	Sche	dule D (Form	990) 2018
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Schedule D (Form 990) 2018 WELCOME HOUSE OF NORTHERN KENTUCKY INC 61-1020382 Page 5 Part XIII   Supplemental Information (continued)
PURPOSE OF THE FUND. SPECIFICALLY, THE BOARD RECOGNIZES AND CONCLUDES
THAT UNDER CURRENT MARKET STRUCTURES, IT IS PRUDENT TO PERMIT THE FUND TO
GROW THROUGH APPRECIATION OF ITS ASSETS RATHER THAN INVESTING IN ASSETS
THAT PRODUCE INCOME ONLY. TO PROVIDE INCOME TO THE AGENCY, THE BOARD
ADOPTS THE FOLLOWING FORMULA:
THE RATE OF WITHDRAWAL WILL BE BASED ON AVERAGE MARKET VALUE GIVING DUE
CONSIDERATION TO THE INTEGRITY OF THE FUND AND THE FUND'S INTENDED
OBJECTIVES. THE ENDOWMENT WILL PROVIDE INCOME ANNUALLY UP TO 5% OF THE
AVERAGE MARKET VALUE FOR THE PREVIOUS THREE YEARS. FOR VALUATION
PURPOSES, THE BOARD WILL CONSIDER A 3 YEAR AVERAGE OF THE JUNE 30 MARKET
VALUES. THE 3 YEAR AVERAGE IS INTENDED TO SMOOTH DISTRIBUTIONS TO THE
AGENCY THROUGH VARIOUS MARKET CYCLES. THE BOARD WILL ADVISE THE
MANAGER(S) EACH AUGUST AS TO THE REQUIRED ANNUAL PAYMENT FOR THE FOLLOWING
FISCAL YEAR. (THIS 3 YEAR SMOOTHING WILL BE PHASED IN DURING THE INITIAL
3 YEAR HISTORY OF THE FUND.)
PART XI, LINE 4B - OTHER ADJUSTMENTS: -28,273.
FUNDRAISING EXPENSES -28,2/3.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES -28,273.
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#### SCHEDULE G

(Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	l		•	10 F0FM 990 100 for inch				act informati		Inspection
Name of the organization		to www.irs.	govroms	990 101 1115111	ucuons	s and	uie iau	est informati		entification number
THE TO STATE	WELCOME	HOUSE	OF NO	RTHERN	KEN	TUU	CKY :	INC	61-1020	
Part   Fundrais									ine 17. Form 990-E	
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	complete this part	•	are ergerin	Lucioir anomo				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1 Indicate whether th	e organization rais	ed funds thro	ough any o	f the followin	g activ	ities.	Check a	ill that apply.		<b></b>
a Mail solicitat	-		e					ent grants		
<b>b</b> Internet and	l email solicitations		f [	Solicitat	tion of	gover	nment (	grants		
c Phone solici	itations		gl	Special	fundra	ising -	events			
d In-person so	dicitations									
2 a Did the organization									tees, or	
	ted in Form 990, Pa								Ye	
b If "Yes," list the 10				aisers) pursua	ant to a	agree	ments u	nder which th	ne fundraiser is to b	е
compensated at le	east \$5,000 by the	organization.								
(i) Name and addres			(II) Activity	,	(iii) funda have cu or con	Did aiser ustody		oss receipts	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fund	iraiser)		• ,		or cont contribu	irol of Miona?	Tros	n activity	listed in col. (i)	organization
	<b></b>				Yes	No				
							1			
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" "						ľ				
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	·····					<u> </u>				
3 List all states in wh	ich the organizatio	n is registere	d or license	ed to solicit o	ontribu	utions	or has	been notified	it is exempt from re	gistration
or licensing.										
								•		
-										

