NDF080322MV04

NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: MOLO Village CDC/MOLO Festive Applicant Requested Amount: 4999.00 Appropriation Request Amount: 4999.00	al
Executive Summary of Request	
This request if for the 11th annual MOLO Festival. The e new activities added to showcase black/brown entrepren youth will enjoy cultural activities through live music and The event will be held on July 9, 2022.	neurs and local black/brown artists. Children and
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)	 Yes ■ No Yes ■ No Yes ■ No
I have reviewed the attached Neighborhood Developmer within Metro Council guidelines and request approval or organization's statement of public purpose to be furthere purpose is legitimate. I have also completed the discloss	f funding in the following amount(s). I have read the ed by the funds requested and I agree that the public
District # Primary Sponsor Signature	4999.00 7/14/22 Amount Date
Primary Sponsor Disclosure List below any personal or business relationship you, yo organization, its volunteers, its employees or members of	
Approved by:	
Appropriations Committee Chairman Final Appropriations Amount:	Date

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Applicant/Program:			
MOLO Village CDC/MOLO Festival			
Additional Disclosure and Signatures			
Additional Council Office D List below any personal or busin organization, its volunteers, its en	isclosure ess relationship you, your family or your legislative assist mployees or members of its board of directors.	ant have with this	
Council Member Signature a	and Amount		
District 1	\$		
District 2	\$		
District 3	\$		
District 4	\$		
District 5	<u> </u>		
District 6	<u> </u>		
District 7	\$		
District 8	\$		
District 9	\$		
District 10	\$		

District 11 ______\$____

District 12 ______ \$_____

District 13 ______ \$_____

District 14 ______ \$_____

District 15 ______ \$_____

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MOLO Village CDC/MOLO Festival		
Additional Council Office Discl	tional Disclosure and Signosure	
List below any personal or business to organization, its volunteers, its employers	relationship you, your family or yo oyees or members of its board of o	our legislative assistant have with this lirectors.
District 16		
District 16		
District 17	\$	
District 18	\$	
District 19	\$	
District 20		
District 21		
District 22	\$\$	
District 23	\$	·····
District 24	\$	
District 25	\$	
District 26		
Page Prage Page Pa	· · · · · · · · · · · · · · · · · · ·	

Applicant/Program:

Legal Name of Applicant Organization MOLO Village CDC Co Program Name and Request Amount MOLO Festival/ 4,999.00 Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Yes▼ Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes▼ Is the proposed public purpose of the program viable and well-documented? Yes▼ Will all of the funding go to programs specific to Louisville/Jefferson County? Yes≝ Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? N/A Yes▼ Has prior Metro Funds committed/granted been disclosed? Is the application properly signed and dated by authorized signatory? Yes▼ Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? Yes▼ If Metro funding is for a separate taxing district is the funding appropriated for a program outside the N/A.▼ legal responsibility of that taxing district? Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? Yes▼ ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Is the entity's board member list (with term length/term limits) included? Yes▼ Is recommended funding less than 33% of total agency operating budget? Yes⊡ Does the application budget reflect only the revenue and expenses of the project/program? Yes▼ Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? Yes▼ Is the most recent annual audit (if required by organization) included? YAS Yes Is a copy of Signed Lease (if rent costs are requested) included? N/A Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is N/A faith-based) included? Are the Articles of Incorporation of the Agency included? Yes▼ Is the IRS Form W-9 included? Yes≖ Is the IRS Form 990 included? Yes▼ N/A-Are the evaluation forms (if program participants are given evaluation forms) included? Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant Yes▼ met the BBB Charity Review Standards? Date: 7/14/22 Prepared by

		SECTION 1 - APPLIC	ant informatio	No.
Legal Name of Applica			ge CDC Co	
(as listed on: http://www.so	s.ky.gov/b	usiness/records		
			n Street, Louisville,	, KY40203 (Mailing:POB 2846, 40201)
Website: https://www.	molovill	agecdc.org	T amin I	1000
Applicant Contact:	Jameset	ta Ferguson	Title:	President and CEO
Phone:	(502)51	3-6682	Email:	molovillage@att.net
Financial Contact:	Jameset	ta Ferguson	Title:	President and CEO
Phone:	(502)51		Email:	molovillage@att.net
Organization's Repres	entative	who attended NDF Traini	ng Jamesetta Fergu	son
GEOG	RAPHIC/	L AREA(S) WHERE PROGR		
Program Facility Locat	ion(s):	Village @ West Jefferson	i, 1219 W. Jefferson	n St, Ste 204, Louisville 40203
Council District(s):		Fourth	Zip Code(s):	40203
	SECT	ON 2— PROGRAW REQUE	ST 8 TINANGIALAN	IFORMATION
PROGRAM/PROJECT N	IAME:20	22 MOLO Festival		
Total Request: (\$)	4,999	Total Metro Av	vard (this program) in previous year: (\$) 4,999
Purpose of Request (c	heck all	that apply):		
☐ Operating Fu	ınds (ger	nerally cannot exceed 33%	of agency's total o	perating budget)
Programmin	g/service	es/events for direct benefi	t to community or	qualified individuals
Capital Proje	ect of the	organization (equipment,	furnishing, buildin	g, etc)
The Following are Rec	uired At	tachments:		
IRS Exempt Status Det	terminatio	on Letter	Signed lease If re	ent costs are being requested
Current year projecte	d budget		IRS Form W9	
Current financial state	ement		Evaluation forms	s if used in the proposed program
Most recent IRS Form	990 or 1	120-H	•	required by organization)
M Articles of Incorporati	ion (curre	ent & signed)	Faith Based Orga	anization Certification Form, if applicable
Cost estimates from p capital expense	proposed '	vendor if request is for		
Covernment for this o	r any oth	ver program or expense, in	icluding tunds recei	r received from Louisville Metro ived through Metro Federal Grants, lopment Funds). Attach additional
1	Veighbor	hood Development Fund	Amount: (\$)	4,999.00
		Agency Fund	Amount: (\$)	26,700.00
Source:			Amount: (\$)	
Has the applicant conf	tacted th	e BBB Charity Review for	participation? 🌉	Yes No
Has the applicant met	the BBB	Charity Review Standards	? Yes No	0

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SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

MOLO Village Mission Statement - To transform, empower and renew the lives of the we serve through education, community service and healthy living.

MOLO Village CDC is a grassroots organization committed to addressing some of the complex issues that face the West End, in particular the Russell Community. Our primary goal is engaging residents of the Russell neighborhood, particularly from Beecher Terrace, in holistic approaches to community development. For years, MOLO Village has sought to support the residents of Russell, both young and old, through social services, education, advocacy and presence. In July, 2021, MOLO opened the Village @ West Jefferson, a 30,000 sq ft community building developed and built by MOLO Village. The vacant lot were the Village resides was once a vacant lot, but now is a vibrant project willed with job opportunities and business entrepreneurship, an early learning children center, Nortons Institute of Health Equity, Park Community Credit Union and The' Drippin' Crab. All bringing economic, social and most of all hope to the residents of this historic community.

MOLO Village community development structure is based on a village model. MOLO is an inclusive village consisting of five "hamlets" (or programmatic areas) each with a unique focus that is designed to have individuals and their families grow into healthy, engaged and productive residents.

- The Restored Village - programming within this village is uniquely designed to support ex-offenders and reduce recidivism.

- The Healthy Village - programming includes activities and referrals to health resources to support the physical and mental health of community members.

-The Empowered Village - programming includes the empowerment of residents to develop and implement their own individualized self-improvement plans, while also supporting their journey through specialized programming, activities and referrals.

-The Future Village - programming, events and activities to meet the physical, educational and social needs of the Russell youth and children.

-The Isiduko Village - programming, events and activities to me the physical, educational and social needs of the senior adults in Russell.

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SECTION 4 - BOARD OF DIRECTORS AND PAIDS	TAFE
	IAFF

Board Member	
Reverend Dr. Jamesetta Ferguson, President and CEO	Term End Date
Thomas Williams, Sr. Vice President and Treasurer	indefinite
Betty J. Adkins, Secretary	indefinite
Donanne Fitzgerald	indefinite
Reverend Teresa O'Bannon	Sept 30, 2023
Reverend Dr. Sonja Williams	Sept 30, 2023
Reverend Dr. James Dewey	Sept 30, 2023
Marda Dewey	Sept 30, 2023
phnetta Roberts	Sept 30, 2023
aron Wells	Sept 30, 2023
evie Ferguson	Sept 30, 2023
arrell Aniton	Sept 30, 2023
	Sept 30, 2023
arla Anderson - Chief of Staff	

Describe the Board term limit policy:

All board positions are confirmed at the annual meeting to be held in September of each year.

All non-officer board positions are confirmed for a two year term through September 30, 2023.

Three Highest Paid Staff Names		Annual Salary
Jamesetta Ferguson	60,000	The state of the s
Carla Anderson	37,500	
Donanne Fitzgerald	31,200	
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	

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SECTION'S - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

This is the 11th annual festival and it will again offer a a variety of opportunities for adults and youth in the community at Baxter Park located at 12th and Jefferson Street. The event has returned to a one-day event with several new activities added to showcase black/brown entreprenuers and local black/brown artists. A variety of vendors booths will be on site to display their products.

Children and youth will enjoy cultural activities through live music and community entertainment. There will be bounce houses, games, ponies, petting zoo, free health screenings provided by various health agencies. JCPS will provide resource workers at the festival to ensure that the youth are prepared as possible for the beginning of the new school year. MOLO also provides t-shirts, backpacks with school supplies, and free lunch for up to 300 children and youth.

The MOLO Festival fun will be on July 9, 2022 12noon to 8pm. We will also celebrate the one year anniversary of the opening of the Village @ West Jefferson which is located directly across the street from Baxter Park.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Rides, games, ponies, petting zoo for at-risk youth.

Prizes and shirts for youth participants

Port-a-pots

4,150.00

600.00

249.00

Total 4,999,00

All metro funds are used to provide the youth activites.

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C: If this request is a fundraiser, please detail how the proceed	s will be spent:
lot applicable.	-
For Expenditure Reimbursement Only – The grant award period ends on June 30 of Metro fixed year in which the	nd harring with the Metro
	countries the second second
nds to be spent before the grant award period, identify the appl	icable circumstances:
The funding request is a reimbursement of the following expe	enditures that will probably be incurred after th
If selecting this option, the invoice, receipt and payment docume application.	
The Grantee will be required to submit financial reporting in accordar grant agreement.	nce with the reporting schedule provided in the
grant agreement.	t stand standard provided in the
Reimbursements should not be made before a live	
Reimbursements should not be made before application date up the primary council sponsor. The funding request is a reimbinivoices or proof of payments.	unless an emergency can be demonstrated
the second bulletings	
 Attach a copy of invoices and/or receipts to provide proof of purch identified in this application. 	nase of activities associated with the work plan
Attach a copy of cancelled checks to provide proof of payment of	the bounts.
plan identified in this application.	ne invoices or receipts associated with the work

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E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The MOLO Village believes a community event like this is necessary because: (1) It is a fund, unique way to build community. (2) It can be enjoyed by people of all ages. (3). It raises public awareness of community and organizations that maintain them. (4). It is a fun way to educate people about their community and resources. (5). It promotes and encourages healthy lifestyles which improve community vitality and longevity. (6). It contributes to economic development. (7) It exposes people to a variety of affordable activities. (8). Its is newsworthy and draws positive media attention to the sponsoring community and organizations, as well as Il participants and sponsors. (9). It identifies volunteers and creates a new pool of engaged citizens. (10) It gives visibility to local businesses. (11). It involves individuals in something they may not have done before. (12). It fosters the village concept of the "it takes a village" to build a community.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

MOLO Village directly provides support to the community through our missional partners such as St. Peter's United Church of Christ who currently host many of MOLO Villages community programmings, which includes

- Dare To Care Food Pantry (serves 14,000 annually, over 200,000 lbs. of food)
- Daily Out of School Youth Programming (50 students ages 6-11)
- MO-ye Summer Works Project (youth entrepreneurial rotation)
- Recovery (2 groups total 75 participants)
- Senior Adult socialization and activities (25 adults)

MOLO currently partners with Community Transition Housing - a 300 resident halfway house for men in the justice system. These men volunteer their time to support the weekly DTC Food distribution and maintenance of the church grounds. MOLO also provides mentoring, Cabinetmaking program and life and soft skills training to the returning citizens as requested. Metro United Way - MOLO partners with MUW for Out of School programming and the YaLift Guaranteed Income programming. MOLO partners with Norton's Institute of Health Equity to address social determinants of health and to bring health resources into the Russell Community.

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SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Fund	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities		500	600
C: Office Supplies		+	500
D: Telephone		150	150
: In-town Travel		225	225
: Client Assistance (See Detailed List on Page 8)			
: Professional Service Contracts			
: Program Materials		650	(50
Community Events & Festivals (See Detailed List on Page 8)	4,999	20,245	650
Machinery & Equipment	-,,,,,,	40,243	25,244
: Capital Project			
Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	4,999	21,770	26,769
of Program Budger		81.33 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	2.500
Fees Collected from Program Participants	3,500
Other (please specify) See 7a	18,270
Total Revenue for Columns 3 Expanses **	21,770

^{*}Total of Column 1 MUST match "Total Request on Page 1, Section 2"

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^{**}Must equal or exceed total in column 2.



Location:
The Village @ West Jefferson
1219 W. Jefferson Street, Ste 204
Louisville, KY 40203
Malling Address:
P.O. Box 2846
Louisville, KY 40201
Email: molovillage@att.net

NDF Application 2022

List of funding for total program/project costs in Column 2, Non-Metro Funds.

