


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

**Applicant/Program:** Molo Villiage CDC Co/MOLO Villiage Festival  
**Applicant Requested Amount:** \$4999  
**Appropriation Request Amount:** \$4999

**Executive Summary of Request**  
This request is for their 10th annual festival that offered oppurtunities for adults and youth in the community such as, free healthcare screenings, a varity of vendors and free school supplies for youth.

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

4 District #       Primary Sponsor Signature      4999.00 Amount      9/01/21 Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

Molo Village CDC Co/ MOLO Festival

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:**

Molo Village CDC Co/MOLO Village Festival

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Molo Village CDC Co

**Program Name and Request Amount** Molo Villiage Festival \$4,999

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Prepared by: Brianna Wright	Date: 9/1/2021

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> MOLO Village CDC <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1407 W. Jefferson St., Lou, Ky. Mail: P.O.B. 2846, Lou, KY 40201			
<b>Website:</b> <a href="http://molovillage-cdc.org/">http://molovillage-cdc.org/</a>			
<b>Applicant Contact:</b>	Jamesetta Ferguson	<b>Title:</b>	President and CEO
<b>Phone:</b>	(502)417-8438	<b>Email:</b>	molovillage@att.net
<b>Financial Contact:</b>	Jamesetta Ferguson	<b>Title:</b>	President and CEO
<b>Phone:</b>	(502)417-8438	<b>Email:</b>	molovillage@att.net
<b>Organization's Representative who attended NDF Training:</b> Jamesetta Ferguson and Donanne Fitzgerald			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Village @ West Jefferson, 1219 W. Jefferson, Ste 204 (Russell Community)		
<b>Council District(s):</b>	Fourth	<b>Zip Code(s):</b>	40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> 2021 MOLO Festival			
<b>Total Request: (\$)</b>	4,999.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	4,999.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	Neighborhood Devlp Fund	<b>Amount: (\$)</b>	4,999.00
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Initials 

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### Describe Agency's Vision, Mission and Services:

##### MOLO Village Mission Statement

To transform, empower and renew the lives of those 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 Russell community in particular. 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. Recently we developed and opened The Village @ West Jefferson, a 30,000 sq ft commercial building on a vacant lot, which is now a place filled with job opportunities and business entrepreneurship, an early learning children center, soon to be health clinic, community bank and family restaurant. All bringing economic, social and most all hope to the residents of Russell.

MOLO Village's 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 grows a community of 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 – Activities and referrals to support the holistic health of all community members.
- The Empowered Village – Empowering residents to develop and implement their own individualized self-improvement plans and supporting their journey through programming, activities, and referrals.
- The Future Village – Events and activities to meet the needs of Russell's children and youth.
- The Isiduko Village – Programming and activities to meet the needs of Russell's senior adults.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Reverend Dr. Jamesetta Ferguson-President and CEO	Indefinite
Thomas Williams, Sr. Vice President and Treasurer	Indefinite
Betty J. Adkins, Secretary/Treasurer	Indefinite
Donanne Fitzgerald	Sept 30, 2021
Reverend Teresa W. O'Bannon	Sept 30, 2021
Reverend Dr. Sonja Williams	Sept 30, 2021
Reverend Dr. James Dewey	Sept 30, 2021
Marda Dewey	Sept 30, 2021
Johnetta Roberts	Sept 30, 2021
Aaron Wells	Sept 30, 2021
Levie Ferguson	Sept 30, 2021
Darrell Aniton	Sept 30, 2021

**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, 2021.

Three Highest Paid Staff Names	Annual Salary
Donanne Fitzgerald	\$31,200

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – 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 the 10th annual festival and it will offer a variety of opportunities for adults and youth in the community . At-risk youth will have an opportunity to participate in various positive cultural activities where responsible adult mentors will be present to interact with the youth. Amusement rides arc designed to promote family togetherness and fun activities. There will be something for everyone: free healthcare screenings provided by various health agencies; avariety of vendor booth displays; down home cooking; live entertainment, and games for the children and adults. Agencies and sponsors who have booths at the festival will have a tremendous outreach opportunity. For the third year in a row, JCPS will provide resource workers at the festival to ensure that the youth are as prepared as possible for the beginning of the new school year. MOLO also provides backpacks with school supplies for 300 children and youth.

The MOLO Festival and fun begins Friday, July 9th, 2021 and runs through Saturday, July 10th, 2021. Friday Night is kicked off with Music Under the Stars featuring local artist SPUCC Jazz Band and Local Talent Kareokee 5pm-11pm; Saturday-YouthDay, 10am-10pm. Friday and Saturday will also feature local vendors and community entertainment.

Youth will receive t-shirts, school supplies, meal and various other prizes for their participation on Saturday.

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

Rides for at-risk youth	\$3,839.00
Prizes and shirts for youth participants	600.00
Port-a-pots	300.00
Security	260.00
	Total \$4,999.00

All Metro funds are used to provide the Youth Day activities.

No gift cards or cash will be distributed as prizes for youth participants.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

Not applicable

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**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 fun, 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) It is newsworthy and draws positive media attention to the sponsoring community and organizations as well as all 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 individual in something they have not done before.

There is a monthly planning meeting held at St. Peter's UCC with the officers of the MOLO Village as well as event coordinators and volunteers.

At the conclusion of the festival, an assessment of this event will be reviewed for improvement and adjustments for participation, security and effectiveness in building community. Input will be sought from community officials, local community leaders and businesses for continued and future planning and partnerships.

Success will be determined through daily participation through participation sheets of the youths involvement in specific youth activities.

**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's vision and its sister organization St. Peter's United Church of Christ is to plant and cultivate seeds of necessity in our community through spiritual guidance, while continually seeking ways and opportunities to educate, inform and empower the congregation and community to understand, identify and to be effective advocates for social justice policies that better their individual lives and the world in which we live. MVCDC directly supports this mission through participation, outreach and partnership with the following community agencies.