Schedule G (Form 990 or 990-EZ) 2018

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

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Pai	rt I	le G (Form 990 or 990-EZ) 2018 WELCO Fundraising Events. Complete	if the organization answered	"Yes" on Form 990, Part	IV, line 18, or reported r	1020382 Page 2 more than \$15,000
		of fundraising event contributions and	d gross income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipts (c) Other events	
			(a) Event #1	(b) Event #2	NONE	(d) Total events
			SUMMER	WHO SHOWER	MONE	(add col. (a) through
- 1				WHO SHOWER (event type)	(total number)	col. (c))
a,			(event type)	(everit type)	(total nomber)	<u></u>
Revenue			60 000	6,795.		75,875.
Š	1	Gross receipts	69,080.	0,1331		70,0101
٦			12 050	1,575.		44,534.
-	2	Less: Contributions	42,959.	1,575.		
			26,121.	5,220.		31,341.
$\dashv$	3	Gross income (line 1 minus line 2)	40,141.	3,2201		
					•	
	4	Cash prizes	···· <del></del>			
			3,395.			3,395.
اي	5	Noncash prizes				
Se	_	Dais Kasilika aasta	3,184.	5,123.		8,307.
Direct Expenses	6	Rent/facility costs	3,201			
Ĥ	-	Food and beverages	10,873.			10,873.
<u>@</u>	'	Food and baverages				
의	8	Entertainment	300.			300.
	٥	Other direct expenses	4 257			1,838.
	10	4 1 4 10			<b>&gt;</b>	24,713.
	11	A 1 1 1 40 C	orn line 3. column (d)			6,628.
Pa		HI Garning. Complete if the organiza	tion answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
12.0023	. 13.770	\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ã			(a) Engo	hingo/progressive bingo		col. (a) through col. (c))
Revenue					44 700	
Œ					18,590.	ነ ላለ ሮለለ
	1	Gross revenue			10,3200	18,590.
	1	Gross revenue				
	1	Gross revenue			3,560.	
ses	1					
benses	1	Cash prizes				
t Expenses	1	Cash prizes				
je je	2 3	Cash prizes  Noncash prizes				
	2 3	Cash prizes  Noncash prizes				
je C	2 3	Cash prizes  Noncash prizes  Rent/facility costs			3,560.	3,560.
ja L	3	Cash prizes  Noncash prizes  Rent/facility costs		I — — —	3,560.	3,560.
je C	3	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		Yes%	3,560.	3,560.
ja L	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%	No	3,560.	3,560.
je C	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%	`  <u> </u>	3,560.	3,560.
je je	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th	Yes% No_ rough 5 in column (d)	No	3,560.  Yes%  No	3,560.
je je	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th	Yes% No_ rough 5 in column (d)	No	3,560.  Yes%  No	3,560.
je je	3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th	Yes%  No  rough 5 in column (d)  line 7 from line 1, column (d)	No	3,560.  Yes%  No	3,560.
Direct	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th  Net gaming income summary. Subtract	Yes%  No  rough 5 in column (d)  line 7 from line 1, column (d)  conducts gaming activities:	No No	3,560.  Yes%  X No	3,560. 3,560. 15,030.
Direct	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th  Net gaming income summary, Subtract  inter the state(s) in which the organization of the organization licensed to conduct gam	Yes%  No  rough 5 in column (d)  line 7 from line 1, column (d)  conducts gaming activities: 1 ing activities in each of these	No No	3,560.  Yes%  X No	3,560. 3,560. 15,030.
Direct	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th  Net gaming income summary. Subtract	Yes%  No  rough 5 in column (d)  line 7 from line 1, column (d)  conducts gaming activities: 1 ing activities in each of these	No No	3,560.  Yes%  X No	3,560. 3,560. 15,030.
Direct	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th  Net gaming income summary, Subtract  inter the state(s) in which the organization of the organization licensed to conduct gam	Yes%  No  rough 5 in column (d)  line 7 from line 1, column (d)  conducts gaming activities: 1 ing activities in each of these	No No	3,560.  Yes%  X No	3,560. 3,560. 15,030.
a s	2 3 4 5 6 7 8 1 ls	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th  Net gaming income summary. Subtract inter the state(s) in which the organization of the organization licensed to conduct game "No," explain:	Yes%  No  rough 5 in column (d)  line 7 from line 1, column (d)  conducts gaming activities: I  ing activities in each of these	No  KY states?	3,560.  Yes%  No	3,560.  3,560.  3,560.  15,030.
9 % k	2 3 4 5 6 7 8 En s s s s s s s s s s s s s s s s s s	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th  Net gaming income summary. Subtract  Inter the state(s) in which the organization of the organization licensed to conduct game  *No," explain:	Yes%  No  rough 5 in column (d)  line 7 from line 1, column (d)  conducts gaming activities: 1  ing activities in each of these  ses revoked, suspended, or these	No  KY states?  erminated during the tax	3,560.  Yes%  No	3,560.  3,560.  3,560.  15,030.
9 % k	2 3 4 5 6 7 8 En s s s s s s s s s s s s s s s s s s	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 th  Net gaming income summary. Subtract inter the state(s) in which the organization of the organization licensed to conduct game "No," explain:	Yes%  No  rough 5 in column (d)  line 7 from line 1, column (d)  conducts gaming activities: 1  ing activities in each of these  ses revoked, suspended, or these	No  KY states?  erminated during the tax	3,560.  Yes%  No	3,560.  3,560.  15,030.  X Yes No