Other (please specify)

MOLO Village CDC	3,000
The Village @ West Jefferson	3,000
Norton's Institute of Health Equity	5,000
St. Peter's United Church of Christ	2,500
Vendors Fees	3,270
New Legacy	<u>1.500</u>
Total	18,270

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Community Event & Festivals - Rides and Youth Activities	4,150	0	4,150
Community Event & Festivals - Prizes and Shirts	600	600	1,200
Community Event & Festivals - Security	0	2,500	2,500
Community Event & Festivals - Portapots	249	0	249
Community Event & Festivals - Food and Drinks	0	1,500	1,500
Community Event & Festivals - Festival Setup	0	3,200	3,200
ommunity Event & Festivals - Volunteers-in kind hours	0	12,445	12,445
			•
Total	4,999	20,245	25,244

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Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency). Donor*/Type of Contribution Value of Contribution Method of Valuation Volunteer and in-kind hours 12,445 Hourly rate of \$23.07 Total Value of In-Kind 12,445 (to match Program Budget Line Item. Volunteer Contribution &Other In Kind) * DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK Agency Fiscal Year Start Date: January 1, 2022 Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES 🗌 If YES, please explain:

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SECTION 7 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of 1. expenditure is subject to Kentucky's open records law.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- 7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
- Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal

Standard Certifications

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

faisification	nder the penalty of law the info to the best of my knowledge. I on. If falsification is shown after further certify that I am legally in.	funding has been assured to	ncluding, without limitat ill not be eligible for fund	ion, "Certificat ling if investiga	tion at any time shows
Signatu	re of Legal Signatory:	Tom 4591/2	rtes	Date:	May 18, 2022
Legal Sig	natory: (please print):	Rev. Dr. Jamesetta Fergi	uson -		President and CEO
Phone:	(502) 417-8438	Extension:		olovillage@:	

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INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: MAR 16 2011

MOLO VILLAGE CDC CO C/O FROST BROWN TODD LLC J CHRISTOPHER COFFMAN 400 W MARKET ST 32ND FLR LOUISVILLE, KY 40202 Employer Identification Number: 27-5347893 DLN: 17053068306001 Contact Person: TD# 31172 RENEE RAILEY NORTON Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: February 7, 2011 Contribution Deductibility: Yes Addendum Applies:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

No

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

MOLO VILLAGE CDC CO

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

molovillage@att.net's Company Budget Overview: MOLO 2022 Budget - FY22 P&L January - December 2022

Direct Public Support			Total
4000 ChurchPrivate Donations 200,000.00 4001 Corporate Contributions 25,000.00 4002 Government Grants 180,000.00 4012 Foundation - Restricted 160,000.00 4013 Foundation Grants - Unrestricted \$0,000.00 Total Direct Public Support \$ 488,000.00 Special Events 11,000.00 Ticket Sales 21,000.00 Total Special Events \$ 500,000.00 Total Income \$ 500,000.00 Gross Profit \$ 500,000.00 Expenses \$ 500,000.00 6002 Contractors \$ 500,000.00 6003 Maintenance Staff Contractors \$ 5,000.00 6004 Bookkeeping/Accounting 25,000.00 6005 Office and Meeting Supplies 5,000.00 6011 Postage 5,000.00 6013 Phone and internet Service 5,000.00 6015 Tusas & Subscriptions 2,400.00 6016 Rent and CAM 25,000.00 6017 Utilities 3,600.00 7005 Documentary Expenses \$ 108,500.00 8000 Program Expenses \$ 108,500.00 8001 Program Expenses <th>Income</th> <th></th> <th></th>	Income		
A001 Corporate Contributions 25,000.00	Direct Public Support		
A002 Government Grants 33,000.00 A012 Foundation - Restricted 160,000.00 A013 Foundation Grants - Unrestricted 50,000.00 Total Direct Public Support \$ 468,000.00 Special Events 51,000.00 Ticket Sales 21,000.00 Total Income \$ 30,000.00 Total Income \$ 500,000.00 Total Income \$ 500,000.00 Total Income \$ 500,000.00 Expenses \$ 500,0	4000 Church/Private Donations		200,000.00
4012 Foundation - Restricted 50,000,00 4013 Foundation Grants - Unrestricted \$0,000,00 Total Direct Public Support \$ 488,000,00 Special Events \$ 11,000,00 Ticket Sales 21,000,00 Total Special Events \$ 32,000,00 Total Income \$ 500,000,00 Gross Profit \$ 500,000,00 Expenses \$ 500,000,00 6002 General & Administrative Expenses \$ 6002 Contractors 6003 Maintenance Staff Contractors \$ 6,000,00 6004 Bookkeeping/Accounting 26,000,00 6005 Office and Meeting Supplies 25,000,00 6014 Postage 5000,00 6015 Pues & Subscriptions 2,000,00 6016 Postage 5,000,00 6017 Utilities 3,000,00 6018 Rent and CAM 25,000,00 6019 Utilities 3,000,00 7005 Documentary Expenses \$ 108,500,00 8001 Program Expenses \$ 10,000,00 8002 Program Expenses \$ 20,000,00 8003 NTI/Tutoring 175,000,00 8004 Summer Tutorial Program <t< td=""><td>4001 Corporate Contributions</td><td></td><td>25,000.00</td></t<>	4001 Corporate Contributions		25,000.00
March Marc	4002 Government Grants		33,000.00
Total Direct Public Support \$ 468,000.00	4012 Foundation - Restricted		160,000.00
Sports Sponsorships	4013 Foundation Grants - Unrestricted		50,000.00
Sponsorships	Total Direct Public Support	\$	468,000.00
Ticket Sales 21,000.00 Total Special Events \$ 32,000.00 Total Income \$ 500,000.00 Gross Profit \$ 500,000.00 Expenses ************************************	Special Events		
Total Special Events \$ 32,000.00 Total Income \$ 500,000.00 Gross Profit \$ 500,000.00 Expenses			11,000.00
Total Income \$ 500,000.00		Market and a second	21,000.00
Separation Sep	·		32,000.00
Expenses		***************************************	500,000.00
6000 General & Administrative Expenses		\$	500,000.00
6002 Contractors 5,000.00 6003 Maintenance Staff Contractors 6,000.00 6004 Bookkeeping/Accounting 26,000.00 6005 Office and Meeting Supplies 25,000.00 6006 Printing/Marketing/Website 10,000.00 6011 Postage 500.00 6013 Phone and Internet Service 5,000.00 6015 Dues & Subscriptions 2,400.00 6017 Utilities 3,600.00 Total 6000 General & Administrative Expenses 108,500.00 7005 Documentary Expenses 1,000.00 8000 Program Expenses 20,000.00 8001 Program Contractors 20,000.00 8002 Program Supplies 45,000.00 8003 NTI/Tutoring 175,000.00 8004 Summer Tutorial Program 2,000.00 8005 Rent or Lease of Buildings 6,000.00 Total 8000 Program Expenses \$ 248,000.00 Payroll Expenses \$ 5,000.00 Payroll Expenses \$ 5,000.00 Total 8000 Program Expenses \$ 5,000.00 Total Payroll Expenses \$ 5,000.00 Total Payroll Expenses \$ 500,000.00			
6003 Maintenance Staff Contractors 6,000.00 6004 Bookkeeping/Accounting 26,000.00 6005 Office and Meeting Supplies 25,000.00 6006 Printing/Marketing/Website 10,000.00 6011 Postage 500.00 6013 Phone and Internet Service 5,000.00 6015 Dues & Subscriptions 2,400.00 6016 Rent and CAM 25,000.00 6017 Utilities 3,600.00 Total 6000 General & Administrative Expenses \$ 108,500.00 7005 Documentary Expenses \$ 1,000.00 8000 Program Expenses \$ 20,000.00 8001 Program Contractors 20,000.00 8002 Program Supplies 45,000.00 8003 NTI/Tutoring 175,000.00 8004 Summer Tutorial Program 2,000.00 8005 Rent or Lease of Buildings 6,000.00 Total 8000 Program Expenses \$ 248,000.00 Payroll Expenses \$ 5,000.00 Payroll Expenses \$ 5,000.00 Total 1 Payroll Expenses \$ 5,000.00 Total Payroll Expenses \$ 500,000.00 Total Expenses \$ 500,000.00	•		
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Total Payroll Expenses \$ 142,500.00 Total Expenses \$ 500,000.00 Net Operating Income \$ 0.00	Payroll Taxes		12,500.00
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Total Expenses \$ 500,000.00 Net Operating Income \$ 0.00		\$	· · · · · · · · · · · · · · · · · · ·
Net Operating Income \$ 0.00		\$	
many and the second sec	Net Operating Income	\$	
		\$	0.00

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treesu Internal Revenue Service

May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending C Name of organization D Employer identification number X Address MOLO VILLAGE CDC CO Name change Doing business as 27-5347893 Initial Number and street (or P.O. box if mall is not delivered to street address) Room/suite E Telephone number Final return 1219 W. JEFFERSON ST. 204 502-417-8438 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende LOUISVILLE, KY 40201 H(a) is this a group return F Name and address of principal officer: JAMESETTA FERGUSON for subordinates? ____ Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ MOLOVILLAGECDC.ORG H(c) Group exemption number K Form of organization: X Corporation Trust
Part Summary Year of formation: 2011 M State of legal domicile: KY Association Other I> 1 Briefly describe the organization's mission or most significant activities: TO SUPPORT INDIVIDUALS AND Governance FAMILIES WHOM RESIDE IN THE RUSSELL COMMUNITY OF WEST LOUISVILLE. Check this box Fig. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 11 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 43 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 764,917. 633,564. Program service revenue (Part VIII, line 2g) 9 0. 1,733. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,789. 27,446. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 781,706. 43. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,057,162. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Ō. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) n. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 370,069. 201,617. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 427,231. 201,617. 19 Revenue less expenses. Subtract line 18 from line 12 -645,525. 461,126. 8 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 6,282,022. 7,615,014. 21 Total liabilities (Part X, line 26) 6,779,082. 7,650,948. Net assets or fund balances. Subtract line 21 from line 20 -497,060. -35,934.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 afficer) is based on all information of which preparer has any knowledge Signature of office A Sign JAMESÈTTA FERGUSON, Here PRESIDENT Type or print name and title Print/Type preparer's name Date Preparer's signature Paid CHRISTINE N KOENIG CHRISTINE N KOENIG 11/09 P01022180 Preparer Firm's name DEMING MALONE LIVESAY & OSTROFF PSC Firm's EIN 61-1064249 Use Only Firm's address 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187 Phone no. (502) 426-9660

	m 990 (2020) MOLO VILLAGE CDC CO 27	<u>-5347893</u>	Page
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[3
1	Briefly describe the organization's mission:		
	TO SUPPORT INDIVIDUALS AND FAMILIES WHOM RESIDE IN THE RUSS		
	COMMUNITY OF WEST LOUISVILLE, KENTUCKY BY PROVIDING REINTEG	RATION	
	SERVICES TO RETURNING CITIZENS, SUPPORTING THE HOLISTIC HEAD	LTH OF AL	<u>L</u>
_	COMMUNITY MEMBERS, EMPOWERING RESIDENTS TO DEVELOP AND IMPLI	EMENT THE	IR
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as measured as the organization of the		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	iotal expenses, an	rd
_	revenue, if any, for each program service reported.		
a	1 / Lebelle 2	1,	733.
	TO SUPPORT INDIVIDUALS AND FAMILIES WHOM RESIDE IN THE RUSSE	ill	
	COMMUNITY OF WEST LOUISVILLE, KENTUCKY BY PROVIDING REINTEGR	ATION	
	SERVICES TO RETURNING CITIZENS, SUPPORTING THE HOLISTIC HEAD	TH OF ALI	
	COMMUNITY MEMBERS, EMPOWERING RESIDENTS TO DEVELOP AND AND I	MPLEMENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	THEIR OWN INDIVIDUALIZED SELF-IMPROVEMENT PLANS, AND MEETING	THE NEEL)S
	OF RUSSELL'S YOUTH AND SENIOR ADULTS THROUGH PROGRAMMING, AC	TIVITIES,	
	AND REFERRALS.		
_			
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

		Age of the state o	······

_	forth \frac{1}{2}		
	(Code;) (Expenses \$ including grants of \$) (Revenue \$	**************************************	
		*	
			
-			
•	Other program services (Describe on Schedule O.)	**************************************	**********
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 48,639.		· · · · · · · · · · · · · · · · · · ·

			Yes	s No
	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		
2	Complete Schedule of Contributors	. 2	X	
3	The state of the s			
4	public office? If "Yes," complete Schedule C, Part I	3		X
_	44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t		1
ε	during the tax year? If "Yes," complete Schedule C, Part II	4	┼	X
•	The state of the s			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5	-	X
•	The second section and second section of any similar runos of accounts for which donors have the highly to		1	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6	+	X
•	and a second of the a conservation easilier, including easilierits to preserve open space.	1_		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	. 7	╂	X
_		1_		₹.
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8	┼	X
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	┼	<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	1.0		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1000000	40000000	10.00
	Part VI	11a	x	
ŧ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1114		
	essets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1,10		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
•	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	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	110		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	111	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	128		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	as a second of provided of more than \$10,000 from granting and a sing, business,		- 1	
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	1	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		- 1	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
3.5	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,		-	77
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
-~	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		<u>X</u>
-		40		v
:Oa	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{\mathbf{x}}{\mathbf{x}}$
b	If Wool to line 00m all of the assemble to the second section of the second section is a second section of the second section of the second section se	20a	\dashv	Δ_
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	\dashv	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	1	X
2003	12-23-20	Form		
			-	

E	m 990 (2020) MOLO VILLAGE CDC CO 27 art IV Checklist of Required Schedules (continued)	-534	478	93	[Page
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		·		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes," to Part VII Sorting A line 2.					l
23	The state of the s	,	· F	22		X
	ometas, directors, trustees, key employees, and highest compensated employees.					l
	Our records D			_		•
24		Han	- 1	23		X
	your, that was looked after December 31, 2002? If "Ves a pressor lines 246 through 0.44					
			١,	4a		X
		********	2	4b		
	and a second trigger and a second account other than a refunding account at any time at a second at a		\ 	-		**********
	—3 and admitt politics:		2	4c	J	
25.			2	4d		
	TOTAL OF TOTAL OF THE STATE OF			\exists		
	" "Vee " complete Cabada La Cabada L		2	5a		X
_	THE PARTY OF THE P		Г	T		
	f "Yes." complete					
26			25	b		X
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee key employee and the control of the c					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of three persons.					
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	******	26	<u> </u>		<u>X</u>
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, and other providers are contributor or employee.					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	lled			-	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III instructions, for applicable files than the second of the following parties (see Schedule L, Part IV	******	27	2002 0000		X
	instructions, for applicable filing thresholds, conditions, and exceptions):					
8	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			4	4	
	res, complete schedule L. Part IV			١.	.	
b	The state of the s		28		_	-
	The state of the s		281	4		<u> </u>
	res, complete Schedule L. Part IV				Ι,	*
			28c	_		<u>{</u> {
			29	╁┈	+-	<u>, </u>
	1 I I I I I I I I I I I I I I I I I I I		20		١,	,
		····· }	30 31	+-	$\frac{1}{2}$	
	of its net assets? Wave a series of its net assets?	······ }	01	+-	╁	<u>. </u>
•	AMEGUE II, FRI II	- 1	32	1	K	•
	TO A TO VISION ON THE TOURS OF BUILDING OF	''''	<u></u>	1	+=	<u> </u>
-	Switch Strain St	1	33		X	
_	to day text about the control of taxable entity? If "Yes," complete Schedule R. Part II. III. or IV. and	·····		1	1	_
		L	34	X	.	
b If	The meaning of controlled cities will be meaning of cortion \$1000000		35a	X	T	
14	"Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
8	ithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Li	35b		X	
D	"Yes," complete Schedule R, Part V, line 2	L	36		X	
	nd that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
		L	37		X	
	20: Aut out 350 liles are required to complete Schedule O					
art (Statements Regarding Other IRS Filings and Tax Compliance		38	X		-
	Check if Schedule O contains a response or note to any line in this Part V				_	ì
. r		*********	T	Ver	<u> </u>	L
e En	ter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	12		162	No	3
o en	ter the number of Forms W-2G included in line 1a. Enter D if not explicable	히	1			
, DII	the organization comply with backup withholding rules for reportable neuments to vendom and					
04 12-	mility washinge to bitze willies?		C	X	week (See	3
ro 12-	20-27				2020	-
	A	-				,

100,000	(consinued	3)			
9:	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1	(6.25)	Yes	No
	filed for the calendar year ending with or within the year covered by this return	00	ol .		
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	28	24 (1986)	+	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	me.	2b		
3a	Did the organization have completed huniness gross income of \$1,000 as more during the		-	+	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Scheduli	******************************		+	┼┻
40	At any time during the colondar year did the expeniention have an interest in any almost war and the	e O	3b	 	╅—
716	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a	١.	1	
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country	account)?	48		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	A			
Ka		Accounts (FBAH).			+-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.				X
~	If "Yes" to line 5a or 5b, did the experience file 5am 8886 TO	action?	5b	┼─	X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	·	5c	┼──	┼─
-	more manifolds of the state of				x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		6a	┼──	 ^
	Assessment Assessment Assessment (ASSES)				
7	Organizations that may receive deductible contributions under section 170(c).)*************************************	6b	200	
a				2,365	·
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se if "Yes," did the organization notify the donor of the value of the goods or services provided?			 	X
	Did the organization sell exchange or atherwise dispass of the goods or services provided?		7b		├──
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	l_		
d	to file Form 8282? If "Yes," Indicate the number of Forms 8282 filed during the year	12.1	7c	N. 1955 - 55	X
e		7d			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e	 	X
9	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	71	 	<u> </u>
h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza-	orm 8899 as required?	7g	\vdash	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h		
	sponsoring organization have excess business holdings at any time during the year?	o by the		100	
9	Sponsoring organizations maintaining donor advised funds.	\.x\ \\\	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?		-		a column
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	*************	9a		
10	Section 501(c)(7) organizations. Enter:	*****************	9b		
	Initiation fees and capital contributions included on Part VIII, line 12	100			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			
	Section 501(c)(12) organizations. Enter:	LIOUI			
	Gross income from members or shareholders	118			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	116			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	3	2200
	ME HOLD IN THE STATE OF THE STA	12b	120	33.5	
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	is the organization licensed to issue qualified health plans in more than one state?		13a	A 200 C 200 C	200
	Note: See the instructions for additional information the organization must report on Schedule O.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
¢	Enter the amount of reserves on hand	13c			
14a	Did the arrapization receive any neuments for independent or independent of the second of the second		14a		X
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduk		14b	-	
16	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or		$\neg \uparrow$	
	excess parachute payment(s) during the year?		15		x
	f "Yes," see instructions and file Form 4720, Schedule N.	*******************************	THE PARTY OF THE P	X	397
	s the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	f "Yes," complete Form 4720, Schedule O.		The second second second	820	
		·····	references to	9907	20201