(1.) Community Transitional Housing - a 300 resident halfway house for men leaving the prison system. Many of the residents have received spiritual direction and guidance for involvement with welcoming St. Peter's faith community. The residents also volunteer their time to provide Dare to Care Food Distribution and maintenance of the church grounds. MVCDC provides mentoring, life skills training and holistic education. (2.) Metro United Way - MVCDC partners with MUW providing education services to youth in the Russell Community. (3.) Dare to Care Food Pantry - We have distributed food to over 13,000 people in 2017 and 160,000 pounds of foods. Residents of CTS and the Beecher community volunteer their time to assist in this mission. MVCDC provides referrals of volunteers and food support. (4.) Louisville Metro Community Services - MVCDC participates in the Senior Nutrition Program to provide meals to senior adults and opportunities for socialization to senior adults ages 60 and over. (5.) Norton Institute of Health Equity - MVCDC partners with IEH to bring health services to the Russell Community. Norton's is also a 2021 festival sponsor.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**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.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>		432	432
<b>C: Office Supplies</b>		180	180
<b>D: Telephone</b>		202	202
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>		590	590
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	4,999	18,871	23,870
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	4,999	20,275	25,274
% of Program Budget	20 %	80 %	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)	4,275
Fees Collected from Program Participants	
Other (please specify) <i>- sec # 7a</i>	16,000
Total Revenue for Columns 2 Expenses **	20,275

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.

#7a

**MOLO Village CDC - NDF Application 2021**

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

**Other (please specify)**

MOLO Village CDC	\$7,500
Norton's Institute of Health Equity	-\$5,000
Carnival Sales	\$2,000
New Legacy	\$1,500
<b>Total.</b>	<b>\$16,000</b>

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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
Rent/Utilities - St. Peter's UCC (space for preparation/meetings)			
Office Supplies - MOLO			
Telephone - MOLO			
Program Materials - Posters, signage, postcards			
Community Event & Festivals - Rides/Youth Activities	3,839	601	4,440
Community Events & Festivals - Prizes & Shirts	600	600	1,200
Community Events & Festivals - Security	260	1,900	2,160
Community Events & Festivals - Generator/Lights/Portapots	300	600	900
Community Events & Festivals - Food/Drinks		1,200	1,200
Community Events & Festivals - Festival setup		1,525	1,525
Community Events & Festivals - Volunteers - In Kind Hours		12,445	12,445
<b>Total</b>	4,999	18,871	23,870

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**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 Services	12,445	Hourly rate of \$23.07
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> <i>Volunteer Contribution &amp; Other In Kind)</i>	12,445	

**\* 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, 2021

**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:**

MVCDC will begin to receive limited rental income for programming from it's new development The Village@West Jefferson effective 2022. We have also began a 3 year program for fund development through a local fund development consultant..

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### 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**

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. 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.
3. 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.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. 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.
6. 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 year end.
8. 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.
9. 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.
11. 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 gain.

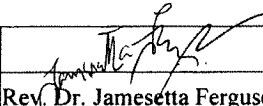
**Standard Certifications**

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. 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.
4. 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.
5. 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.

### SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	June 16, 2021
<b>Legal Signatory: (please print):</b>	Rev. Dr. Jamesetta Ferguson	<b>Title:</b>	President and CEO
<b>Phone:</b>	(502) 417-8438	<b>Extension:</b>	
<b>Email:</b>	molovillage@att.net		

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

DEPARTMENT OF THE TREASURY

Date: MAR 16 2011

MOLO VILLAGE CDC CO  
1225 W JEFFERSON ST  
LOUISVILLE, KY 40203

Employer Identification Number:  
27-5347893  
DLN:  
17053068306001  
Contact Person:  
RENEE RAILLEY NORTON ID# 31172  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
February 7, 2011  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

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.

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.

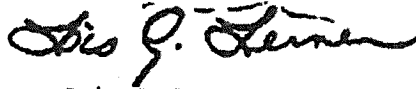
Letter 947 (DO/CG)



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)



**MOLO Village CDC**  
**Budget Overview: 2021 - FY21 P&L**  
January - December 2021

	<u>FY 2021</u>
<b>Income</b>	
<b>Direct Public Support</b>	
4000 Church/Private Donations	\$ 24,849.00
4001 Corporate Contributions	\$ 50,001.00
4002 Government Grants	\$ 153,150.00
4004 Unrestricted Grants	\$ 12,000.00
4012 Foundation - Restricted	\$ 66,000.00
4013 Foundation Grants - Unrestricted	\$ 76,000.00
4014 Grants - Reimbursed	\$ 18,000.00
Total Income	<u>\$ 400,000.00</u>
<b>Expenses</b>	
<b>General &amp; Administrative Expenses</b>	
6001 Personnel: Executive Director	\$ 40,000.00
6002 Personnel: Administrative Assistant (PT)	\$ 11,250.00
6003 Personnel: IT Support Coordinator	\$ 8,475.00
6004 Personnel: PR/Development Coordinator	\$ 7,500.00
6005 Personnel: Youth Education Coordinator	\$ 31,200.00
Total Personnel Expenses	<u>\$ 98,425.00</u>
<b>Other G&amp;A Expenses</b>	
7007 Furniture and Fixtures	\$ 40,000.00
7008 Consultants	\$ 30,000.00
7009 Bookkeeping and Accountants	\$ 30,000.00
7010 Office and Meeting Supplies	\$ 2,100.00
7011 Postage and Overnight Mail	\$ 500.00
7012 Phone and Internet Services	\$ 6,500.00
7013 Printing/Marketing/Website	\$ 4,150.00
7014 Insurance	\$ 4,000.00
7015 Dues & Subscriptions	\$ 500.00
7016 Rent and CAM	\$ 21,700.00
7017 Utilities	\$ 1,350.00
7018 Repair/Maintenance	\$ 1,350.00
Total Other Expenses	<u>\$ 142,150.00</u>
Total General & Administrative Expenses	<u>\$ 240,575.00</u>