Schedule G (Form 990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ) 2018 WELCOME HOUSE OF NORTHERN KENTUCKY INC 61-1020382 Page 3  X Yes No
Schedule G (Form 990 or 990-EZ) 2018 WELLCOME MODDLE OF RESEARCH STATE OF RESEARCH STATE OF S
11 Does the organization conduct gaining activities with home some some some some some some some s
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a particular visit of a member of a member of a particular visit of a member of a particular visit of a member of a particular visit of a member of a particular
49. Indicate the percentage of gaming activity conducted in:
The executivation's facility
b An outside facility  14 Enter the name and address of the person who prepares the organization's garning/special events books and records:
Name DANIELLE AMRINE
Address ► 205 WEST PIKE ST - COVINGTON, KY 41011
Address 203 NDO2 2 2
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount
of gaming revenue retained by the third party >\$
c If "Yes," enter name and address of the third party:
Name >
Address >
and the second s
16 Gaming manager information:
Name DANIELLE AMRINE
Garning manager compensation   **
Description of services provided DANIELLE AMRINE IS AN OFFICER OF WELCOME HOUSE AND IS  WHEN POLE AS CAMING MANAGER IS PURELY
THE PROPERTY OF A PROPERTY OF THE PROPERTY OF
IN A VOLUNTEER CAPACITY AND SHE DOES NOT RECEIVE ANY ADDITIONAL
X Director/officer Employee Independent contractor
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
· · · · · · · · · · · · · · · · · · ·
Dort W. Supplemental Information. Provide the explanations required by Part I, line 2D, columns (iii) and (ii), and the start in the st
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:
DANIELLE AMRINE IS AN OFFICER OF WELCOME HOUSE AND IS
COMPENSATED AS SUCH. HOWEVER, HER ROLE AS GAMING MANAGER IS PURELY
IN A VOLUNTEER CAPACITY AND SHE DOES NOT RECEIVE ANY ADDITIONAL
COMPENSATION AS RESULT OF THE GAMING ACTIVITIES.
COMPRNSATION NO VERGIT OF THE COMPRNSATION OF THE COMPRNSATION NO VERGIT OF THE COMPRNSATION OF THE COMPRN
Schedule G (Form 990 or 990-EZ) 2018
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Schedule (	3 (Form 990 or 990 EZ) Supplemental Infor	mation (continu	ned)						
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SCHEDULE (Form 990)

Department of the Treasury internal Revenue Service

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

OMB No. 1545-0047

Co to www.lrs.gov/Form990 for the latest information. ▼ Attach to Form 990.