Form 990 (2020) MOLO VILLAGE CDC CO
Part WI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 27-5347893 Page 6

Se	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management	************	*******	. [
			ν.	es I
•	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting vieles are recommended.	12		
	The same of the sa			
ı	and a surface of the analysis is all executive committee or cimilar committee and the surface of	j: '		
2	The first of voting members included on line 1a above who are independent	11		1
2	officer director, trustee, or key employee have a family relationship or a business relationship with any other	==		
3	Did the organization delegate control over management duties	. 2	T	1
				Т
4		3		12
5			T	1
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	. 5	T	3
7a		6	T	7
	more members of the governing body?	1		
b	Are any governance decisions of the organization reserved to (or subject to appropriate any subject to	. <u>7a</u>		X
			l	
8	Did the organization contemporaneously document the meetings held or written and the contemporaneously document the meetings held or written and the contemporare the contempora	. 7b		X
a	The governing body?			
b	The governing body? Each committee with authority to act on behalf of the governing body?	. 8a	X	
9	is there any officer, director, trustee, or key employed listed in Dad All II.	. 8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Sect	organization's mailing address? If "Yes." provide the names and addresses on Schedule O. ion B. Policies (This Section B requests information shout policies and addresses)	. 9		X
	institution about policies not required by the Internal Revenue Code.)			
10a	Did the organization have local chapters, branches, or officiated		Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X
	The state of the s	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		X
	The state of the s	1,5		
b l	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
c [old the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	
		1 1	- 1	
13 C	id the organization have a written whistleblower policy?	12c	X	
14 C	old the organization have a written whistleblower policy? id the organization have a written document retention and destruction policy? id the process for determining compensation of the following persons include:	13	\perp	X
15 D	id the process for determining compensation of the following persons include a review and approval by independent	14		X
р	ersons, comparability data, and contemporaneous substantiations from a review and approval by independent			
	The second of the control of the con			
b 0	ne organization's CEO, Executive Director, or top management official ther officers or key employees of the organization	15a	$\perp I$	X
	ther officers or key employees of the organization "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
Ba Di	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
p it	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X
in	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		- ,	
ctio	n C. Disclosure	16b		
Lis	t the states with which a copy of this Form 990 is required to be filed ▶KY			
Ċ.	ction 6 104 requires an organization to make its Forms 1003 (1004 or 1004 A "			
for	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s public inspection. Indicate how you made these available. Check all that apply.	only) av	allable	
L	Own website Another's website			
De				
sta	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and tements available to the public during the tax year.	financial		
Sta	te the name, address, and telephone number of the name who			
	te the name, address, and telephone number of the person who possesses the organization's books and records MESETTA FERGUSON - 502-417-8438	·····		
	19 W. JEFFERSON ST., NO. 204, LOUISVILLE KY 40201			
06 12-2	3-20			

Pair VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

Check this box if neither the organization (A) Name and title	(B) Average	e (do		Pos heck	C) itior more	then	pne	(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	hours per week					s bot or/trus		compensation from	from related	other
•	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated small small over	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHNETTA ROBERTS	1.00					Ī		40.006	•	0
BOARD MEMBER	10.00	X	ļ,	<u> </u>	<u> </u>	 	-	40,926.	0.	0.
(2) REV. DR. JAMESETTA FERGUSON	40.00								0.	0.
PRESIDENT & CEO	10.00	X	_	X	┞—	├-	<u> </u>	0.	υ.	<u> </u>
(3) THOMAS WILLIAMS SR.	40.00	ļ.,						0.	0.	0.
VICE PRESIDENT & TREASURER	10.00	X	<u> </u>	X	<u> </u>	 	├-	V.	U.	<u> </u>
(4) LASTASHA MOORE	1.00			,,				0.	0.	0.
SECRETARY	4-25	X		X	<u> </u>	ļ	├-	V •	V.	
(5) DONNANE FITZGERALD	1.00						l	0.	0.	0.
BOARD MEMBER		X	_		 	_	-	V .	V.	<u>v.</u>
(6) BETTY J. ADKINS	1.00							0.	0.	0.
BOARD MEMBER	1.00	X	-	-	├	┼	-	ļ	Ų.	
(7) REV. DR. JAMES DEWEY BOARD MEMBER	1.00	x						0.	0.	0.
(8) MARDA DEWEY	1.00	-	╫	 	 	\vdash	╁┈			
BOARD MEMBER	1 2.00	x						0.	0.	0.
(9) AARON WELLS	1.00	=	 		 	†	T			
BOARD MEMBER		x						0.	0.	0.
(10) LEVIE FERGUSON	1.00	-		<u> </u>			Г			
BOARD MEMBER		x						0.	0.	0.
(11) DARRELL ANITON	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) REV. TERESA WALTON O'BANNON	1.00									
BOARD MEMBER		X						0.	0.	0.
			П		Π		Γ			
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		-								
		<u></u>		ـــــ	<u> </u>					Form 990 (2020)

032007 12-28-20

Section A. Officers, Directors, Tru		ploy	ees			ighe	st C				T	
(A)	(B) Average				(C) sitio	n		(D)	(E)		(F	
Name and title	hours per			check	more	than is bot		Reportable compensation	Reportal		Estima	
	week					or/hu		from	compensa from relat		oth	
	(list any	director						the	organizati		compen	
	hours for	£ 5	_			E		organization	(W-2/1099-N	AISC)	from	the
	related organizations	1 2	Ē			Beus		(W-2/1099-MISC)			organiz	
	below	E	1		8	8 8 E					and rel	
	line)	ndividual	Institutional	eg G	Key employee	Highest compen employes	Ē				organiza	KIOI IS
	1	T	-	┌	╅	Ť	1				<u> </u>	
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		- 1	1	- 1								
				\sqcup		\perp	_					
1b Subtotal	****************				****			40,926.		0.		0.
c Total from continuation sheets to Part V							>	0.	****	<u>0.</u>		0.
d Total (add lines 1b and 1c)		*****			*****	لبس		40,926.		0.		0.
2 Total number of individuals (including but r	ot limited to the	se li	stec	i ab	ove)	who	rec	ceived more than \$100,0	00 of reportable	e		_
compensation from the organization											10	0
3 Did the organization list any former officer	allan ada a a									8	Yes	No
										200		v
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the st	uch individual Im of moodoble		•••••								3	X
and related organizations greater than \$150	NOOOS KING- II	COII	iper	isati	on s	ano (ome	or compensation from the	organization	9		X
and related organizations greater than \$150Did any person listed on line 1a receive or a	iconie compene	COTT	ipiei • fre	ne Si	cnec	orel:	J (O)	r such individual	ol for nandaan		4	~
rendered to the organization? If "Yes." com							2160	organization or individu	at for services	E	5	X
Section B. Independent Contractors	mete schedae	JIGI	SUC	<i>31 D</i>	IFSO	<u> </u>				سسسنند	<u> </u>	
1 Complete this table for your five highest co	mpensated inde	DADO	lent	cor	itrac	tors	the	t received more than \$1	00 000 of com	nonesti	an from	
the organization. Report compensation for	he calendar yea	ren	dino	wit	h or	with	nin ti	he organization's tax ves	ır.	DOTTOREN	Z. 1 11 (J. 1)	
(A)						,,,,,,	T	(B)	-		(C)	************
Name and business	address							Description of ser	vices	Co	mpensatio	n
COETTER CONSTRUCTION							G.	ENERAL CONTR	ACTING			
393 PETE ANDRES, FLOYDS	KNOBS, I	N	47	11	9		S	ERVICES		3,	051,7	92.
							T			***************************************		
							T					
							1	······································				
							1_					
	***************************************						丄					Parefrance
2 Total number of independent contractors (in		limit	ed t	o th		liste	d at	ove) who received more	than			
\$100,000 of compensation from the organiz	ation 🏲				1					(A)		3/1
2000 40 00 A0										Fo	orm 990 (2	(020)
2008 12-23-20												

Form 990 (2020)

MOLO VILLAGE CDC CO

27-5347893 Page 8

Total revenue Total revenu	2.00			Check if Schedule O conta	ins a response	e or note to any I	ine in this Part VIII			
b Membership dues 1b	-						(A)		Unrelated	(D) Revenue excluded from tax under sections 512 - 51
PROGRAM SERVICES Business Cools	\$	g ·	1 8		1a					
PROGRAM SERVICES PROGRAM SERVICES Environment Code	8	8			*****	······································				
PROGRAM SERVICES PROGRAM SERVICES Environment Code	6		¢						in the second se	
PROGRAM SERVICES PROGRAM SERVICES Environment Code	#		d					4.5		100
PROGRAM SERVICES PROGRAM SERVICES Environment Code	ď.		e			509,711.		1		
PROGRAM SERVICES PROGRAM SERVICES Environment Code	5	3	f	All other contributions, gifts, grants	, and					- P
PROGRAM SERVICES PROGRAM SERVICES Environment Code	<u> </u>	3		similar amounts not included above	* * * * * * * * * * * * * * * * * * * *	123,853.				
PROGRAM SERVICES PROGRAM SERVICES Environment Code	Ė,		8	Nonçash contributions included in lines 1a	-11 1g \$			1 2 2 2 3		
PROGRAM SERVICES 1	ئن		h	Total, Add lines 1a-1f			633,564			
## A company of the c							to be a second of the second o			
Total Add lines 2a2f 1,733. Total Add lines 2a2f 1,733. Investment income (including dividends, interest, and other similar amounts) 27,446. 27	8	2	a	PROGRAM SERVICES	! }	611430	1,733.	1,733.		
Total Add lines 2a2f 1,733. Total Add lines 2a2f 1,733. Investment income (including dividends, interest, and other similar amounts) 27,446. 27	Ž.		b							
Total Add lines 2a2f 1,733. Total Add lines 2a2f 1,733. Investment income (including dividends, interest, and other similar amounts) 27,446. 27	Ø,		C							
Total Add lines 2a2f 1,733. Total Add lines 2a2f 1,733. Investment income (including dividends, interest, and other similar amounts) 27,446. 27	E 3		d							
Total Add lines 2a2f 1,733. Total Add lines 2a2f 1,733. Investment income (including dividends, interest, and other similar amounts) 27,446. 27	, B, C	1	e							
3 Investment income (including dividende, interest, and other similar amounts) 4 Income from Investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) d Not rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (losa) 6 a Gross income from tundraising events (not including \$	č		f							
Second Part		<u> </u>	g	Total. Add lines 2a-2f		>	1,733.			4.5
A Income from Investment of tax-exempt bond proceeds Royalties 10 Real (i) Personal		3		Investment income (including di	vidends, inter	est, and				
Floyalties				other similar amounts)		>	27,446.			27,446.
Company Comp		4								
8 a Gross rents b Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b d Net gain or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b d Net gain or (loss) 7 a Gross income from thindraising events (not including \$		5		Royalties	*****************	<u> </u>				
b Less: rental expenses 66 c c Rental income or (loss) 6c d Net rental income or (loss) 6c d Net rental income or (loss) 6c for display the rental income or (loss) 7a assets other than inventory 7a b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7a d Net gain or (loss) 7a d Net gain or (loss) 7a d Net gain or (loss) 6c Net income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8a b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 b Lass: direct expenses 9b c Net income or (loss) from gaming activities 9b c Net income or (loss) from gaming activities 9b c Net income or (loss) from sales of inventory 10b c Net income or (loss) from sales of inventory 11a b Sushness Code d All other revenue 6c c Total revenue 8e instructions 662,743. 1,733. 0. 27,446					(i) Real	(ii) Personal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b C alin or (loss) 7 d Net gain or (loss) 8 a Gross income from tundraising events (not including \$		6	a	Gross rents 6a	···	<u> </u>				
Recommendation Reco			b	Less: rental expenses 6b	·	<u> </u>				1.0
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b Cain or (loss) 7c Net gain or (loss) 7c Os Net income or (loss) from fundraising events (not including \$ Cares income from paming activities. See Part IV, line 19 Sea Gross income from gaming activities See Part IV, line 19 Sea Os Net income or (loss) from gaming activities Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os Net income or (loss) from sales of inventory Sea Os		l	C	Rental income or (loss) 6c		<u> </u>				
assets other than inventory b Less: cost or other basis and sales expenses 7b 7c		l	d		<u> </u>	<u>,</u>				
b Less: cost or other basis and sales expenses 7b c Gain or (lose) 7c d Net gain or (lose) 7c d Net gain or (lose) 7c contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 8b c Net income or (loss) from gaming activities 8e Part IV, line 19 b Less: direct expenses 8b c Net income or (loss) from gaming activities 8e Part IV, line 19 b Less: direct expenses 8b c Net income or (loss) from gaming activities 8e Part IV, line 19 b Less: cost of goods sold 8b less: cost of goods sold		7	a	Gross amount from sales of	(i) Securities	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$				assets other than inventory 7a				T1		
C Gain or (loss) 70 70 70 70 70 70 70 70			b							
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a b c All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions 8a Ba Ba Ba Ba Ba Ba Ba Ba Ba	2			and sales expenses 7b						
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a b c All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions 8a Ba Ba Ba Ba Ba Ba Ba Ba Ba	Ē		C	Gain or (loss) 70		<u> </u>				
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a b c All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions 8a Ba Ba Ba Ba Ba Ba Ba Ba Ba	œ.					<u>,</u>				
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a b c All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions 8a Ba Ba Ba Ba Ba Ba Ba Ba Ba	He H	8	a							
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions Basiness Code	ō									
b Less: direct expenses 8b					,					
C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Lass: direct expenses C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10 b C Net income or (loss) from sales of inventory Business Code 11 a C d All other revenue E Total. Add lines 11a-11d 12 Total revenue. See instructions A d of the revenue see instructions 662,743. 1,733. 0. 27,446										
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10 b C Net income or (loss) from sales of inventory Business Code 11 a 6 d All other revenue Total. Add lines 11a-11d 12 Total revenue. See instructions 9 b 6 6 2 , 7 4 3 . 1 , 7 3 3 . 0 . 2 7 , 4 4 6						<u> </u>				
Part IV, line 19 b Lass: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 8a 9b 10a 10a 10b 662,743. 1,733. 0. 27,446						<u>,</u>				
b Less: direct expenses 9b		9						3 1 3 3 4 F		
C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions Add lines 11a-11d 662,743. 1,733. 0. 27,446										
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 10a b c Net income or (loss) from sales of inventory Business Code 10a b c Net income or (loss) from sales of inventory Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d	1			* *************************************		l				
and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 10a 10b 10b 10c 10b 10c	ı									
b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory Business Code 11 a		10								
C Net income or (loss) from sales of inventory Business Code 11 a	1		_	and allowances	<u>10a</u>					
11 a	ı									
11 a b c c d All other revenue e Total. Add lines 11a-11d			<u>C</u>	net income or (loss) from sales o	Inventory					Section and the section of
12 Total revenue. See instructions 662,743. 1,733. 0. 27,446	g		_			Business Code				
12 Total revenue. See instructions 662,743. 1,733. 0. 27,446	99									
12 Total revenue. See instructions 662,743. 1,733. 0. 27,446	le de la constant de									
12 Total revenue. See instructions 662,743. 1,733. 0. 27,446	Re			Att att at the second						
12 Total revenue. See instructions 662,743. 1,733. 0. 27,446	Ž				-					
						pr	662 743	7 733	THE RESIDENCE OF THE PARTY OF T	27 446
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Part X Statement of Functional Expenses 27-5347893 Page 10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) Total expenses (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. Program service Management and general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroli taxes 10 Fees for services (nonemployees): Management Legal ____ 15,785. 15,785 Accounting 44,743. 44,743. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 8,811. 8,811. Advertising and promotion 12 40,926. 40,926. Office expenses 13 2,322. 2,322. Information technology 14 Royalties 15 Occupancy 16 8,580. 8,580. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 50. 50. Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 700. 700. Insurance 28,526. Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) 28,526 amount, list line 24e expenses on Schedule O.) EDUCATION HUB 19,236. 19,236. AMERICORP STIPENDS 7,638. 5,743. 7.638. c ADMINISTRATION AND MAIN 5,743. d RE-ENTRY COURSE 5,193. 5,193. e All other expenses 13,364. 7,992. 5,372. Total functional expenses. Add lines 1 through 24e 201,617. 48.639. 152,978. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here if following SOP 98-2 (ASC 958-720) 032010 12-23-20

Form 990 (2020)

educational campaign and fundraising solicitation.