**Program Expenses**

<b>8001 Restored Village</b>	\$	15,000.00
<b>8002 Healthy Village</b>	\$	3,000.00
<b>8003 Empowered Village</b>	\$	15,000.00
<b>8004 Future Village</b>	\$	25,000.00
<b>8005 Isiduko Village</b>	\$	3,000.00
<b>Total Program Expenses</b>	\$	<u>61,000.00</u>

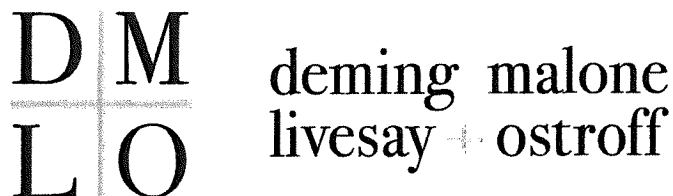
**Total Expenses** \$ 400,000.00

**Net Operating Income** \$ -

**MOLO VILLAGE CDC, CO.  
AND  
THE VILLAGE AT WEST JEFFERSON, INC.  
CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION  
Years Ended December 31, 2020 and 2019**

## Table of Contents

	Page
<b>Independent Auditors' Report</b>	1 and 2
<b>Consolidated Financial Statements</b>	
Statements of financial position	3
Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7 – 14
<b>Independent Auditors' Report on the Supplementary Information</b>	15
<b>Supplementary Information</b>	
Consolidating statement of financial position	16
Consolidating statement of activities	17
Consolidating statement of functional expenses	18



**Independent Auditors' Report**

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

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, 2020 and 2019, 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.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

**Auditors' Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements 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 the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

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, 2020 and 2019, 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.

*Deming, Malone, Lunsary & Petroff*

Louisville, Kentucky  
May 19, 2021

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

**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION**  
December 31, 2020 and 2019

Assets	<u>2020</u>	<u>2019</u>
<b>Current Assets</b>		
Cash	\$ 2,437,781	\$ 5,666,885
Cash, reserve account	310,190	348,790
Grants receivable	102,996	
Prepaid expenses	15,373	
<b>Total current assets</b>	<u>2,866,340</u>	<u>6,015,675</u>
<b>Property and Equipment</b>		
Office equipment	3,500	
Construction in progress	4,748,791	333,919
	4,752,291	333,919
Less accumulated depreciation	700	
	<u>4,751,591</u>	<u>333,919</u>
<b>Other Assets</b>		
Note receivable	4,845,886	4,845,886
<b>Total assets</b>	<u>\$ 12,463,817</u>	<u>\$ 11,195,480</u>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable and accrued expenses	\$ 859,504	\$ 63,572
<b>Notes Payable, net</b>	<u>10,595,000</u>	<u>10,572,232</u>
<b>Total liabilities</b>	<u>11,454,504</u>	<u>10,635,804</u>
<b>Net Assets</b>		
Without donor restrictions	971,159	559,676
With donor restrictions	38,154	
<b>Total net assets</b>	<u>1,009,313</u>	<u>559,676</u>
<b>Total liabilities and net assets</b>	<u>\$ 12,463,817</u>	<u>\$ 11,195,480</u>

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, 2020 and 2019

	2020		2019	
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions
<b>Support and Revenues</b>				
Contributions and grants	\$ 577,907	\$ 57,390	\$ 635,297	\$ 764,917
Interest income	<u>248,200</u>		<u>248,200</u>	<u>23,534</u>
	826,107	57,390	883,497	788,451
Net assets released from restrictions:				
Satisfaction of purpose restrictions	<u>19,236</u>	<u>(19,236)</u>		
<b>Total support and revenues</b>	<u>845,343</u>	<u>38,154</u>	<u>883,497</u>	<u>788,451</u>
<b>Expenses</b>				
Program services	48,639		48,639	64,033
Management and general	385,221		385,221	306,308
Fundraising				<u>6,899</u>
<b>Total expenses</b>	<u>433,860</u>		<u>433,860</u>	<u>377,240</u>
<b>Net increase in total net assets</b>	411,483	38,154	449,637	411,211
Net assets, beginning of year	<u>559,676</u>		<u>559,676</u>	<u>148,465</u>
Net assets, end of year	<u>\$ 971,159</u>	<u>\$ 38,154</u>	<u>\$ 1,009,313</u>	<u>\$ 559,676</u>

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, 2020 and 2019

	2020		
	<u>Program Services</u>	<u>Management and General</u>	<u>Total</u>
Accounting		\$ 14,331	\$ 14,331
Administration and maintenance		5,743	5,743
AmeriCorp stipends	\$ 7,638		7,638
Bank charges		2,487	2,487
COVID 19 expenses	1,642		1,642
Depreciation		700	700
Dues and subscriptions		1,531	1,531
Education hub program	19,236		19,236
Groundbreaking ceremony	4,934		4,934
Insurance		28,526	28,526
Interest		230,906	230,906
Land lease and reservation fee			
Marketing		40,926	40,926
Meals		851	851
Meetings and conferences		50	50
Miscellaneous	363		363
New Market Tax Credit transaction fees			
Nutrition center	1,053		1,053
Printing and postage		2,322	2,322
Professional fees		55,508	55,508
Re-entry course	5,193		5,193
Repairs and maintenance		1,340	1,340
Space allocation	8,580		8,580
Utilities			
Village programs			
	<u>\$ 48,639</u>	<u>\$ 385,221</u>	<u>\$ 433,860</u>

See Notes to Consolidated Financial Statements.