Open to Public 2018

Inspection

ž Employer identification number 61-1020382 (h) Purpose of grant or assistance PASS THROUGH GRANT PASS THROUGH GRANT X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ó (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 22,080 WELCOME HOUSE OF NORTHERN KENTUCKY INC 298,439 (c) IRC section (if applicable) 61-0707125 |SD1(C)(3) 61-1107296 501(C)(3) General Information on Grants and Assistance (<u>a</u>) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government **KY 40588** Name of the organization BELLEVUE, KY 41073 700 PAIRFIELD AVE TRANSITIONS, INC. HOPE CENTER, INC. LEXINGTON, PO BOX 6 Part

S S

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

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

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

Schedule | (Form 990) (2018)

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Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. WELCOME HOUSE OF NORTHERN KENTUCKY INC Schedule I (Form 990) (2018)

Page 2

61-1020382

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) 0 ö Ö (d) Amount of non-cash assistance ٥, ó 7,054. 73,556. 2,915, 9,113, 134,427 (c) Amount of cash grant (b) Number of recipients 75 1316 21621 102 (a) Type of grant or assistance IDENTIFICATION & LEGAL DOCUMENTS MEDICAL ASSISTANCE RENTAL ASSISTANCE TRANSPORTATION UTILITES

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

LINE 2: PART I, QUALIFIED TO PRE-SELECTED, THE ORGANIZATION PROVIDES PASS THROUGH GRANTS

501(C)(3) PUBLIC CHARITIES.

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Schedule I (Form 990) (2018)

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61-102038
edule   (Form 990) WELCOME HOUSE OF NORTHERN KENTUCKY INC

Page 2

(a) Type of grant or assistance to individuals in the United States (Schedule   (Form 990), Part III.)  (b) Number of (c) Amount of (d) Amount of non-	(b) Number of	(c) Amount of	(d) Amount of non-		(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	valuation (book, FMV, appraisal, other)	
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## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization WELCOME HOUSE OF NORTHERN KENTUCKY INC Employer identification number 61-1020382

Par	Types of Property		11-5	. <del> </del>	(0)		(d)		
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash amounts	(c) contribution reported on Part VIII, line 1g		od of determining contribution am		
1	Art - Works of art					<u>_</u>			
2	Art - Historical treasures						· · · · · · · · · · · · · · · · · · ·		
_	Art - Fractional interests								
	Books and publications							_	
5	Clothing and household goods				· · · · · · · · · · · · · · · · · · ·				
6	Cars and other vehicles							_	
	Boats and planes				<u>.</u> .				
8	Intellectual property				·····	<u> </u>	. <u> </u>		
_	Securities - Publicly traded				·	L			
10	Securities - Closely held stock				<u></u> ,	<u> </u>	<u> </u>		
11	Securities - Partnership, LLC, or								
	trust interests		<u></u>						
12	Securities - Miscellaneous					<u> </u>		_	
13	Qualified conservation contribution -					1			
	Historic structures				·	<u> </u>			
14	Qualified conservation contribution - Other				· <del></del>				
15	Real estate · Residential		<u></u>		<u></u>	ļ	·· <u>··</u> ··		
16	Real estate · Commercial		<u> </u>		<del></del>		· <del></del>		
17	Real estate - Other				<u></u>				
18	Collectibles				04.04.6	D D D T T	773 7 7713		
19	Food inventory	X	204		24,216.	RETAIL	VALUE		
20	Drugs and medical supplies								
21	Taxidermy					<del> </del>			<u>-</u>
22	Historical artifacts			-			<u>.</u>		<del></del>
23	Scientific specimens					<u> </u>			
24	Archeological artifacts				70 416	DEMATE	378 T TTE		<del></del>
25	Other (MISCELLANEOUS)	X	428	<u> </u>	72,416.	RETAIL	VALUE		<u>-</u>
26	Other			<u> </u>	· <u>·</u> ·	<del> </del>			<del></del>
27	Other ()		<u> </u>	<u> </u>	·	<del> </del>			
28	Other ()	<u></u>	<u> </u>	_l	<del></del>	<u> </u>			
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement			<del></del> -	Yes	No
							LEVILLE DE	165	INO.
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Par	nt I, lines 1 throu	g⊓ ∠8, matri.			
	must hold for at least three years from the dat		al contribution, an	d which isn't	required to be t	ised for	30a		X
	exempt purposes for the entire holding period						30a	TVILLE Y	- A September 1
b	If "Yes," describe the arrangement in Part II.			_		. t O			
31	Does the organization have a gift acceptance	policy that i	requires the review	of any nons	tandard contribi	itionar	31		
32a	Does the organization hire or use third parties	or related o	organizations to so	licit, process	, or sell noncash	i	32a		х
	contributions?				*********		7.000 Y		NACTURE CONTRACTOR
	If "Yes," describe in Part II. If the organization didn't report an amount in o	column (c) f	or a type of proper	ty for which a	column (a) is che	scked,	2004 E 2017		
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	describe in Part II.						hedule M (Fori	~ 000	1 2018