Par	990 (Balance Sheet		Mark Mark V			
		Check if Schedule O contains a response or not	e to an	/ line in this Part X	(A)	<u> </u>	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			5,583,305.	1	2,434,364.
	2	Savings and temporary cash investments		,	348,790.	2	310,190.
	3	Pledges and grants receivable, net				3	102,996.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or	former	officer, director.			
	Ü	trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
_ 1	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	2= 353
P.S.	9					9	15,373.
	_	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,752,291.			4 551 501
	ь	Less: accumulated depreciation	10b	700.	333,919.	10c	4,751,591.
	11	Investments - publicly traded securities		**********		11	
	12	investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
1	14	Intangible assets				14	500.
	15	Other assets. See Part IV, line 11			16,008.	15	
	16	Total assets. Add lines 1 through 15 (must equal	al line 3	3)	6,282,022.	16	7,615,014. 859,504.
	17	Accounts payable and accrued expenses		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		17	039,3041
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	*******	***************************************		20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	7
9	22	Loans and other payables to any current or form	er offic	er, director,			
Ž.		trustee, key employee, creator or founder, subst				22	
Liabilities		controlled entity or family member of any of thes	se perso	ons	6,444,640.	23	6,457,002.
ر	23	Secured mortgages and notes payable to unrela	ited thii	d parties	0,424,0200	24	
	24	Unsecured notes and loans payable to unrelated	thira p	Darries			
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	yadies . 1704\	Complete Part Y			
					334,442.	25	334,442.
	~	of Schedule D Total liabilities. Add lines 17 through 25	.,,,,,,,,,,,	*************	6,779,082.		
	26	Organizations that follow FASB ASC 958, che	ck hen	X			
88		and complete lines 27, 28, 32, and 33.	IIVI	-	40		100
Ĕ	27	Net assets without donor restrictions			-497,060.	27	-74,088.
ate .	28	Net assets with donor restrictions				28	38,154.
P		Organizations that do not follow FASB ASC 9	ck here 🕨 🗔				
5		and complete lines 29 through 33.					
6	29	Capital stock or trust principal, or current funds	*************		29		
eta	30	Paid in or capital surplus, or land, building, or ec	quipme	nt fund		30	
Ass	31	Retained earnings, endowment, accumulated in	come,	or other funds	465 665	31	25 024
Net Assets or Fund Balanc	32	Total net assets or fund balances			-497,060.	32	-35,934. 7,615,014.
-	33	Total liabilities and net assets/fund balances	سيسين		6,282,022.	33	Form 990 (2020)

For	n 990 (2020) MOLO VILLAGE CDC CO	27-5.	347893	Page 12
	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	*******	*****	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,743.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,617.
3	Revenue less expenses. Subtract line 2 from line 1	3		,126.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-497	,060.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
8	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	-35	<u>,934.</u>
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	******		X
			\	es 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 C).		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			
	Act and OMB Circular A-133?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2020)

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 27-5347893

	MOLO	VILLAGE CI	C CO				1-334/033	
ertl	Reason for Public C	harity Status. (All organizations must co			e instructions.		
e organi	ization is not a private founda	tion because it is: (F	or lines 1 through 12, ch	eck only c	ne box.)			
	A church, convention of chu	rches, or association	of churches described	in section	170(b)(1)	(A)(I).		
一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
一	A honoital or a anabarative t	noenital service orga	nization described in se	ction 170	b)(1)(A)(III).		
一	A medical research organiza	tion operated in con	junction with a hospital	iescribed	in sectio :	170(b)(1)(A)(iii). Enter	the hospital's name,	
L	othe and state.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	section 170(b)(1)(A)(iv). (C		-					
	A fordamil atata or local dov	ernment or governm	ental unit described in	ection 17	O(b)(1)(A)(v).		
X	An organization that normal	ly receives a substan	itial part of its support fr	om a gove	mmental u	init or from the general p	oublic described in	
للتعا	section 170(b)(1)(A)(vi). (Co							
	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	11.)				
一	An agricultural research orga	anization described i	n section 170(b)(1)(A)(k) operate	d in conju	nction with a land-grant	college	
L	or university or a non-land-g	rant college of agricu	ilture (see instructions).	Enter the r	ame, city,	and state of the college	Or	
		IZIN CONDUCTOR OF CHILD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	university:	ly receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	s, membership fees, and	gross receipts from	
	activities related to its exem	ny teodrop (1) mole (ant functions subject	to certain exceptions: 6	nd (2) no r	nore than	33 1/3% of its support fr	rom gross investment	
	income and unrelated busin	nce tavable income i	less section 511 tax) fro	m busines	ses acquir	ed by the organization a	fter June 30, 1975.	
	See section 509(a)(2). (Con		icos socialità i i imp ii s		•	•		
	An organization organized a	ing operated exclusiv	vely to test for public saf	ety. See &	ection 50	9(a)(4).		
\vdash	An organization organized a	and operated exclusive	vely for the benefit of, to	perform th	e function	is of, or to carry out the	purposes of one or	
لــا	more publicly supported org	na operation describer	d in section 509(a)(1) 0	section 5	509(a)(2)	See section 509(a)(3). (Check the box in	
	lines 12a through 12d that of	denzations the time of	eunporting organization	and com	olete lines	12e, 12f, and 12g.		
	Ines 12a through 12d that the Type I. A supporting organic	describes the type of	inenticed or controlled	v its supp	orted orga	anization(s), typically by	giving	
a L	the supported organization	unzacion operateu, et	uportroca, c. comment a	majority o	f the direc	tors or trustees of the su	ipporting	
	the supported organization	in(s) the power to reg	otions A and B	reighteries -				
	organization. You must c Type II. A supporting organization.	omplete Part IV, Se	cuons A and b.	ion with its	supporte	d organization(s), by hav	ring	
b L	Type II. A supporting orga- control or management or	anization supervised	Of COMMON in both or in the si	me nemol	a that cor	itrol or manage the supp	ported	
	control or management of	tine supporting orga	Sections A and C	ane percor				
	organization(s). You mus Type III functionally inte	Complete Part IV,	a araphization operated	n connect	ion with, a	nd functionally integrate	ed with,	
G L	its supported organization	grateu. A supporting	Vou must complete l	art IV. Se	ctions A.	D, and E.		
. —	Type III non-functionally	into the second of the second	orting organization oper	ated in cor	nection w	ith its supported organiz	zation(s)	
d L	that is not functionally int	integrated. A supp	ention concerally must est	sfv a distri	bution req	uirement and an attention	veness	
	requirement (see instruction	egrated. The Olganiz	aniota Dart IV Sections	A and D.	and Part	٧.		
·	requirement (see instruction of the cross of	ions). You must con	upieto Fai t IV, occubin witten determination fm	n the IRS	that it is a	Type I, Type II, Type III		
в Ц	Check this box if the orga	nization received a v	willeri determination no nally internetal supporti	no organiz	ation.			
	functionally integrated, or		Hally suradiated actions	.g -0.g				
f Ent	ter the number of supported o	organizations	-d assemble timble	*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ovide the following information (i) Name of supported	(ii) EIN	I (III) I ADE OLO LIDELHYSTICAL	(iv) is the organic	nization listed	(v) Amount of monetary	(vi) Amount of other	
	organization	.,	(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see Instructions	
			above (see instructions):					
				 	,			
	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
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	· · · · · · · · · · · · · · · · · · ·			 				
				1				
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		1	I .	1	1	I		
		Company of the Section Company			e de la companya del companya de la companya del companya de la co			

Schedule A (Form 990 or 990-EZ) 2020 MOLO VILLAGE CDC CO 27-5347

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.)

1 Gifts, gr	. Public Support						
1 Gifts, gi	r (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(-) 0000	T
mann	rants, contributions, and			1	(W) 2019	(e) 2020	(f) Total
eiiiDei	rship fees received. (Do not						1
include:	any "unusual grants.")		10,170.	63,628.	64,917	633,564.	777 376
2 Tax reve	shues levied for the organ-				1	. 033,304.	772,279
ization's	benefit and either paid to		ŀ		I		
	nded on its behalf						
3 The valu	e of services or facilities				 		
Turnished	d by a governmental unit to						
ine orga	nization without charge						
4 Total, A	dd lines 1 through 3	200	10,170.	63,628.	64,917.	633,564.	772,279
o ine porti	ion of total contributions			A		000,004.	112,219
by each	person (other than a	14 to 15 to 15 to					
governm	ental unit or publicly					Dr. Transition	
onthous	d organization) included			(4) (4) (4) (4)			
amount e	that exceeds 2% of the shown on line 11,						
column (f	. 1						
		10 mg 20 mg 20					18,658
ection B.	pport. Subtract line 5 from line 4. Total Support						753,621
	or fiscal year beginning in)	(-) 0045	1			37.000	
7 Amounts	from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8 Gross Incr	ome from interest,		10,170.	63,628.	64,917.	633,564.	772,279
dividends.	payments received on			1	Ĩ		
securities	loans, rents, royalties,			ł			
and incom	e from similar sources				4	1	
9 Net income	e from unrelated business			597.	16,789.	27,446.	44,832.
activities,	whether or not the		·				
	s regularly carried on		1	1	1		
Other inco	me. Do not include gain						
or loss from	n the sale of capital	ļ		l			
assets (Exp	plain in Part VI.)					[
Total supp	ort. Add lines 7 through 10				50.000 a 200 a 400 a 200 a		
Gross recei	ipts from related activities, et-	c (see instruction	ne)				817,111.
rirst 5 year	rs. If the Form 990 is for the o	proanization's firs	t second third for		L	12	
				irui, or iinth tax yes	ar as a section 501	(c)(3)	
Cuon C. C	omputation of Public	Support Perc	entage		***************************************	***********************	
Public supp	port percentage for 2020 (line	6, column (f), div	ided by line 11, colu	umn (f))	Ι.	4 9	92.23 %
						check this how ar	38.86 %
	pport test - 2019. If the organization qualifies	inization did not o	check a box on line	13 or 16a, and line	15 is 33 1/3% or	more, check this b	OX
33 1/3% sup							
33 1/3% sup and stop he			- Land and a supplemental				
and stop he 10% -facts-	and-circumstances test - 2	320. If the organ	ization did not chec	k a box on line 13	, 16a, or 16b, and	line 14 is 10% or m	none
and stop he 10% -facts-i and if the org	and-circumstances test - 20 ganization meets the facts an	220. If the organ d-circumstances	test charly this has	wa nox on line 13	, 16a, or 16b, and	line 14 is 10% or m	nore,
and stop he 10% -facts-i and if the org meets the fac	and-circumstances test - 20 ganization meets the facts an cts and circumstances test.	320. If the organ d-circumstances	test, check this box	cand stop here.	, 16a, or 16b, and Explain in Part VII	line 14 is 10% or mow the organization	nore, on
and stop he and stop he 10% -facts- and if the org meets the facts- 10% -facts-	and-circumstances test - 20 ganization meets the facts-an cts-and-circumstances test. 7 and-circumstances test - 20	220. If the organ d-circumstances he organization of 119. If the organ	test, check this box	cand stop here.	, 16a, or 16b, and Explain in Part VI i nization	line 14 is 10% or mow the organization	nore, on
and stop he and stop he 10% -facts-i and if the orgments the fait 10% -facts-a more, and if it	and-circumstances test - 22 ganization meets the facts-an cts-and-circumstances test. T and-circumstances test - 20 the organization meets the fa	D20. If the organ d-circumstances the organization of the organization of the organization of the organiza	test, check this boy qualifies as a public ization did not chec	c and stop here. It by supported organick a box on line 13	, 16a, or 16b, and Explain in Part VI I nization , 16a, 16b, or 17a,	line 14 is 10% or mow the organization and line 15 is 10%	nore, on
and stop he and stop he 10% -facts-i and if the organization 10% -facts-amore, and if the organization in the stop	and-circumstances test - 22 ganization meets the facts-an cts-and-circumstances test. T and-circumstances test - 20 the organization meets the fa meets the facts-and-circumst	220. If the organ d-circumstances he organization of 119. If the organ cts-and-circumstiances test. The	test, check this boy qualifies as a public ization did not chec ances test, check the	c and stop here. It by supported organick a box on line 13, his box and stop I	, 16a, or 16b, and Explain in Part VI f nization , 16a, 16b, or 17a, here. Explain in Pa	line 14 is 10% or mow the organization and line 15 is 10% art VI how the	nore, on
and stop he and stop he 10% -facts-i and if the organization 10% -facts-amore, and if the organization in the stop	and-circumstances test - 20 ganization meets the facts-an cts-and-circumstances test. 7 and-circumstances test - 20	220. If the organ d-circumstances he organization of 119. If the organ cts-and-circumstiances test. The	test, check this boy qualifies as a public ization did not chec ances test, check the	c and stop here. It by supported organick a box on line 13, his box and stop I	, 16a, or 16b, and Explain in Part VI f nization , 16a, 16b, or 17a, here. Explain in Pa	line 14 is 10% or mow the organization and line 15 is 10% art VI how the	nore, on

Schedule A (Form 990 or 990-EZ) 2020 MOLO VILLAGE CDC CO Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line	10 of Part I or if the organization falled to qualify under Part II. If the organization fails to
qualify under the tests listed below, stones and	