2019

<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
	\$ 30,976		\$ 30,976
	1,402		1,402
\$ 36,339			36,339
	152		152
6,988			6,988
	19,960		19,960
	7,171		7,171
	125,099		125,099
	46,541	\$ 6,899	53,440
	86		86
	228		228
	15		15
	66,366		66,366
3,811			3,811
	912		912
	7,400		7,400
10,881			10,881
2,000			2,000
69			69
<u>3,945</u>			<u>3,945</u>
<u>\$ 64,033</u>	<u>\$ 306,308</u>	<u>\$ 6,899</u>	<u>\$ 377,240</u>

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

**CONSOLIDATED STATEMENTS OF CASH FLOWS**  
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<b>Cash Flows from Operating Activities</b>		
Cash received from contributions and grants	\$ 532,301	\$ 764,917
Cash paid to vendors and others	(169,097)	(704,510)
Interest received	248,200	
Interest paid	<u>(227,238)</u>	<u>23,534</u>
<b>Net cash provided by operating activities</b>	<u>384,166</u>	<u>83,941</u>
<b>Cash Flows from Investing Activities</b>		
Purchase of property and equipment	(3,595,036)	(89,821)
Disbursement for notes receivable		<u>(4,845,886)</u>
<b>Net cash used in investing activities</b>	<u>(3,595,036)</u>	<u>(4,935,707)</u>
<b>Cash Flows from Financing Activities</b>		
Proceeds from note payable		11,060,000
Payment of debt issuance costs	<u>(56,834)</u>	<u>(431,368)</u>
<b>Net cash (used in) provided by financing activities</b>	<u>(56,834)</u>	<u>10,628,632</u>
<b>Net (decrease) increase in cash and restricted cash</b>	(3,267,704)	5,776,866
Cash and restricted cash, beginning of year	<u>6,015,675</u>	<u>238,809</u>
Cash and restricted cash, end of year	<u>\$ 2,747,971</u>	<u>\$ 6,015,675</u>
<b>Cash and Restricted Cash Shown on the Statements of Financial Position</b>		
Cash	\$ 2,437,781	\$ 5,666,885
Cash, reserve account	<u>310,190</u>	<u>348,790</u>
	<u>\$ 2,747,971</u>	<u>\$ 6,015,675</u>
<b>Supplementary Schedule of Noncash Investing and Financing Activities</b>		
Purchases of property and equipment in accounts payable	<u>\$ 810,974</u>	

See Notes to Consolidated Financial Statements.

	<u>2020</u>	<u>2019</u>
<b>Reconciliation of Net Increase in Total Net Assets to Net Cash Provided by Operating Activities</b>		
<b>Net increase in total net assets</b>	<u>\$ 449,637</u>	<u>\$ 411,211</u>
Adjustments to reconcile net increase in total net assets to net cash used in operating activities:		
Depreciation	700	
Amortization	10,406	434
Change in assets and liabilities:		
Increase in:		
Grants receivable	(102,996)	
Prepaid expenses	(15,373)	
Increase (decrease) in:		
Accounts payable and accrued expenses	<u>41,792</u>	<u>(327,704)</u>
Total adjustments	<u>(65,471)</u>	<u>(327,270)</u>
<b>Net cash provided by operating activities</b>	<u>\$ 384,166</u>	<u>\$ 83,941</u>

**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, 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, 2020, and 2019, 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 recognized 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 income:

Service income revenues are accounted for as reciprocal exchange transactions and relate solely to the New Markets Tax Credit transaction fees that have been eliminated in consolidation.

Because the Organizations performance obligations relate to contracts with a duration of less than one year, the Organizations have elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a), *Revenue from Contracts with Customers*, and, therefore, are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. 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.



## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### **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, 2020 and 2019.

As of December 31, 2020 and 2019, 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 year 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 standard not yet effective:**

The Financial Accounting Standards Board has issued accounting standards No. 2016-02, *Leases*, effective for years beginning after December 15, 2021, and No. 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, effective for years beginning after June 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 May 19, 2021, which is the date the consolidated financial statements were available to be issued.

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Note 2. Liquidity and Availability**

The following table reflects the Organizations' financial assets for the years ended December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Cash	\$ 2,747,971	\$ 6,015,675
Less funds with contractual restrictions	(310,190)	(348,790)
Less funds held for The Village construction project	(2,303,780)	(5,525,533)
Grants receivable	<u>102,996</u>	<u>          </u>
	236,997	141,352
Donor restricted funds for specified purpose	<u>(38,154)</u>	<u>          </u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 198,843</u>	<u>\$ 141,352</u>

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 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. Construction in Process**

At December 31, 2020 and 2019, the Organizations had expended approximately \$4,750,000 and \$334,000 in construction, planning, and demolition costs for a new facility located in West Louisville. For the years ended December 31, 2020 and 2019, \$226,311 and \$6,915 of interest was capitalized for this project. Total costs for the project are estimated to be approximately \$7.8 million. The project is 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). The project is estimated to be complete in 2021. During 2021, Molo has incurred additional construction costs of approximately \$1 million.

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Note 5. Note Receivable**

As of December 31, 2020 and 2019, 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 consisted of the following (all terms, collateral and interest rates are presented as of December 31, 2020). No principal payments are due within the next five years.

	<u>2020</u>	<u>2019</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
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 December 2026. See Note 7 for additional terms and collateral.	<u>6,860,000</u>	<u>6,860,000</u>
	11,060,000	11,060,000
Less unamortized debt issuance cost	<u>465,000</u>	<u>487,768</u>
	<u>\$10,595,000</u>	<u>\$10,572,232</u>

**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.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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 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.

### Note 8. Net Assets with Donor Restrictions

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

	<u>2020</u>
Subject to expenditure for specified purpose:	
Education hub	\$33,154
Cabinet making internship	<u>5,000</u>
	<u>\$38,154</u>

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. The amounts released from restriction during the year ended December 31, 2020 are as follows:

	<u>2020</u>
Subject to expenditure for specified purpose:	
Education hub	<u>\$19,236</u>

### Note 9. Concentration of Cash

The Organizations maintain cash balances at financial institutions located in Kentucky and with the United Church of Christ Cornerstone Fund. Accounts at the financial institutions are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2020, the Organizations' uninsured cash balances totaled approximately \$2,400,000. Management believes that the financial institutions and Cornerstone Fund are of sufficient size to provide financial security of uninsured balances and does not believe the Organizations are exposed to significant credit risk.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### **Note 10. Leases**

The Organization committed to leasing office spaces at The Village at West Jefferson once the project is complete (see Note 4.). The leases are periods of 3 or 5 years, with an annual base rent ranging from approximately \$18,000 to \$53,000. The leases have various options to renew for additional three or five year terms. The Organization entered in a property management agreement with Leverage Property Management fee equal to 6% of gross receipts collected from the rental of the property.