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

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Schedule M	(Form 990) 2018	WELCOME	HOUSE	OF	NORTHERN	KENTUCKY	INC	61-1020382	Page 2
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Schedule M (Form 990) 2018

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## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WELCOME HOUSE OF NORTHERN KENTUCKY INC

Employer identification number 61-1020382

MADCONE ROODE OF WORKER
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR EACH PERSON WE SERVE.
FORM 990, PART VI, SECTION B, LINE 11B:
A THIRD PARTY CPA FIRM PREPARES AND REVIEWS THE RETURN BEFORE FORWARDING TO
THE FINANCE/AUDIT COMMITTEE FOR FURTHER REVIEW AND APPROVAL. THE ENTIRE
BOARD RECEIVES A COPY OF THE 990 PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS SIGN THE DISCLOSURE FORMS DOCUMENTING ANY CONFLICT OF
INTEREST AS STATED ON THE DISCLOSURE FORM. THIS IS UPDATED ANNUALLY AND
SIGNED FORMS ARE KEPT ON FILE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR HAS AN ANNUAL PERFORMANCE EVALUATION. BOARD AND
MANAGEMENT STAFF COMPLETES EVALUATIONS FORMS. THE INPUT IS GIVEN DIRECTLY
TO THE BOARD CHAIR WHO COMPILES THE INFORMATION AND THEN SHARES WITH THE
EXECUTIVE COMMITTEE AND THE BOARD. THE EXECUTIVE COMMITTEE RESEARCHED
COMPENSATION COMPARISON TO THE MARKET (UNITED WAY WAGE AND SALARY
COMPENSATION REPORT). THE EXECUTIVE COMMITTEE MAKES RECOMMENDATIONS TO THE
BOARD FOR ANY CHANGE IN COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990 or 990-EZ) (2018)

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 980, Part IV, line 33, 34, 35b, 36, or 37.

■ Attach to Form 990.

2018

OMB No. 1545-0047

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

Open to Public Inspection

Direct controlling

Employer identification number 61-1020382 End-of-year assets 53,963, <u>@</u> 62,547. Total income Ē Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) KENTUCKY WELCOME HOUSE OF NORTHERN KENTUCKY INC SUPPORT WELCOME HOUSE OF Primary activity NORTHERN KENTUCKY Ð WELCOME HOUSE PROPERTIES-KINGS CROSSING LLC Name, address, and EIN (if applicable) of disregarded entity COVINGTON, KY 41011 Name of the organization Department of the Treasury Internal Revenue Service 205 PIKE ST 1

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part

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Maine, address, and his		foreign country)	section	status (if section		Putity?	<b>-</b>
or related organization		(famous infinite)		501(a)(3))		Yes	Š
WELCOME HOUSTING CORPORATION - 61-1249853					WELCOME HOUSE OF		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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Page 2 61-1020382