Calenda	ar year (or fiscal year beginning in) 🔊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ifts, grants, contributions, and						
	embership fees received. (Do not					į	
in	clude any "unusual grants.")						1
2 G	ross receipts from admissions,						
m	erchandise sold or services per-				1		
	rmed, or facilities furnished in		1				
AU:	y activity that is related to the ganization's tax-exempt purpose					j	1
	oss receipts from activities that		 	-			
	e not an unrelated trade or bus-		1	1			
			1	İ			
	ess under section 513	· · · · · · · · · · · · · · · · · · ·		 	_		
	x revenues levied for the organ-					1	
	tion's benefit and either paid to						
or	expended on its behalf	·····					
5 Th	e value of services or facilities						
	nished by a governmental unit to						
the	organization without charge		1				
6 To	tal. Add lines 1 through 5						
	nounts included on lines 1, 2, and		†				
	eceived from disqualified persons						
_	ounts included on lines 2 and 3 received	······································		 			
	other than disqualified persons that						
BXC	sed the greater of \$5,000 or 1% of the						1
emo	ount on line 13 for the year						
	d lines 7a and 7b	Part of Connection at water many to be seen					
8 Pu	blic support. (Subtract line 7: from line 6.) In B. Total Support					1	
	year (or fiscal year beginning in)	(a) 2016	45 0047	4-3-0040	(11 2040	1	
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ounts from line 6						
divi	dends, payments received on						
800	urities loans, rents, royalties						
	income from similar sources						
	elated business taxable income					1	
(les	s section 511 taxes) from businesses						İ
	uired after June 30, 1975						
c Add	l lines 10a and 10b						
1 Net	income from unrelated business						
	vities not included in line 10b,			1			
	other or not the business is ularly carried on			1			•
	er income. Do not include gain					<u> </u>	
or lo	oss from the sale of capital			1		1	
	ets (Explain in Part VI.)						
	Support. (Add lines 9, 10c, 11, and 12.)				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	t 5 years. If the Form 990 is for the	organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	501(c)(3) organiza	tion,
	ck this box and stop here C. Computation of Public:	Camport Dor		MARIO CONTRACTOR DE LA	V-4	**********	
	lic support percentage for 2020 (line		······································	- L (0)		1351	
	lic support percentage from 2019 So			arattin (1))	***********	16	
	D. Computation of Investr			CHARLES CONTRACTOR AND AND ADDRESS OF THE ADDRESS O		1.191	
Inve	stment income percentage for 2020	(line 10c, colun	nn (f), divided by line	e 13, column (f))		17	
Inve	stment income percentage from 20	19 Schedule A, I	Part III, line 17	************		18	
a 33 1	/3% support tests - 2020. If the org	ganization did n	ot check the box or	line 14, and line 1	5 is more than 3		
mon	than 33 1/3%, check this box and	stop here. The	organization qualific	es as a publiciv eur	oported omaniza		
	/3% support tests - 2019. If the on						and
	18 is not more than 33 1/3%, check						
			the series also differen	dramico as	to become and be	nian organizacion	·
Priva	ate foundation. If the organization d	lid not chack a b	nov on line 44 40a	or 10h chant this	hav and and !	èn intiane	b. 1

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? # "Yes," answer
- 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 box 12a or 12b in Part I, answer lines 4b and 4c 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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 line 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.)

		Y	es	No
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9b		- 1		
9c	_	T		_
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10b	AND THE STATE OF	7	9818 g	_

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Sch	edule A (Form 990 or 990-EZ) 2020 MULU VILLAGE CDC CO	2/-534/893 Page 5
1	int IV Supporting Organizations (continued)	
b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11a 11b
560	ction B. Type I Supporting Organizations	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	officers, ported
Sec	tion C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). tion D. All Type III Supporting Organizations	Yes No
360	don D. All Type III Supporting Organizations	I was I was
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Yes No
3	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	2
Sec	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. It is supported organizations played in this regard.	3
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Inst	ructions).
a b c	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below.	
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	G ^a ,
b	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a 2b
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this repard.	3a 3b
32025	01-25-21 Schedule A	(Form 990 or 990-EZ) 2020
511	17 09 757979 942601 2020.05000 MOLO VILLAGE CDC	CO 942601

	edule A (Form 990 or 990-EZ) 2020 MOLO VILLAGE CDC CO	27-5347893 Page 6						
	Type III Non-Functionally Integrated 509(a)(3) Supporting							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions.							
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.					
Sec	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
_2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
_ 5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sec	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):							
8	Average monthly value of securities	1a						
<u>b</u>	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	4,47					
2	Enter 0.85 of line 1,	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
6	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-functionally	integrate	ed Type III supporting organ	ization (see				
	instructions),							

e Excess from 2020

032028 01-25-21

Schedule B

(Form 980, 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

Name of the organization

Employer Identification number

MC	OLO VILLAGE CDC CO	27-5347893
Organization type (check o		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization i Note: Only a section 501(c)	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 Specia	l Rule. See instructions.
General Rule		
For an organizatio property) from any	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y one contributor. Complete Parts I and II. See instructions for determining a contribu-	aling \$5,000 or more (in money or ator's total contributions.
Special Rules		
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supplied in 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the a Z, line 1. Complete Parts I and II.	16a, or 16b, and that received from
contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr g the year, total contributions of more than \$1,000 exclusively for religious, charitable ional purposes, or for the prevention of cruelty to children or animals. Complete Parts b) instead of the contributor name and address), II, and III.	e, scientific,
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totals here the total contributions that were received during the year for an exclusively religion plete any of the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year	ad more than \$1,000. If this box gious, charitable, etc., se it received <i>nonexclusively</i>
but it must answer "No" or	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF), Its Form 990-PF, Part I, line 2, to

Schedule	e B (Form 990, 990-EZ, or 990-PF) (2020)		Pose
	organization		Page Employer identification number
	VILLAGE CDC CO		27-5347893
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
1		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,85	Person X
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
4 -		Total contributions 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
5		\$9,375.	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
6	A STATE OF THE	Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	990, 990-EZ, or 990-PF) (2020)		Page 2
Name of organizati	ion .		Employer Identification number
MOTO AITTY	AGE CDC CO		27-5347893
Part I Con	tributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
7		\$ 35,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
9		\$\$,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

MOLO VILLAGE CDC CO

27-5347893

(-)	Noncash Property (see instructions). Use duplicate copies of	f Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given		(d) Date received
-		*	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. em	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
n il	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	(Form 990, 990-EZ, or 990-PF) (2020)		Pag
Name of on	ganization		Employer identification number
	ILLAGE CDC CO		27-5347893
Park	from any one contributor. Complete columns	is and the following line at	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year http://fororganizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	 charitable, etc., contributions of \$1,000 or all space is needed. 	r less for the year. (Enter this info. pace.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
-	Transferee's name, address,	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
F		(e) Transfer of gif	t
		•	
<u> </u>	Transferee's name, address,	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
<u> </u> -		(e) Transfer of gift	
	Transferee's name, address, a	and 710 + 4	Relationship of transferor to transferee
	Translated 5 Harrie, decireos, e	IN LW T V	nelationally of validation to validate
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(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, a	nd ZIP + 4	Relationship of transferor to transferee
-			
1 -			

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization

MOLO VILLAGE CDC CO

Employer Identification number 27-5347893

	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Jin		or Accounts. Complete if the
	organización answered. Yes on Form 990, Part IV, Jin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	witing that the assets held in donor advice	nd tunde
-	are the organization's property, subject to the organization's	evolusta una apaca mero in como acivist evolusta lacial control?	Yes No
6	Did the organization inform all grantees, donors, and donor at		
-	for charitable purposes and not for the benefit of the donor or		
	a a a a a a a a a a a a a a a a a a a	donor advisor, or for any other purpose of	processing generality
P	itil Conservation Easements. Complete if the org	anization answered "Yes" on Form 990 P	Part IV line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	W. (V) 1110 /
	Preservation of land for public use (for example, recreat	ion or education Preservation of	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	Land Frederivation of	a continguitatoric structure
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form o	of a concentration assembnt on the last
	day of the tax year.	co conservation continuation in the form o	Held at the End of the Tax Year
а			
ь			l i
c			
d		flar 7/25/06, and not on a historic ethicture	2
	listed in the National Register	io mando, and not on a motorio director.	2d
3	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by the	organization during the tay
-	year >	mood, overlighted by the	and the tax
4	Number of states where property subject to conservation ease	mant is located in	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		. Tallott October 100 to the fold
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easements during the year
	▶\$		or second during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	in Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footno		
	organization's accounting for conservation easements.		
Pai	Organizations Maintaining Collections of A	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and	i balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	herance of public
	service, provide in Part XIII the text of the footnote to its financi		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under FASB ASC 958,		ance sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:		, , , , , , , , , , , , , , , , , , , ,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	***************************************	> \$
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financial or	ain, provide
	the following amounts required to be reported under FASB ASC		• • • • • •
	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
AH.	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2020
	12-01-20		manufacture and the same and spices.

O-b	dule D (Form 990) 2020 MOLO VI	LLAGE CDC (CO						47893		<u>e Z</u>
22.7	III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(continu	ed)	
•	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	make sign	ificant us	e of its			
3	collection items (check all that apply):	211, 22102 231101 1,77211	•	•							
	Public exhibition	ď		Loan or exc	hange progra	am					
a											
þ	Scholarly research	9	, ,	O., 10.		, , , , , , , , , , , , , , , , , , , 					
C	Provide a description of the organization's co	-Handlana and symbols	. how th	ov further th	na organizatio	nn's exemp	t purpose	in Part	XIII.		
4	Provide a description of the organization's co During the year, did the organization solicit o	MIBCUOIS and explain	for his	torical tras	ourse or othe	r eimilar as	sets				
5	During the year, did the organization solicit o	r receive donations t) #(, ilic	ismion's on	Hection?	,, O(,, a) a		Г	Yes		No_
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	to be sold to raise funds rather than to be ma	antained as part of the	ie organ	organizatio	n answered '	"Yes" on F	rm 990.	Part IV.	ine 9. or		
			ere u mie	Oiganizacio	III WILDING! CO	70,5 5111	J., 000,	,,			
	reported an amount on Form 990, Par	ILA, MIEZI.	·	antribution	o or other see	eate not inc	hided				
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	Onthouson	S Of Other as	oglo not me	10000		Yes		No
•	on Form 990, Part X?				,	* * * * * * * * * * * * * * * * * * * *			40	•	
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:			f T		Amount	-	
									Anount		
c	Beginning balance	,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1c				
d	Additions during the year					**********	1d				
*	Distributions during the year					********	1e			,, <u>, , , , , , , , , , , , , , , , , , </u>	
f	Ending balance		,			,.,,	11		7.,		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or co	ustodial acco	unt liability	?		_] Yes	 	No
	If "Yes " explain the arrengement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII					-
Par	Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10			T		
87000 100		(a) Current year		rior year	(c) Two yea	rs back (c) Three ye	ars back	(e) Four	ears ba	<u>ck</u>
1a	Beginning of year balance										
	Contributions										
þ	Net investment earnings, gains, and losses										
0	Grants or scholarships										
đ											
e	Other expenditures for facilities										
_	and programs			· · · · · · · · · · · · · · · · · · ·							
f	Administrative expenses				†						
8	End of year balance	L and balana	o (line 1c	column (a	i) held as:			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Provide the estimated percentage of the cur		0.7 (11.10 1.7	, column le	,,, 11010 00.						
8	Board designated or quasi-endowment		70								
þ	Permanent endowment										
C	/C(II) C) ICC III C	96									
	The percentages on lines 2s, 2b, and 2c sho	uld equal 100%.		s aus bald a	nd odminiete	red for the	organizat	ion			
3a	Are there endowment funds not in the posse	ession of the organiza	auon u ea	I ale Helu a	iju gurminato	100 10, 1110		-,	Ţ.	Yes I	No
	by:								3a(i)		
	(i) Unrelated organizations	*****************		*****	. ,		**********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I 1		
	(ii) Related organizations					*************	***********		3b		
b	If "Yes" on line 3a(ii), are the related organize	ations listed as requir	red on S	chedule H?	************		***********	**********			
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Pa	ர்Vi Land, Buildings, and Equipn	ient.				. m	n 10				
	Complete if the organization answere			/, line 11a. t	see Form 990), Part X, III	18 10.		(d) Book	value	
	Description of property	(a) Cost or c		, , ,	t or other		cumulated	³	(a) Book	varue	
		basis (investi	ment)	basis	(other)	l	eciation				
1a	Land				0 004			KESA1	4,748	70	1
	Buildings			4,74	8,791.	ļ			4,140	, 13	-
	Leasehold improvements			<u> </u>		<u> </u>	F7 ^	_		,80	<u></u>
	Equipment	1		<u></u>	3,500.	ļ	70	U -		, 00	<u>v .</u>
	Other			<u></u>		<u> </u>		_	4 me4	ΕΛ	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colun	nn (B). Iine 1	(Oc.)				4,751		
170	NAME OF THE PROPERTY OF TAXABLE PARTY.							Scheduk	e D (Form	990) 2	:020

Part VIII Investments - Other Securities.			27-5347893 p
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, I	ne 11b. See Form 990. Part X line 12	
1) Financial derivatives	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
Financial derivatives Closely held equity Interests			The try your manner value
3) Other			
(A)			·····
(B)			**************************************
(C)			·
(D)			
(E)			
(F)			······································
(G)			
(H)			
tal, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the annual ti			
Complete if the organization answered "Yes" or (a) Description of Investment	Form 990, Part IV, line	11c. See Form 990, Part X. line 19	
(1)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(2)			J TABLE
(3)			
(4)			
(5)			
(6)			
(7)			
(6)			
(9)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Outer Assets.			
Complete if the organization answered "Yes" on	Form 990, Part IV. line	1d. See Form 900. Doct V. line 45	11
Complete if the organization answered "Yes" on (a) Des	Form 990, Part IV, line scription	1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des	Form 990, Part IV, line coription	1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des	Form 990, Part IV, line scription	1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des	Form 990, Part IV, line scription	1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des (1)	Form 990, Part IV, line 'scription	1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des (1)	Form 990, Part IV, line ' scription	1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des (1) 2) 3)	Form 990, Part IV, line 'scription	1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des (1) 2) 33 49 59 69 69 69 69 69 69 69 69 69 69 69 69 69	Form 990, Part IV, line 'scription	1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des (1) 2) 3) 4) 5)	Form 990, Part IV, line 'scription	1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des (b) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		1d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" on (a) Des (b) Des (c) Des		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15.) (c) Complete if the organization answered "Yes" on Form 15.		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15. (c) Other Liabilities. Complete if the organization answered "Yes" on Form (a) Description of liability		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (c) must equal Form 990. Part X. col. (B) line 15.) (c) Complete if the organization answered "Yes" on Form 1990. Part X. col. (B) line 15.) (a) Description of liability Federal income taxes		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15.) (c) Other Liabilities. Complete if the organization answered "Yes" on Form (a) Description of liability Federal income taxes DUE TO RELATED PARTY		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (c) must equal Form 990. Part X. col. (B) line 15.) (c) Complete if the organization answered "Yes" on Form 1990. Part X. col. (B) line 15.) (a) Description of liability Federal income taxes		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15.) (c) Other Liabilities. Complete if the organization answered "Yes" on Form (a) Description of liability Federal income taxes DUE TO RELATED PARTY		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15.) (c) Other Liabilities. Complete if the organization answered "Yes" on Form (a) Description of liability Federal income taxes DUE TO RELATED PARTY		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15.) (c) Other Liabilities. Complete if the organization answered "Yes" on Form (a) Description of liability Federal income taxes DUE TO RELATED PARTY		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15.) (c) Other Liabilities. Complete if the organization answered "Yes" on Form (a) Description of liability Federal income taxes DUE TO RELATED PARTY		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15.) (c) Other Liabilities. Complete if the organization answered "Yes" on Form (a) Description of liability Federal income taxes DUE TO RELATED PARTY		1d. See Form 990, Part X, line 15.	(b) Book value
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Complete if the organization answered "Yes" on (a) Des (a) Des (b) (a) Des (c) Des (c) Des (d) Des (d) Des (e) Description of liability (e) Description of liability (e) TO RELATED PARTY (c) Description of liability	om 990, Part IV, line 11	1d. See Form 990, Part X, line 15.	(b) Book value (b) Book value 334,442.
Complete if the organization answered "Yes" on (a) Des (a) Des (b) Column (b) must equal Form 990. Part X. col. (B) line 15.) (c) Complete if the organization answered "Yes" on Form 990. Part X. col. (B) line 15.) (a) Description of liability Federal income taxes DUE TO RELATED PARTY	om 990, Part IV, line 11	1d. See Form 990, Part X, line 15.	(b) Book value (b) Book value 334,442.