### **Note 11. Contingency**

The COVID-19 outbreak in the United States has caused disruptions to businesses and organizations through mandated and voluntary closures. During 2020, the Organizations' programs were suspended or reduced. The extent of the impact on the Organization's future operations and cash flows is uncertain. However, the Organization has taken action to mitigate the effects of the pandemic by aligning operating costs with allowed operations. While these disruptions are expected to be temporary, there is uncertainty about the duration of the outbreak, the federal and state government responses, and the impact on the economy and the Organization's vendors and clients served. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.



deming malone  
livesay + ostroff

**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, 2020 and 2019, and our report thereon dated May 19, 2021, 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 16 through 18 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.

*Deming, Malone, Livesay & Ostroff*

Louisville, Kentucky  
May 19, 2021

**MOLO VILLAGE CDC, CO. AND  
THE VILLAGE AT WEST JEFFERSON**  
**CONSOLIDATING STATEMENT OF FINANCE**  
December 31, 2020

	Molo Village CDC, Co.		
<b>Assets</b>	CDC	POB	Eliminations
<b>Current Assets</b>			
Cash	\$ 99,963	\$ 2,334,401	
Cash, reserve account		310,190	
Grants receivable	19,167	83,829	
Prepaid expenses	2,501	12,872	
Due from related parties	454,628	538,200	\$ (992,328)
<b>Total current assets</b>	<b>576,259</b>	<b>3,279,492</b>	<b>(992,328)</b>
<b>Property and Equipment</b>			
Office equipment	3,500		
Construction in progress		4,748,791	
	3,500	4,748,791	
Less accumulated depreciation	700		
	2,800	4,748,791	
<b>Other Assets</b>			
Note receivable			
<b>Total assets</b>	<b>\$ 579,059</b>	<b>\$ 8,028,283</b>	<b>\$ (992,328)</b>
<b>Liabilities and Net Assets</b>			
<b>Current Liabilities</b>			
Due to related parties	\$ 872,642	\$ 454,128	\$ (992,328)
Accounts payable and accrued expenses		859,504	
<b>Total current liabilities</b>	872,642	1,313,632	(992,328)
<b>Notes Payable, net</b>		6,457,002	
<b>Total liabilities</b>	872,642	7,770,634	(992,328)
<b>Net Assets</b>			
Without donor restrictions	(331,737)	257,649	
With donor restrictions	38,154		
<b>Total net assets</b>	<b>(293,583)</b>	<b>257,649</b>	<b>(992,328)</b>
<b>Total liabilities and net assets</b>	<b>\$ 579,059</b>	<b>\$ 8,028,283</b>	<b>\$ (992,328)</b>

16a

ITION

<u>Total</u>	<u>The Village at West Jefferson, Inc.</u>	<u>Eliminations</u>	<u>Consolidated</u>
2,434,364	\$ 3,417		\$ 2,437,781
310,190			310,190
102,996			102,996
15,373			15,373
500	334,442	\$ (334,942)	
<u>2,863,423</u>	<u>337,859</u>	<u>(334,942)</u>	<u>2,866,340</u>
3,500			3,500
4,748,791			4,748,791
4,751,291			4,752,291
700			700
<u>4,751,591</u>			<u>4,751,591</u>
	<u>4,845,886</u>		<u>4,845,886</u>
<u>7,615,014</u>	<u>\$ 5,183,745</u>	<u>\$ (334,942)</u>	<u>\$ 12,463,817</u>
334,442	\$ 500	\$ (334,942)	\$ 859,504
859,504			859,504
1,193,946	500	(334,942)	859,504
6,457,002	4,137,998		10,595,000
7,650,948	4,138,498	(334,942)	11,454,504
(74,088)	1,045,247		971,159
38,154			38,154
(35,934)	1,045,247		1,009,313
<u>7,615,014</u>	<u>\$ 5,183,745</u>	<u>\$ (334,942)</u>	<u>\$ 12,463,817</u>

166



**MOLO VILLAGE CDC, CO**  
**THE VILLAGE AT WEST JEFFE**

**CONSOLIDATING STATEMENT OF**  
**Year Ended December 31, 2**

	Molo Village CDC, Co.					
	CDC			POB	Eliminations	Witho Rest
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions		
<b>Support and Revenues</b>						
Contributions and grants	\$ 68,196	\$ 57,390	\$ 125,586	\$ 509,711		\$
Service income	50,000		50,000		\$ (50,000)	
Interest income	20		20	27,426		
	<u>118,216</u>	<u>57,390</u>	<u>175,606</u>	<u>537,137</u>	<u>(50,000)</u>	
Net assets released from restrictions:						
Satisfaction of purpose restrictions	<u>19,236</u>	<u>(19,236)</u>				
<b>Total support and revenues</b>	<u>137,452</u>	<u>38,154</u>	<u>175,606</u>	<u>537,137</u>	<u>(50,000)</u>	
<b>Expenses</b>						
Program services	48,639		48,639			
Management and general	<u>53,536</u>		<u>53,536</u>	<u>149,442</u>	<u>(50,000)</u>	
<b>Total expenses</b>	<u>102,175</u>		<u>102,175</u>	<u>149,442</u>	<u>(50,000)</u>	
<b>Net increase (decrease) in total net assets</b>	35,277	38,154	73,431	387,695		
Net assets, beginning of year	<u>(367,014)</u>		<u>(367,014)</u>	<u>(130,046)</u>		
Net assets, end of year	<u>\$ (331,737)</u>	<u>\$ 38,154</u>	<u>\$ (293,583)</u>	<u>\$ 257,649</u>	<u>\$</u>	<u>\$</u>

17a

, INC.