Schedule R (Form 990) 2018 WELCOME HOUSE OF NORTHERN KENTUCKY INC

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

General or Percentage managing ownership ₽ 100. 51,00% E Yes No М × Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/AN/A ε Disproportionate Yes No alocations? M Ξ 4,727, 514,017 (g) Share of end-of-year assets 12,273. -145. Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē RELATED RELATED (d)
Direct controlling
entity PROPERTIES-MAIN KENTUCKY, INC. VELCOME HOUSE MELCOME HOUSE OF NORTHERN STRASSE LLC (C)
Legal
country) Z ĸ Primary activity OW INCOME LOW INCOME Ð HOUSING HOUSING MAINSTRASSE HOLDINGS, LLC Name, address, and EIN of related organization WH MAINSTRASSE I, LLLP -47-2861102, 205 PIKE ST. 47-4283241, 205 PIKE ST, COVINGTON, KY 41011 COVINGTON, KY 41011 Ē

Destrict Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related part IV.	le as a Corporation or Trust. (	Complete if the	ne organizatíon answ	rered "Yes" on For	n 990, Part IV, line	34, because it ha	d one or mor	e relate	ا <del>۾</del>
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Name, address, and EIN	Primary activity	Legel domiolie (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	£ 28 €
or related organization		foreign country)	•	or trust)		assets		Yes	£
WELCOME HOUSE PROPERTIES-MAINSTRASSE LLC -									
47-4257833, 205 PIKE ST, COVINCTON, KY	SUPPORT WELCOME HOUSE			\$	G .	198 523	100\$	×	
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Schedule R (Form 990) 2018

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

find the summarity is listed in Darts II III or IV of this schedule.	i			L CO	
Note: Complete line I if any entity is library in the case of the	elen enom no eno diina a	and the state of t	>arts IHV?		
1 During the tax year, did the organization engage in any or the rollowing transactions of		0		1a X	
<ul> <li>Receipt of (i) interest, (ii) annuities, (iii) royaltles, or (iv) rent from a controlled entity</li> </ul>	£			¥	
b city, grant, or capital contribution to reacted organization			***************************************		
c Gift, grant, or capital contribution from related organization(8)	***************************************			1d X	
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f Dividends from related organization(s)				1g X	
g Sale of assets to related organization(s)	***************************************		***************************************	¥	
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j Lease of facilities, equipment, or other assers to related organization (9)					
				×	
k Lease of facilities, equipment, or other assets from related organization(s)				٦ ۲	
Performance of services or membership or fundraising solicitations for related organization(s)	jariizauorii(a)			Tm.	
<ul> <li>Performance of services or membership or fundralsing solicitations by related organization(s)</li> </ul>	anization(s)			, In	
n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ıtion(s)		· · · · · · · · · · · · · · · · · · ·	, ot	
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q Reimbursement paid by related organization(s) for experises					
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s Other transfer of cash or property from related organization(s)		er bereven neibuloni odi at	relationships and transaction thresholds.		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete unis line, more and	who must conipiete u	S III C III			
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Name of related organization	Transaction	Amount involved	Method of determining annual Method of determining	5	
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Schedule R (Form 990) 2018 WELCOME HOUSE OF NORTHERN KENTUCKY INC

Part.VII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

that was not a related organization. See instructions regarding exclusion for certain investment participations in the sections of entity  that was not a related organization. See instructions regarding (b)  (b)  (c)  (d)  (d)  (related, investment income (related, investment income (related, investment income (related, investment investment participation)  (d)  (explicitly excluded from tax under the country)  (state or foreign excluded from tax under the country)
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Schedule R (Form 990) 2018 Part VII   Supplemental Info	rmation.						
Provide additional inform	nation for response	es to questions or	Schedule R. See	instructions.	<del> </del>	<u> </u>	
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