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Sch	edule D	(Form 990) 2	2020	MO	LO VILLA	GE	CDC CO				2	<u>7-5347893</u>	Page 5
Pa	rt XIII	Supplem	ental in	formati	LO VILLA on (continued)								
-					Transfer Transfer			·····		······································			·
OR	PEN	ALTIES	HAVE	BEEN	CHARGED	TO	OPERATIONS	FOR	THE	YEAR	THEN	ENDED.	
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Schedule D (Form 990) 2020

SCHEDULE L

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

ame of the organization	OLO VILI	LAGE CDC	co					27	<u>-53</u>	identi 4789		n nun	noer			
Excess Bene	fit Transact	ions (section 50)1(c)(3),	section	on 501(c)(4), and sec	tion	501(c)(29) orga	nizatio	ns onl	y). `						
Complete if the o	rganization ans	swered "Yes" on F	orm 99	10, Par	t IV, line 25a or 25b					<i>.</i>	(d)	Correc	ted?			
(a) Name of disqualified pe	erson (b)	Relationship betv person and or	veen di: ganizat	squali tion	ned (c) Des	scription of tran	sactio	n		Ye		No			
											-	_				
											+	_				
											 					
2 Enter the amount of tax is section 4958				******			,.,.,.,.,.,.,.		▶ \$							
3 Enter the amount of tax,	if any, on line 2	, above, reimburs	ed by t	he org	anization				\$	<u> </u>						
				********									-			
Part II Loans to and	i/or From In	iterested Pers	ions.	00 57	Part V, line 38a or F	om	990. Part IV. lin	ie 26: (or if th	e orgai	nizatio	រា				
Complete if the c	irganization an: upt on Form 99	90, Part X, line 5, 6	3, or 22	90-62.,	rat v, into ood o					(h) Apı			70.1			
(a) Name of	(b) Relationship	ip (c) Purpose	(d) Los	en to or	(e) Original	(f) Balance du		o) Original (f) Ba sipal amount) In ault?	by bo	ard or	agree) Written greement?	
interested person	with organization	on of loan	organiz		principal allocit					Yes	No	Yes	No	Yes	No	
		+	10	PIOIII												
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otal					> \$						K p.					
Part Grants or As	sistance Be	enefiting Inter	estec	Pen	sons.											
Complete if the (a) Name of interested		(b) Relationship interested pen the organiz	between	en	(c) Amount of assistance		(d) Type assistar) Purp assist	ose of ance	f			
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Schedule L (Form 990 or 990-EZ) 2020 MOLO V	VILLAGE CDC CO		27-5347	893	Page
Part IV Business Transactions Involv	ing Interested Persons. "Yes" on Form 990, Part IV, line 28a, 2	Sh ar 28a			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation
OHNETTA ROBERTS	BOARD MEMBER	40 026	JOHNETTA RO	Yes	No.
UMMETTA RUBERTS	BOARD MEMBER	40,926.	DOHNETTA RO		X
· · · · · · · · · · · · · · · · · · ·					_
Supplemental Information. Provide additional Information for respo	nses to questions on Schedule L (see in	nstructions).			**********
H L, PART IV, BUSINESS TE			D PERSONS:		
) NAME OF PERSON: JOHNETT	TA ROBERTS				
) DESCRIPTION OF TRANSACT	TION: JOHNETTA ROBER	rs, board m	EMBER, IS PA	צידים	
		,			
A MARKETING AND LEASING	SERVICES CONTRACT W	ITH AIM DEV	ELOPMENT GRO	UP,	
RP. WHICH IS THE DEVELOPM	MENT CONSULTANT FOR	THE ORGANIZ	ATION. THE		
RKETING CONTRACT WAS ENTE	RED INTO ON SEPTEMBI	R 8, 2017	AND TERMINAT	ES	
DECEMBER 31, 2020. PURSU	ነልእነጥ ጥር ጥዝዌ ሮርአመንልሮጥ	MC DODED	שמ דכ שה אפנ	TOM	
		, ,			
DEVELOPING A MARKETING A	ND OUTREACH STRATEGY	IN CONNEC	TION WITH TH	E	
SSION OF THE ORGANIZATION	. IN RETURN FOR THES	SE SERVICES	, MS. ROBERT	s is	
ID AN HOURLY RATE AS STAT	ED IN THE CONTRACT.				

		***************************************	······································	****	
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A 40 40 -		Sch	edule L (Form 990 or (90-EZ)	202
2 12-09-20					

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

MOTO STEELAGE CDC CO

Employer identification number 27-5347893

MOLO VILLAGE CDC CO
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OWN INDIVIDUALIZED SELF-IMPROVEMENT PLANS, AND MEETING THE NEEDS OF
RUSSELL'S YOUTH AND SENIOR ADULTS THROUGH PROGRAMMING, ACTIVITIES, AND
REFERRALS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS THE AUDITED FINANCIAL STATEMENTS OF THE
ORGANIZATION ON WHICH THE FEDERAL FORM 990 IS BASED. THE BOARD OF DIRECTORS
RELIES ON MANAGEMENT TO REVIEW AND FILE THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY THAT IS ANNUALLY
REVIEWED BY THE BOARD OF DIRECTORS FOR ANY POTENTIAL CONFLICTS WITH ONGOING
AWARENESS THROUGHOUT THE YEAR.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
PART XII, LINE 2C
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE AUDITED
FINANCIAL STATEMENTS OF THE ORGANIZATION.

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

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990)

Department of the Treasury Internal Reverse Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 36b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

OMB No. 1545-0047 2020

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

Employer identification number 27-5347893 Section 5 (2(b)(13) controlled ટ્ટ Direct controlling Yes × 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. 8 fOLO VILLAGE CDC Direct controlling entity Ξ End-of-year assets **e** Public charity status (if section 501(c)(3)) 509 (A) (3) Total income € Exempt Code section 501(C)(3) 9 Identification of Disregarded Entitles. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Legal domicile (state or foreign country) 0 KENTUCKY SUPPORT MOLO VILLAGE CDC Primary activity Primary activity CO.'S MISSION MOLO VILLAGE CDC CO 84-3961078, 1219 W. JEFFERSON ST., STE 204, Name, address, and EIN (if applicable) THE VILLAGE AT WEST JEFFERSON, INC. Name, address, and EIN of disregarded entity. of related organization LOUISVILLE, KY 40201 Pert PartII

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

032161 10-28-20 LHA

Schedule R (Form 990) 2020

27-5347893

Page 2

Schedule R (Form 990) 2020 MOLO VILLAGE CDC CO

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 partner? Yes No Section 512(b)(18) controlled entity? Schedule R (Form 990) 2020 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 organizations treated as a corporation or frust during the tax year. B Percentage ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1085) 8 (g) Share of end-of-year assets Disproportionate affocations? Yes E (f) Share of total Income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) **(e)** Share of total income (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē Legal domicile (state or foreign counity) 35 O (d)
Direct controlling
entity Primary activity (C)
Legal
domiolie
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Î 332162 10-28-20 Part IV

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

Note: Complete line 1 if any entity is listed in Parts II, III, or N of this schedule.	nswered "Yes" on F	il the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36, is schedule	5b, or 36.	
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listand in the second of the following transactions with one or more related organizations listand in the second organizations listand in the second organizations.	ons with one or more	related organizations liet.		Yes
	raty.		ed in Parts II-IV?	2000
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		***************************************	(a) also a constant (b) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	1d X
Dividends from related organization(s)				1e
Sale of assets to related organization(s)	***************************************			
Purchase of assets from related ornanipations	***************************************		***************************************	#
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moon to leigted Organization(s)		***************************************	CHILDRE DESIGNATION CONTINUES CONTIN	L_
Lease of facilities, equipment, or other assets from related organization(s)				Ē
Peromance of services or membership or fundraising solicitations for related organizations.	anipation(s)	***************************************		*
In result mande of services or membership or fundraising solicitations by related organization (e.g.,	anization(e)		***************************************	×
Sharing of racilities, equipment, mailing lists, or other assets with related organization(s)	lon(s)			Ę
Chairly or paid employees with related organization(s)			***************************************	‡ X
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Service to the contraction (a) for expenses	***************************************	******************************	White free teams and the control of	10 X
Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				19
If the answer to any of the above is "Yes," see the instruction of	***********************************		***************************************	
121 Description on visit descripts for information on v	no must complete the	ils line, including covered	Tor information on who must complete this line, including covered relationships and transmit.	18
(a) Name of related organization	9	13	and utalisaction (nesholds.	
	Transaction type (a-s)	Amount involved	(d) Method of determining amount involved	wolved
032163 10-28-20				
	36		Schedule	Schedule R (Form 990) 2020

27-5347893

Page 4

Schedule R (Form 990) 2020 MOLO VILLAGE CDC CO

Pativi 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 more remember).	antity taxed as a partnerst	inplete it me organ ip through which ti	Commission is the organization answered "Yes" on Form 990, Part IV, line 37, wiship through which the organization conducted more than five percent of it.	on Form	990, Part IV, line 3 than five percent of	7. If its activities (mea	sured by	total assets or	l dinee 19	(2)
(3)	A STATE OF THE BACKET	SION TOT CETTAIN INVE	stment partnerships.							(and a
Name, address, and EIN of entity	(o) Primary activity	(c) Legal domicite (state or foreign	(d) Predominant income par (related, unrelated, 5	Are all partners sec. SOI (c)(3)	(f) Share of		(h) Dispraçor- Honate	(i) (j) (j) Code V-UBI General or P	Opheral C	(k) (k) Oeneral or Percentage
		country)	excuded from tax under sections 512-514)	Yes No	-	assets	affocations?	of Schedule K-1	Dartner	ownership
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032164 10-28-20

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 MOLO VILLAGE CDC CO	27-5347893 Page 5
Schedule R (Form 990) 2020 MOLO VILLAGE CDC CO Part VII Supplemental Information	· · · · · · · · · · · · · · · · · · ·
Provide additional information for responses to questions on Schedule R. See instructions.	<u> </u>
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Commonwealth of Kentucky Elaine N. Walker, Secretary of State

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Elaine N. Walker
Secretary of State
Received and Filed
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Fee receipt: \$8.00

NAOI

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Articles of Incorporation Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incoporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

Molo Village CDC Co

Article II: The street address of the company's initial registered office in Kentucky is

St. Peter's UCC, 1225 W. Jefferson Street, Louisville, KY 40203

and the name of the initial registered agent at that address is Mark Woodard

Article III: The mailing address of the company's initial principal office is

St. Peter's UCC, 1225 W. Jefferson Street, Louisville, KY 40203

Article IV: The name and mailing address of each incorporator is

Jamesetta F Ferguson St. Peter's UCC, Louisville, Kentucky 40203

Article V: The number of directors constituting the initial board of directors is 3. The name and mailing address of each director is

Sonja Williams

St. Peter's UCC, Louisville, Kentucky 40203

Teresa Walton

St. Peter's UCC, Louisville, Kentucky 40203

Jamesetta F Ferguson

St. Peter's UCC, Louisville, Kentucky 40203

Article VI: The purpose of the company is: Mission and social services at St. Peter's United Church of Christ.

Executed by the Incorporator on Monday, February 07, 2011

Name of Incorporator: Jamesetta F Ferguson Signature of individual signing on behalf of Incorporator: Jamesetta F Ferguson

I, Mark Woodard, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Mark Woodard

Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest Information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.											
	MOLO Village CDC 2 Business name/disregarded entity name, if different from above												
page 3.	Check appropriate box for federal tax classification of the person whose natification of the person	ame is entered on line 1. Che	eck only a	ne (of the	Ce	rtain (ption entitie ons o	s, no	t indi	vidua		
e. Ins on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	on L Partnership	L. Trus	st/es	state	Ex	empt	payee	cod	e (if a	ny)_		
충용	Limited liability company. Enter the tax classification (C=C corporation,												
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classificat LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax	from the owner unless the o purposes. Otherwise, a sing	wner of the	ne L	LC is	1 ~	empti de (If	on fro any)	m F/	ATCA	repo	rting	
_ €	is disregarded from the owner should check the appropriate box for the Other (see instructions) ▶	TEX CHESSINGSOUT OF ITS OWIN	er.			(Ap)	olles to	Booouni	s main	tulned d	outside	the U.S	£)
8	5 Address (number, street, and apt. or suite no.) See instructions.		Requeste	er's	name	and a	addre	ss (or	ntions	al)			_
See	1219 W. Jefferson Street, Suite 204												
•••	6 City, state, and ZIP code												
	Louisville, KY 40203 7 List account number(s) here (optional)									**********			
Pai	Taxpayer Identification Number (TIN)												
end children	your TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to avo	old	Soc	cial se	curit	y nur	nber					
backı	up withholding. For individuals, this is generally your social security nu	ımber (SSN). However, fo					T	T	1	Π		T	
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.							-L		_				
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter. 2 7					ploye	r identification number							
					7	- !	5 3	4	7	8	9	3	
Part II Certification											L		
1,000	penalties of perjury, I certify that:												
2. I ar Ser	e number shown on this form is my correct taxpayer identification num n not subject to backup withholding because: (a) I am exampt from ba vice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and	ackup withholding, or (b)	I have no	ot b	een	notifi	ed by	y the	Inte				ım
	n a U.S. citizen or other U.S. person (defined below); and												
	FATCA code(s) entered on this form (if any) indicating that I am exem	npt from FATCA reporting	j is come	ect.									
you ha	ication instructions. You must cross out item 2 above if you have been rave falled to report all interest and dividends on your tax return. For real exition or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	state transactions, item 2 tions to an individual retire	does not ment am	app	ply. F emer	or mo	ortga N, an	ge int d ger	eres neral	t paid ly, pa	d, ayme	nts	ISE
Sign Here			late >	4	1/	2	7	13	20	a)	2		
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_	hey were published, go to www.irs.gov/FormW9.	• Form 1099-S (proce							•				
	pose of Form	• Form 1099-K (merci										٠.	
nform	lividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer ication number (TIN) which may be your social security number	• Form 1098 (home m 1098-T (tuition)			erest), 108	18-E	(STUC	ent	ioan	inter	es t),	
SSN)	Individual texpayer identification number (ITIN), adoption	 Form 1099-C (cancel Form 1099-A (acquire 		•	andor	men	t of s	acı iri	ad n	rope	tv)		
EIN),	ver identification number (ATIN), or employer identification number to report on an information return the amount paid to you, or other	Use Form W-9 only alien), to provide your	if you a	re a	U.S				•	•	•	nt	
etum	nt reportable on an information return. Examples of information s include, but are not limited to, the following.	If you do not return	Form W	/-9 t	to the								t
rom	Form 1099-INT (interest earned or paid) be subject to backup withholding. See What is backup withholding, later.												

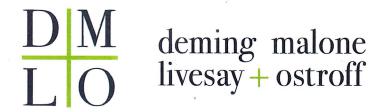
MOLO VILLAGE CDC, CO. AND THE VILLAGE AT WEST JEFFERSON, INC.