ACTIVITIES

Total		The Village at West Jefferson, Inc.	Consolidated		
With Donor Restrictions	Total	Without Donor Restrictions	Without Donor Restrictions	With Donor Restrictions	Total
\$ 57,390	\$ 635,297		\$ 577,907	\$ 57,390	\$ 635,297
	27,446	\$ 220,754	248,200		248,200
57,390	662,743	220,754	826,107	57,390	883,497
(19,236)			19,236	(19,236)	
38,154	662,743	220,754	845,343	38,154	883,497
	48,639		48,639		48,639
	152,978	232,243	385,221		385,221
	201,617	232,243	433,860		433,860
38,154	461,126	(11,489)	411,483	38,154	449,637
	(497,060)	1,056,736	559,676		559,676
\$ 38,154	\$ (35,934)	\$ 1,045,247	\$ 971,159	\$ 38,154	\$ 1,009,313

**MOLO VILLAGE CDC, CO. AND  
THE VILLAGE AT WEST JEFFERSON, II**

**CONSOLIDATING STATEMENT OF FUNCTIONAL  
Year Ended December 31, 2020**

	Molo Village CDC, Co.				
	CDC		POB		To
	Program Services	Management and General	Management and General	Eliminations	Program Services
Accounting		\$ 13,331	\$ 1,000		\$
Administration and maintenance		5,743			
AmeriCorp stipends	\$ 7,638				\$ 7,638
Bank charges		367	1,283		
COVID 19 expenses	1,642				1,642
Depreciation		700			
Dues and subscriptions		1,531			
Education hub	19,236				19,236
Groundbreaking ceremony	4,934				4,934
Insurance		6,964	21,562		
Interest					
Marketing			40,926		
Meals		851			
Meetings and conferences		50			
Miscellaneous	363				363
Nutrition center	1,053				1,053
Printing and postage		2,322			
Professional fees		20,337	84,671	\$ (50,000)	
Re-entry course	5,193				5,193
Repairs and maintenance		1,340			
Space allocation	8,580				8,580
	<u>\$ 48,639</u>	<u>\$ 53,536</u>	<u>\$ 149,442</u>	<u>\$ (50,000)</u>	<u>\$ 48,639</u>
					<u>\$ 149,442</u>

ENSES

	The Village at West Jefferson, Inc.	Consolidated		
Total	Management and General	Program Services	Management and General	Total
\$ 14,331			\$ 14,331	\$ 14,331
5,743			5,743	5,743
7,638		\$ 7,638		7,638
1,650	\$ 837		2,487	2,487
1,642		1,642		1,642
700			700	700
1,531			1,531	1,531
19,236		19,236		19,236
4,934		4,934		4,934
28,526			28,526	28,526
-	230,906		230,906	230,906
40,926			40,926	40,926
851			851	851
50			50	50
363		363		363
1,053		1,053		1,053
2,322			2,322	2,322
55,008	500		55,508	55,508
5,193		5,193		5,193
1,340			1,340	1,340
8,580		8,580		8,580
<u>\$ 201,617</u>	<u>\$ 232,243</u>	<u>\$ 48,639</u>	<u>\$ 385,221</u>	<u>\$ 433,860</u>

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

CLIENT'S COPY



November 12, 2020

MOLO Village CDC Co  
1407 W Jefferson St No. 120  
Louisville, KY 40203

Dear Reverend Dr. Ferguson:

Enclosed are the original and one copy of the 2019 Exempt Organization return, as follows...

2019 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the enclosed tax returns from your books of account and/or information submitted by you without verification by us. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and is supported by the records as required by law. You should retain all the documents, receipts, cancelled checks and other data that form the basis of income and deductions. The tax laws specifically state that you are responsible for the preparation and the accuracy of the returns. Even though you have engaged us, the ultimate responsibility for the return is yours. Because of this, if there is anything on the returns we have prepared that you do not understand, please ask us to explain what was done. We want you to feel satisfied with the accuracy of the returns before they are submitted.

In addition, a copy of Form 990 should be mailed to Attorney General, Frankfort, Kentucky 40601. An addressed envelope is enclosed for your convenience.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Christine N. Koenig

CLIENT COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

<b>Prepared for</b>	MOLO Village CDC Co 1407 W Jefferson St No. 120 Louisville, KY 40203
<b>Prepared by</b>	DEMING MALONE LIVESAY & OSTROFF PSC 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**MOLO VILLAGE CDC CO**

**\*\* - \*\*\*7893**

Name and title of officer

**JAMESETTA FERGUSON  
PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <u>781,706.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) .....	5b _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **DEMING MALONE LIVESAY & OSTROFF PSC**

to enter my PIN **09300**

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**61315809300**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

12501112 757979 942601

2019.04030 MOLO VILLAGE CDC CO

942601\_1

EXTENDED TO NOVEMBER 16, 2020

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**MOLO VILLAGE CDC CO**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1407 W JEFFERSON ST 120**  
 City or town, state or province, country, and ZIP or foreign postal code  
**LOUISVILLE, KY 40203**

**D** Employer identification number  
**\*\*-\*\*\*7893**

**E** Telephone number  
**502-417-8438**

**G** Gross receipts \$ **781,706.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **MOLOVILLAGECDC.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2011** **M** State of legal domicile: **KY**

**H(c)** Group exemption number

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT INDIVIDUALS AND FAMILIES WHOM RESIDE IN THE RUSSELL COMMUNITY OF WEST LOUISVILLE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>87</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 302,319.	<b>Current Year</b> 764,917.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	597.	16,789.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	302,916.	781,706.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,057,162.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>6,899.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	70,095.	370,069.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,095.	1,427,231.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	232,821.	-645,525.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 482,907.	<b>End of Year</b> 6,282,022.
	<b>21</b> Total liabilities (Part X, line 26)	334,442.	6,779,082.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	148,465.	-497,060.