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Years Ended December 31, 2021 and 2020

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Supplementary Information	
Consolidating statement of financial position Consolidating statement of activities Consolidating statement of functional expenses	17 18 19



Independent Auditors' Report

To the Board of Directors Molo Village CDC, Co. and The Village at West Jefferson, Inc. Louisville, Kentucky

Opinion

We have audited the accompanying consolidated financial statements of Molo Village CDC, Co. and The Village at West Jefferson, Inc. (nonprofit organizations), which comprise the consolidated statements of financial position as of December 31, 2021 and 2020, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Molo Village CDC, Co. and The Village at West Jefferson, Inc. as of December 31, 2021 and 2020, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Molo Village CDC, Co. and The Village at West Jefferson, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Molo Village CDC, Co. and The Village at West Jefferson, Inc.'s ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to
 fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include
 examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial
 statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are
 appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Molo
 Village CDC, Co. and The Village at West Jefferson, Inc.'s internal control. Accordingly, no such opinion is
 expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting
 estimates made by management, as well as evaluate the overall presentation of the consolidated financial
 statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Molo Village CDC, Co. and The Village at West Jefferson, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Dening, Molone, Tuesay & Octroff

Louisville, Kentucky April 29, 2022

$\begin{array}{c} \textbf{MOLO VILLAGE CDC, CO.} \\ \textbf{AND} \end{array}$

THE VILLAGE AT WEST JEFFERSON, INC.

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

December 31, 2021 and 2020

Assets	2021	2020
Current Assets		
Cash	\$ 394,958	\$ 2,437,781
Cash, reserve account	259,940	310,190
Grants receivable	60,360	102,996
Other receivables	24,417	,
Prepaid expenses	6,251	15,373
Total current assets	745,926	2,866,340
Property and Equipment		
Building	6,338,070	
Equipment and furnishings	81,218	3,500
Construction in progress		4,748,791
	6,419,288	4,752,291
Less accumulated depreciation	61,081	700
	6,358,207	4,751,591
Other Assets		
Note receivable	4,845,886	4,845,886
Total assets	\$ 11,950,019	\$ 12,463,817
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 87,347	\$ 859,504
Notes Payable, net	_10,617,273	10,595,000
Total liabilities	10,704,620	_11,454,504
Net Assets		
Without donor restrictions	1,089,855	071 150
With donor restrictions	1,089,833	971,159 38,154
Total net assets		1,009,313
Total liabilities and net assets	\$ 11,950,019	\$ 12,463,817

See Notes to Consolidated Financial Statements.

MOLO VILLAGE CDC, CO.
AND
THE VILLAGE AT WEST JEFFERSON, INC.

CONSOLIDATED STATEMENTS OF ACTIVITIES

Years Ended December 31, 2021 and 2020

See Notes to Consolidated Financial Statements.

MOLO VILLAGE CDC, CO. AND THE VILLAGE AT WEST JEFFERSON, INC.

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended December 31, 2021 and 2020

		2021			
	Program Services	Management and General	Total		
Accounting and administration		\$ 25,703	\$ 25,703		
AmeriCorp stipends					
Bank charges		1,237	1,237		
COVID 19 expenses					
Depreciation	\$ 58,186	2,195	60,381		
Dues and subscriptions		2,973	2,973		
Education hub	31,253		31,253		
Insurance	17,256		17,256		
Interest		310,299	310,299		
Marketing and printing	30,113		30,113		
Miscellaneous	495	880	1,375		
Nutrition center					
Professional fees	36,804	58,261	95,065		
Program contractors	16,095		16,095		
Rent and CAM					
Repairs, maintenance and landscaping	30,919	2,275	33,194		
Salaries and wages	51,269	51,269	102,538		
Space allocation	11,648		11,648		
Special events	21,895		21,895		
Supplies and decorations	15,073	16,662	31,735		
Telephone and utilities	15,378	4,948	20,326		
	\$ 336,384	\$ 476,702	\$ 813,086		

See Notes to Consolidated Financial Statements.

2020							
P	rogram	Ma	nagement				
$_{S}$	ervices	and	l General		Total		
		\$	18,824	\$	18,824		
\$	7,638				7,638		
			2,487		2,487		
	1,642				1,642		
			700		700		
			1,531		1,531		
	19,236				19,236		
			28,526		28,526		
			230,906		230,906		
			43,248		43,248		
	363		901		1,264		
	1,053				1,053		
			55,508		55,508		
	5,193				5,193		
			2,590		2,590		
	8,580				8,580		
	4,934				4,934		
	•				,		
\$_	48,639	\$	385,221	\$	433,860		

MOLO VILLAGE CDC, CO. AND THE VILLAGE AT WEST JEFFERSON, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended December 31, 2021 and 2020

	2021	2020
Cash Flows from Operating Activities		
Cash received from contributions and grants	\$ 583,649	\$ 532,301
Cash received from lessees	269,637	
Cash received for services and events	341	
Cash paid to vendors and others	(405,667)	(169,097)
Interest received	224,964	248,200
Interest paid	(295,938)	(227,238)
Net cash provided by operating activities	376,986	384,166
Cash Flows from Investing Activities		
Purchase of property and equipment	(2,470,059)	(3,595,036)
Net cash used in investing activities	(2,470,059)	(3,595,036)
Cash Flows from Financing Activities		
Payment of debt issuance costs		(56,834)
Net cash used in financing activities		(56,834)
Net decrease in cash and restricted cash	(2,093,073)	(3,267,704)
Cash and restricted cash, beginning of year	2,747,971	6,015,675
Cash and restricted cash, end of year	\$ 654,898	\$ 2,747,971
Cash and Restricted Cash Shown on the Statements		
of Financial Position		
Cash	\$ 394,958	\$ 2,437,781
Cash, reserve account	259,940	310,190
	\$ 654,898	\$ 2,747,971
Supplementary Schedule of Noncash Investing		
and Financing Activities		
Purchases of property and equipment in accounts payable		\$ 810,974

	2021	2020
Reconciliation of Net Increase in Total Net Assets to Net Cash Provided by Operating Activities		
Net increase in total net assets	\$ 236,086	\$ 449,637
Adjustments to reconcile net increase in total net assets to net cash provided by operating activities:		
Depreciation	60,381	700
Amortization	14,361	10,406
Change in assets and liabilities:		
Decrease (increase) in:		
Grants receivable	42,636	(102,996)
Other receivables	(24,417)	
Prepaid expenses	9,122	(15,373)
Increase in:		
Accounts payable and accrued expenses	38,817	41,792
Total adjustments	140,900	(65,471)
Net cash provided by operating activities	\$ 376,986	\$ 384,166

MOLO VILLAGE CDC, CO. AND THE VILLAGE AT WEST JEFFERSON, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Nature of Operations and Summary of Significant Accounting Policies

Nature of operations:

Molo Village CDC, Co. (Molo), a Kentucky nonprofit corporation, is a grassroots organization committed to supporting individuals and families whom reside in the Russell community of West Louisville, Kentucky by providing reintegration services to returning citizens, supporting the holistic health of all community members, empowering residents to develop and implement their own individualized self-improvement plans, and meeting the needs of Russell's youth and senior adults through programming, activities, and referrals.

The Village at West Jefferson, Inc. (The Village), a Kentucky nonprofit corporation, was created in 2019 to support Molo Village CDC, Co.'s mission by expanding the social services available to local residents both directly and indirectly through partnerships with other mission-aligned organizations, small businesses, and entrepreneurs.

Summary of significant accounting policies:

This summary of significant accounting policies of Molo Village CDC, Co. and The Village at West Jefferson, Inc. (collectively, the Organizations) is presented to assist in understanding the Organizations' consolidated financial statements. The consolidated financial statements are representations of the Organizations' management who is responsible for the integrity and objectivity of the consolidated financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the consolidated financial statements.

Principles of consolidation:

The consolidated financial statements include the accounts of the Molo Village CDC, Co. and The Village at West Jefferson, Inc. Consolidation is required based on Molo Village CDC, Co.'s majority voting interest in The Village at West Jefferson, Inc.

The activity of Molo Village CDC, Co. is recorded in two distinct divisions - CDC and POB. The CDC represents program activities while the POB represents the New Markets Tax Credit transaction and construction. Activity by division is presented in the supplementary information accompanying the consolidated financial statements. All intra-company and inter-company balances and transactions have been eliminated in consolidation.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Use of estimates:

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Grants receivable:

Grants receivable represent amounts due for unconditional promises to give made prior to year-end. Grants receivable are stated at net realizable value, the amount management expects to collect on outstanding balances at year end. Management determines if an allowance for uncollectible amounts is necessary based on historical collection of receivables. As of December 31, 2021 and 2020, no allowance was considered necessary. If amounts become uncollectible, they will be charged to an allowance established in the year when that determination is made. All grants receivable are due within the next year.

Property and equipment:

Property and equipment are stated at cost, if purchased, or fair value if donated. Depreciation is recorded using the straight-line method over the estimated useful lives of the assets. The Organizations' policy is to capitalize asset purchases exceeding \$1,000.

Debt issuance costs:

Debt issuance costs are capitalized when incurred and are amortized using the effective interest method over the life of the loan. The debt issuance costs are included in notes payable on the consolidated statement of financial position. Amortization is included in interest expense on the consolidated statement of activities.

Net assets:

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net assets without donor restrictions - Net assets available for use in general operations and not subject to donor restrictions.

Net assets with donor restrictions - Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Contributions restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Revenue and revenue recognition:

Contributions:

The Organizations receive contributions to support operating activities and capital projects. These contributions can be from individuals, foundations, corporations, and trusts. The Organizations recognize contributions when cash, securities or other assets, or an unconditional promise to give is received. Conditional gifts, with a measurable performance or other barrier and right of return, are not recognized until the conditions on which they depend are substantially met or explicitly waived by the donor.

In-kind contributions:

The Organizations recognize contributions of services received if such services: (a) create or enhance nonfinancial assets (b) require specialized skills (c) are provided by individuals possessing those skills, and (d) would typically need to be purchased if not contributed. Those contributed services that do not meet these specific criteria are not reflected in the financial statements.

The Organizations receive services from many volunteers who give significant amounts of their time to the programs. No amounts have been reflected for these types of donated services, as there is no objective basis available to measure the value of such services.

Contributions of assets other than cash are recorded at estimated fair value as of the date of donation.

Service and event income:

Service and event income are contract revenues and relate to income earned in exchange for providing senior adult services on behalf of a third-party nonprofit organization, community outreach and event services on behalf of the local government, and ticket sales and public relations for events. Revenues are recognized over time as services are provided or at a point in time when the event occurs and at the amount to which the Organizations are entitled when control of the products or services are transferred to the customer. Service fees are determined pursuant to the third-party rate schedule and are payable within thirty days. Community outreach and event income transaction prices vary according to the service provided and are generally due at the time of service.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Approximately 1% of the Organizations' revenues are derived under contracts for the year ended December 31, 2021. No revenues were derived under contracts for the year ended December 31, 2020. The Organizations' contract revenue based on the timing of satisfaction of performance obligations for the year ended December 31, 2021 were 55% for performance obligations satisfied over time and 45% for performance obligations satisfied at a point in time.

There are no incremental costs of obtaining a contract and no significant financing components. The nature, amount, and timing of contract revenues and cash flows is affected by the economy and government regulations. As of December 31, 2021, a maximum of approximately \$45,000 of revenue may be recognized over the next two years from performance obligations for the contract for providing senior adult services.

Lease income:

The POB division of Molo Village CDC, Co. leases commercial space within The Village to various tenants. Lease income is recorded on a monthly basis as the space is utilized in accordance with tenant contracts and includes variable lease payments such as common area maintenance. Lease payments are generally due on the first day of each and every month. Security deposits and other advance payments are included within the balance of accounts payable and accrued expenses. Refer to Note 10 for further discussion.

Income taxes:

The Organizations are exempt from federal, state and local income taxes as nonprofit organizations described under Section 501(c)(3) of the Internal Revenue Code. Each organization files an informational tax return in the U.S. federal jurisdiction. However, income from certain activities not directly related to the Organizations' tax-exempt purposes may be subject to taxation as unrelated business income. Management does not believe the Organizations have unrelated business income for the years ended December 31, 2021 and 2020.

As of December 31, 2021 and 2020, the Organizations did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

Functional allocation of expenses:

The consolidated statement of activities reports certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied, including on the basis of estimates of time and effort. The consolidated statement of functional expenses details the natural classification of expenses by function.

Newly issued standards not yet effective:

The Financial Accounting Standards Board has issued accounting standards No. 2016-02, Leases, effective for years beginning after December 15, 2021, No. 2020-07, Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets, effective for years beginning after June 15, 2021, and No. 2021-05, Leases: Lessors - Certain Leases with Variable Lease Payments, effective for years beginning after December 15, 2021. The Organization is evaluating the impact that adoption of these standards will have on future financial position and results of operations.

Subsequent events:

Subsequent events have been evaluated through April 29, 2022, which is the date the consolidated financial statements were available to be issued.

Note 2. Liquidity and Availability

The following table reflects the Organizations' financial assets for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Cash	\$ 654,898	\$ 2,747,971
Less funds with contractual restrictions	(259,940)	(310,190)
Less funds held for The Village construction project		(2,303,780)
Grants receivable	60,360	102,996
Other receivables	24,417	
	479,735	236,997
Donor restricted funds for specified purpose	_(110,519)	(38,154)
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 369,216</u>	\$ 198,843

The Organizations manage their liquidity and reserves following two guiding principles: operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs. The Organizations rely on continued donations and lease income to meet operational cash needs throughout the year.

Note 3. Cash, Reserve Account

Molo has established the MBS Reserve Account from proceeds of the MBS-UI SUB-CDE 52, LLC loans (see Notes 6 and 7). Per the terms of the loan, these funds are restricted for the payment of the QALICB Asset Management Fees and are pledged to the lender.

Note 4. Property and Equipment

As of December 31, 2021, construction was completed on The Village at West Jefferson, a new facility located in West Louisville, for a total building cost of \$6,338,070. The project was financed through a combination of contributions and grants, debt (see Note 6), and a New Markets Tax Credit transaction. The new market tax credits were approved and allocated to the project in December 2019 (see Note 7). As of December 31, 2020, the Organizations had expended approximately \$4,750,000 in construction, planning, and demolition costs for The Village. For the years ended December 31, 2021 and 2020, respectively, \$377,186 and \$226,311 of interest was capitalized for this project.

Note 5. Note Receivable

As of December 31, 2021 and 2020, The Village has a \$4,845,886 note receivable due from Twain Investment Fund 445, LLC, an unrelated entity, with a stated interest rate of 4.5555% to be repaid in monthly interest installments through December 2026. Beginning January 2027, monthly principal and interest payments of \$25,568 will be due with final payment due December 18, 2054. The note is secured by an interest in securities representing a 99.99% membership interest in MBS-UI Sub-CDE 52, LLC (see Note 7).

Note 6. Notes Payable

Notes payable consist of the following (all terms, collateral and interest rates are presented as of December 31, 2021). The outstanding principal balance plus all accrued but unpaid interest of The Village promissory note to United Church of Christ Cornerstone Fund, Inc. is due on December 19, 2026. No other principal payments are due within the next five years.

	<u>2021</u>	<u>2020</u>
The Village: Promissory Note to United Church of Christ		
Cornerstone Fund, Inc., due December 19, 2026. Interest		
payments are due monthly at a rate of 5.25%. The note is		
secured by a collateral assignment of an interest in a certain		
loan and membership in MSB-UI Sub-CDE 52, LLC and		
UCC-1 Financing statement.	\$ 4,200,000	\$ 4,200,000
OCC 11 mancing statement.	Ψ 1,200,000	Ψ 1,200,000
MOLO: Two notes payable to MBS-UI SUB-CDE 52, LLC,		
\$4,845,886 and \$2,014,114, each with a stated interest rate of		
3.299%. Interest only payments are due monthly through	6,060,000	6.060.000
December 2026. See Note 7 for additional terms and collateral.	6,860,000	6,860,000
	11,060,000	11,060,000
Less unamortized debt issuance cost	442,727	465,000
	\$10,617,273	\$10,595,000

Note 7. New Markets Tax Credit Transaction

On December 20, 2019, the Organizations closed a New Markets Tax Credit transaction. The Village made a loan of \$4,845,886 to Twain Investment Fund 445, LLC (The Fund) (see Note 5), which is majority owned by US Bancorp Community Development Corporation (USBCDC), and USBCDC invested \$2,265,900 into The Fund. The Fund invested \$7,000,000 into MBS-UI SUB-CDE 52, LLC (a subsidiary of MBS Urban Initiatives CDE, LLC, the holder of a New Markets Tax Credit Allocation). MBS-UI SUB-CDE 52, LLC then made two loans to Molo – an "A" loan in the amount of \$4,845,886 (the same amount as The Village's loan to the Fund, above) and a "B" loan in the amount of \$2,014,114. Molo incurred closing costs of \$415,360 on this transaction. Interest only payments are due monthly through December 5, 2026. Principal payments are due beginning January 5, 2027 and will be based on the lender's amortization schedule in the loan agreement. The loans are secured by a mortgage on the property and substantially all the property's assets, with the exception of the fee and reimbursement reserve accounts. Loan and regulatory agreements restrict the use of the property to those allowed as a qualified active low-income community business for the term of the note.

Upon seven years after the closing of this transaction, The Village has the right to execute a Call Option to USBCDC for \$1,000 to acquire all of USBCDC's interest in The Fund. This will effectively cancel the \$4,845,886 note receivable and eliminate the A and B loans in consolidation.

Under the terms of these agreements, Molo leases land owned by St. Peter's Evangelical Church of Louisville (St. Peter's) for a term of ninety-nine years from the close of the New Markets Tax Credit transaction. Rent is \$1 per year plus a one-time \$125,000 reservation fee, all paid at closing. Molo also leases another tract of land for a drive-up ITM from St. Peter's for \$1 per year for a lease term of five years, which commenced in August 2020.

Note 8. Net Assets with Donor Restrictions

Net assets with donor restrictions as of December 31, 2021 and 2020 are restricted for the following purposes, and are included in cash and grants receivable on the consolidated statement of financial positon.

	2021	2020
Subject to expenditure for specified purpose:		
Education hub	\$ 105,519	\$33,154
Cabinet making internship	5,000	5,000
	_110,519	38,154
Subject to the passage of time:		
Grants to be used for future years	45,025	
	\$155,544	\$38,154

Net assets are released from donor restriction by incurring expenses satisfying the restricted purpose, by occurrence of events specified by donors, or by change in the restrictions satisfied by donor.

Note 9. Concentration of Cash

The Organizations maintain cash balances at financial institutions located in Kentucky. Accounts at the financial institutions are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2021, the Organizations' uninsured cash balances totaled approximately \$43,000. Management believes that the financial institutions are of sufficient size to provide financial security of uninsured balances and does not believe the Organizations are exposed to significant credit risk.

Note 10. Leases and Related Party Transactions

The Organization committed to leasing office spaces at The Village at West Jefferson once the project was completed (see Note 4.). The underlying asset is the building of approximately \$6,350,000. The leases are periods of 3 or 5 years, with an annual base rent ranging from approximately \$16,000 to \$65,000. The leases have various options to renew for additional three or five year terms. The Organization entered into a property management agreement with Leverage Property Management for a fee equal to 6% of gross receipts collected from the rental of the property. The following is a schedule of total minimum lease payments under these third-party operating leases:

\$ 315,267	December 31, 2022
316,425	2023
252,578	2024
238,483	2025
56,464	2026
<u>\$1,179,217</u>	

These payments do not include variable lease payments for common area maintenance. Base rent income and variable lease income from these third-party operating leases during the year ended December 31, 2021 were \$227,459 and \$50,441, respectively.

The Organization leases one suite to an organization owned by a related party. Total rental income of \$21,189 was received for this lease during 2021. The Organization also incurred expenses of \$22,670 and \$40,926 for the years ended December 31, 2021 and 2020, respectively, for marketing services provided by this related party.

The CDC division of Molo Village CDC Co. also leases office space at The Village at West Jefferson from the POB division of Molo Village CDC Co. The lease is a period of twenty years, with annual rent of \$1,475 prior to a 3% annual increase beginning in 2024. The lease has an option to renew for one additional twenty-year period.

The following is a schedule of total minimum lease payments under the related party operating lease:

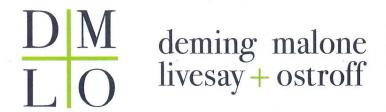
December 31, 2022	\$ 17,704
2023	17,704
2024	18,102
2025	18,645
2026	19,204
Thereafter	 345,297

\$436,656

These payments do not include variable lease payments for common area maintenance. Base rent income and variable lease income for the related party operating lease during the year ended December 31, 2021 were \$13,278 and \$5,083, respectively. This rent expense and related lease income have been eliminated in consolidation.

Note 11. Contingency

On March 11, 2020, the World Health Organization classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. The pandemic has affected the Organizations' operations and resources including forced closures, reduced program activity, and costly measures to prevent the spread of the virus. As of December 31, 2021, economic and public health uncertainties exist which may have a negative effect on the Organizations' future financial position and results of operations. The total impact of the COVID-19 outbreak is unknown at the date the consolidated financial statements were issued. The financial consolidated statements do not include any adjustments that might result from the outcome of this uncertainty.



Independent Auditors' Report on the Supplementary Information

To the Board of Directors Molo Village CDC, Co. and The Village at West Jefferson, Inc. Louisville, Kentucky

We have audited the consolidated financial statements of Molo Village CDC, Co. and The Village at West Jefferson, Inc. as of and for the years ended December 31, 2021 and 2020, and our report thereon dated April 29, 2022, which expressed an unmodified opinion on those consolidated financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary consolidating information on pages 17 through 19 is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Dening, Malone, Liveray & Octroff

Louisville, Kentucky April 29, 2022

THE VILLAGE AT WEST JEFFERSON, INC. MOLO VILLAGE CDC, CO. AND

CONSOLIDATING STATEMENT OF FINANCIAL POSITION December 31, 2021

Molo Village CDC, Co.

The Village

					at West		
Assets	CDC	POB	Eliminations	Total	Jefferson, Inc.	Eliminations	Consolidated
Current Assets							
Cash	\$ 177,468	\$ 214,512		\$ 391,980	\$ 2,978		\$ 394,958
Cash, reserve account		259,940		259,940			259,940
Grants receivable	60,360			60,360			60,360
Other receivables	4,955	19,462		24,417			24,417
Prepaid expenses	6,188	4,834	\$ (4,771)	6,251			6,251
Due from related parties	853,786	880,653	(1,733,939)	200	334,442	\$ (334,942)	
Total current assets	1,102,757	1,379,401	(1,738,710)	743,448	337,420	(334,942)	745,926
Property and Equipment							
Building		6,3		6,338,070			6,338,070
Equipment and furnishings	41,056	40,162		6,419,288			6,419,288
Less accumulated depreciation	5,091			61,081			61,081
	35,965	6,322,242		0,338,207			0,500,00
Other Assets Note receivable					4,845,886		4,845,886
Total assets	\$ 1,138,722	\$ 7,701,643	\$ (1,738,710)	\$ 7,101,655	\$ 5,183,306	\$ (334,942)	\$ 11,950,019
Liabilities and Net Assets Current Liabilities							
Due to related parties	\$ 1,215,095	\$ 853,286	\$ (1,733,939)	\$ 334,442	\$ 500	\$ (334,942)	\$ 87,347
Total current liabilities	1,216,095	5	(1,738,710)	421,789	500	(334,942)	87,347
Notes Payable, net		6,468,869		6,468,869	4,148,404		10,617,273
Total liabilities	1,216,095	7,413,273	(1,738,710)	6,890,658	4,148,904	(334,942)	10,704,620
Net Assets							
Without donor restrictions With donor restrictions	(232,917)	288,370		55,453	1,034,402		1,089,855
Total net assets	(77,373)	288,370		210,997	1,034,402		1,245,399
Total liabilities and net assets	\$ 1,138,722	\$ 7,701,643	\$ (1,738,710)	\$ 7,101,655	\$ 5,183,306	\$ (334,942)	\$ 11,950,019

MOLO VILLAGE CDC, CO. AND THE VILLAGE AT WEST JEFFERSON, INC.

CONSOLIDATING STATEMENT OF ACTIVITIES Year Ended December 31, 2021

	Consolidated	With Donor Restrictions Total	\$ 184,667 \$ 541,013 5,295 277,900 224,964	184,667 1,049,172	(35,602)	117,390 1,049,172	336,384	813,086	117,390 236,086	38,154 1,009,313	
	0	Without Donor Restrictions	\$ 356,346 5,295 277,900 224,964	864,505	35,602	931,782	336,384	813,086	118,696	971,159	
The Village at West	Jefferson, Inc.	Without Donor Restrictions	\$ 220,754	220,754		220,754	231,599	231,599	(10,845)	1,045,247	
		Total	\$ 541,013 5,295 277,900 4,210	828,418		828,418	336,384	581,487	246,931	(35,934)	
	Total	With Donor Restrictions	\$ 184,667	184,667	(35,602)	117,390			117,390	38,154	
		Without Donor Restrictions	356,346 5,295 277,900 4,210	643,751	35,602	711,028	336,384 245,103	581,487	129,541	(74,088)	
CDC, Co.		Eliminations	\$ (186,648) \$ (10,000) (18,361)	(215,009)		(215,009)	(205,829)	(215,009)			
Molo Village CDC, Co.	POB	Without Donor Restrictions	\$ 234,889 296,261 4,143	535,293		535,293	361,213	504,572	30,721	257,649	
		Total	\$ 492,772 \$ 15,295	508,134		508,134	181,000	291,924	216,210	(293,583)	
	CDC	With Donor Restrictions	\$ 184,667	184,667	(35,602)	117,390			117,390	38,154	
		Without Donor Restrictions	\$ 308,105 15,295	323,467	35,602	390,744	181,000	291,924	98,820	(331,737)	
			Support and Revenues Contributions and grants Service and event income Lease income Interest income		Net assets released from restrictions: Purpose restrictions Time restrictions	Total support and revenues	Expenses Program services Management and general	Total expenses	Net in crease (decrease) in total net assets	Net assets, beginning of year	

MOLO VILLAGE CDC, CO. AND THE VILLAGE AT WEST JEFFERSON, INC.

CONSOLIDATING STATEMENT OF FUNCTIONAL EXPENSES Year Ended December 31, 2021

		Total	\$ 25,703 1,237 60,381	2,973 31,253 17,256 310,299	30,113 1,375 95,065 16,095	33,194 102,538 11,648 21,895	31,735	\$ 813,086
Consolidated		Management and General		310,299	880 58,261	2,275	16,662 4,948	\$ 476,702
		Program Services	\$ 58,186	31,253	30,113 495 36,804 16,095	30,919 51,269 11,648	15,073 15,378	\$ 336,384
The Village at West Jefferson, Inc.		Management and General	\$ 693	230,906				\$ 231,599
		Total	\$ 25,703 544 60,381	2,973 31,253 17,256 79,393	30,113 1,375 95,065 16,095	33,194 102,538 11,648	21,895 31,735 20,326	\$ 581,487
	Total	Management and General	\$ 25,703 544 2,195	2,973	880 58,261	2,275	16,662 4,948	\$ 245,103
		Program Services	\$ 58,186	31,253 17,256	30,113 495 36,804 16,095	30,919 51,269 11,648	21,895 15,073 15,378	\$ 336,384
CDC, Co.		Eliminations			\$ (186,648)	(18,361)	(10,000)	\$ (215,009)
Molo Village CDC, Co.	POB	anagement d General	\$ 2,960	79.393	296 58,261		2,019	\$ 143,359
)d	Program	000 55 3	17,256	186,648 22,659 15,975	30,919	14,127 5,191 12,448	\$ 361,213
	5	Management	\$ 22,743	2,973	584	9,180 2,275 51,269	16,662 2,929	\$ 110,924
	כמט	Program		31,253	7,454 495 20,829	9,181	17,768 9,882 2,930	\$ 181,000
			Accounting and administration Bank charges	Depreciation Dues and subscriptions Education hub Insurance	Interest Grants Marketing and printing Miscellaneous Professional fees	Rent and CAM Repairs, maintenance and landscaping Salaries and wages	Space anocation Special events Supplies and decorations Tolorhone and utilities	rereptions and defines



Kentucky Secretary of State Michael G. Adams

Molo Village CDC Co

File Annual Report | File Certificate of Assumed Name (DBA)

Change Address or Registered Agent

File Dissolution

Printable Forms

Subscribe to changes made to this entity

Certificates

General Information

Organization Number 0783899

Name Molo Village CDC Co

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

 File Date
 2/7/2011 12:51:50 PM

 Organization Date
 2/7/2011 12:51:50 PM

Last Annual Report 5/19/2022

Principal Office THE VILLAGE AT WEST JEFFERSON

1219 W. JEFFERSON STREET

LOUISVILLE, KY 40203

Registered Agent JAMESETTA FERGUSON

5609 BILLTOWN ROAD LOUISVILLE, KY 40299

Current Officers

PresidentJamesetta F FergusonVice PresidentThomas WilliamsSecretaryJohnetta RobertsDirectorJamesetta F FergusonDirectorThomas WilliamsDirectorJohnetta Roberts

Individuals / Entities listed at time of formation

DirectorSONJA WILLIAMSDirectorTERESA WALTON

DirectorJAMESETTA F FERGUSONIncorporatorJAMESETTA F FERGUSON

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	5/19/2022	1 page	PDF	
Principal Office Address Change	6/22/2021 11:36:19 AM	1 page	PDF	
Annual Report	6/22/2021	1 page	PDF	
Annual Report	6/17/2020	1 page	PDF	
Annual Report	4/25/2019	1 page	PDF	
Annual Report	6/21/2018	1 page	PDF	
Annual Report	5/4/2017	1 page	PDF	
Registered Agent name/address	0/17/00/10 0 10 10 10 10 10 10 10 10 10 10 10 10	, ,		
change	6/17/2016 3:49:18 PM	1 page	PDF	
Annual Report	6/17/2016	1 page	PDF	
Sixty Day Notice Return	7/28/2015	2 pages	tiff	PDF
Annual Report	7/7/2015	1 page	PDF	
Annual Report	4/9/2014	1 page	PDF	
Annual Report	7/1/2013	1 page	PDF	
Annual Report	8/31/2012	1 page	PDF	
Articles of Correction	3/4/2011	4 pages	tiff	PDF
Articles of Incorporation	2/7/2011 12:51:50 PM	1 page	PDF	
Audice of incorporation	2/1/2011 12:51:50 PM	1 page	PDF	

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/19/2022 12:06:48 PM	5/19/2022 12:06:48 PM	•
Annual report	6/22/2021 11:40:22 AM	6/22/2021 11:40:22 AM	
Principal office change	6/22/2021 11:36:19 AM	6/22/2021 11:36:19 AM	
Annual report	6/17/2020 8:05:34 PM	6/17/2020 8:05:34 PM	
Annual report	4/25/2019 11:59:41 PM	4/25/2019 11:59:41 PM	
Annual report	6/21/2018 9:43:53 PM	6/21/2018 9:43:53 PM	
Annual report	5/4/2017 9:29:21 PM	5/4/2017 9:29:21 PM	
Annual report	6/17/2016 4:05:13 PM	6/17/2016 4:05:13 PM	
Registered agent address change	6/17/2016 3:49:18 PM	6/17/2016 3:49:18 PM	

Annual report 7/7/2015 11:32:33 7/7/2015 11:32:33

AM AM

Annual report 4/9/2014 12:47:52 4/9/2014 12:47:52

PM PM

Annual report 7/1/2013 3:03:55 PM 7/1/2013 3:03:55 PM 8/31/2012 4:08:33 8/31/2012 4:08:33

PM PM

Articles of Correction 3/4/2011 1:15:59 PM 3/4/2011

2/7/2011 12:51:50 2/7/2011 12:51:50

PM PM

Microfilmed Images

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