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **JAMESETTA FERGUSON, PRESIDENT**  
 Date: \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: **CHRISTINE N KOENIG**  
 Preparer's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check if self-employed:  PTIN: **P01022180**  
 Firm's name: **DEMING MALONE LIVESAY & OSTROFF PSC**  
 Firm's address: **9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187**  
 Firm's EIN: **\*\* - \*\*\*4249**  
 Phone no.: **(502) 426-9660**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO SUPPORT 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

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,121,195. including grants of \$ 1,057,162. ) (Revenue \$ ) TO SUPPORT 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 AND IMPLEMENT THEIR OWN INDIVIDUALIZED SELF-IMPROVEMENT PLANS, AND MEETING THE NEEDS OF RUSSELL'S YOUTH AND SENIOR ADULTS THROUGH PROGRAMMING, ACTIVITIES, AND REFERRALS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,121,195.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**JAMESETTA FERGUSON - 502-417-8438**  
**1407 W JEFFERSON ST SUITE 120, LOUISVILLE, KY 40203**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. DR. JAMESETTA FERGUSON PRESIDENT & CEO	40.00	X		X				0.	0.	0.
(2) THOMAS WILLIAMS SR. VICE PRESIDENT & TREASURER	40.00	X		X				0.	0.	0.
(3) LASTASHA MOORE SECRETARY	1.00	X		X				0.	0.	0.
(4) DONNANE FITZGERALD BOARD MEMBER	1.00	X						0.	0.	0.
(5) BETTY J. ADKINS BOARD MEMBER	1.00	X						0.	0.	0.
(6) REV. DR. JAMES DEWEY BOARD MEMBER	1.00	X						0.	0.	0.
(7) MARD A DEWEY BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOHNETTA ROBERTS BOARD MEMBER	1.00	X					45,703.	0.	0.	0.
(9) AARON WELLS BOARD MEMBER	1.00	X						0.	0.	0.
(10) LEVIE FERGUSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) DARRELL ANITON BOARD MEMBER	1.00	X						0.	0.	0.
(12) REV. TERESA WALTON O'BANNON BOARD MEMBER	1.00	X						0.	0.	0.





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	47,997.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	716,920.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		764,917.			
<b>Program Service Revenue</b>	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		16,789.			16,789.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a (i) Real (ii) Personal				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	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	9a				
b Less: direct expenses	9b					
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						
<b>Miscellaneous Revenue</b>	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			781,706.	0.	0.	16,789.

**Part IX Statement of Functional Expenses**

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, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,057,162.	1,057,162.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	30,976.		30,976.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,400.		7,400.	
<b>12</b> Advertising and promotion	53,440.		46,541.	6,899.
<b>13</b> Office expenses	912.		912.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	2,069.	2,069.		
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	228.		228.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	19,960.		19,960.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LAND LEASE AND RESERVAT	125,099.		125,099.	
<b>b</b> NEW MARKET TAX CREDIT T	66,366.		66,366.	
<b>c</b> AMERICORP STIPENDS	36,339.	36,339.		
<b>d</b> RE-ENTRY COURSE	10,881.	10,881.		
<b>e</b> All other expenses	16,399.	14,744.	1,655.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,427,231.	1,121,195.	299,137.	6,899.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	238,809.	1	5,583,305.	
	2		2	348,790.	
	3		3		
	4		4		
	5		5		
	6		6		
	7		7		
	8		8		
	9		9		
	10a	333,919.			
	10b	0.	244,098.	10c	333,919.
	11			11	
	12			12	
	13			13	
	14			14	
	15		0.	15	16,008.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	482,907.	16	6,282,022.	
Liabilities	17		17		
	18		18		
	19		19		
	20		20		
	21		21		
	22		22		
	23	334,442.	23	6,444,640.	
	24		24		
	25		0.	25	334,442.
	26	<b>Total liabilities.</b> Add lines 17 through 25	334,442.	26	6,779,082.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	148,465.	27	-497,060.	
	28		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29		29		
	30		30		
	31		31		
	32	148,465.	32	-497,060.	
33	<b>Total net assets or fund balances</b>	482,907.	33	6,282,022.	

Form 990 (2019)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	781,706.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,427,231.
3	Revenue less expenses. Subtract line 2 from line 1	3	-645,525.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	148,465.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-497,060.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			10,170.	63,628.	64,917.	138,715.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3			10,170.	63,628.	64,917.	138,715.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						138,715.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4			10,170.	63,628.	64,917.	138,715.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				597.	16,789.	17,386.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						156,101.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	88.86 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	99.20 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
  - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
  - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
  - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

**a**  The organization satisfied the Activities Test. Complete line 2 below.

**b**  The organization is the parent of each of its supported organizations. Complete line 3 below.

**c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> 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 that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

**3** Parent of Supported Organizations. Answer (a) and (b) below.

	Yes	No
<b>a</b> 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? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**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 complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

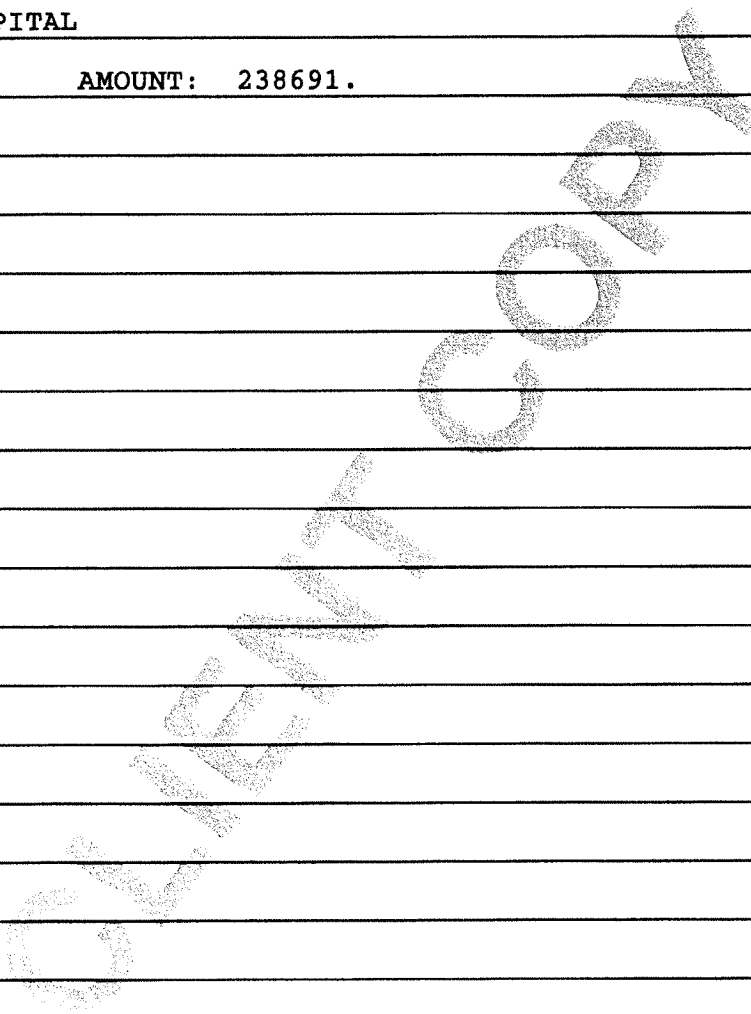
**SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:**

**DESCRIPTION: CAPITAL**

**DATE: 12/10/19            AMOUNT: 700000.**

**DESCRIPTION: CAPITAL**

**DATE: 12/31/18            AMOUNT: 238691.**





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**MOLO VILLAGE CDC CO**

Employer identification number

**\*\* - \*\*\*7893**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

Employer identification number

MOLO VILLAGE CDC CO

\*\*-\*\*\*7893

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES GRAHAM BROWN FOUNDATION 471 WEST MAIN STREET, SUITE 401 LOUISVILLE, KY 40202	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMERICORPS 250 E STREET, SW WASHINGTON, DC 20525	\$ 38,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

MOLO VILLAGE CDC CO

\*\*-\*\*\*7893

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

**MOLO VILLAGE CDC CO**

**\*\* - \*\*\*7893**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

MOLO VILLAGE CDC CO

Employer identification number

\*\*-\*\*\*7893

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2019

932051 10-02-19

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		333,919.		333,919.
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				333,919.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII Investments - Program Related.**

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

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

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	334,442.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	781,706.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	781,706.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	781,706.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,427,231.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,427,231.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,427,231.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NONPROFIT ORGANIZATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2019.

AS OF DECEMBER 31, 2019, THE ORGANIZATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST

**Part XIII** Supplemental Information (continued)

OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEAR THEN ENDED.

CLIENT COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**MOLO VILLAGE CDC CO**

Employer identification number  
**\*\* - \*\*\* 7893**

**Part I General information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VILLAGE AT WEST JEFFERSON, INC. - 1407 W. JEFFERSON ST. STE 120 - LOUISVILLE, KY 40203	** - *** 1078	501(C)(3)	1,057,162.	0.			CAPITAL CAMPAIGN

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

**3** Enter total number of other organizations listed in the line 1 table **0.**

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



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

**THE ORGANIZATION MAKES GRANTS TO SUPPORT CHARITABLE ACTIVITIES IN THE SAME COMMUNITIES SUPPORTED BY THE ORGANIZATION. THIS GRANT WAS PROVIDED TO A RELATED ENTITY WITH SHARED BOARD MEMBERSHIP ALLOWING FOR MONITORING AND OVERSIGHT OF THE GRANT FUNDS.**



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHNETTA ROBERTS	BOARD MEMBER	45,703.	JOHNETTA RO		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHNETTA ROBERTS

(D) DESCRIPTION OF TRANSACTION: JOHNETTA ROBERTS, BOARD MEMBER, IS PARTY TO A MARKETING AND LEASING SERVICES CONTRACT WITH AIM DEVELOPMENT GROUP, CORP. WHICH IS THE DEVELOPMENT CONSULTANT FOR THE ORGANIZATION. THE MARKETING CONTRACT WAS ENTERED INTO ON SEPTEMBER 8, 2017 AND TERMINATES ON DECEMBER 31, 2020. PURSUANT TO THE CONTRACT, MS. ROBERTS IS TO ASSIST IN DEVELOPING A MARKETING AND OUTREACH STRATEGY IN CONNECTION WITH THE MISSION OF THE ORGANIZATION. IN RETURN FOR THESE SERVICES, MS. ROBERTS IS PAID AN HOURLY RATE AS STATED IN THE CONTRACT.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

MOLO VILLAGE CDC CO

Employer identification number

\*\* - \*\*\*7893

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 ORGAIZATION 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.





**Part V 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 IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE VILLAGE OF WEST JEFFERSON, INC.	B	1,057,162.CASH	
(2) THE VILLAGE OF WEST JEFFERSON, INC.	S	334,442.FMV - TRANSFER OF DEBT	
(3)			
(4)			
(5)			
(6)			







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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.  
▶ Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	<b>MOLO VILLAGE CDC CO</b>	<b>27-5347893</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	<b>1407 W JEFFERSON ST, NO. 120</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>LOUISVILLE, KY 40203</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application is For	Return Code	Application is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ \_\_\_\_\_  
Telephone No. ▶ \_\_\_\_\_ Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

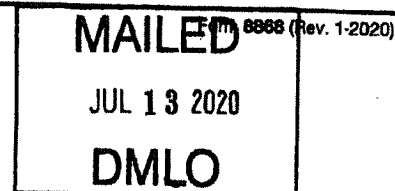
1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

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

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

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



Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

NAOI  
0783899.09  
Elaine N. Walker  
Secretary of State  
Received and Filed  
2/7/2011 12:51:50 PM  
Fee receipt: \$8.00

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 Incorporation 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

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Not for Profit**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
 Post Office Box 2846

6 City, state, and ZIP code  
 Louisville, KY. 40201

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a 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 *How to get a TIN*, later.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

2	7	-	5	3	4	7	8	9	3
---	---	---	---	---	---	---	---	---	---

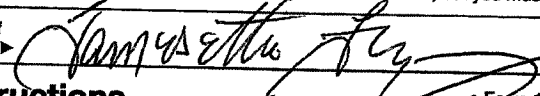
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person ▶     Date ▶ 9/3/2021

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



# Kentucky Secretary of State

## Michael G. Adams

### Molo Village CDC Co

<a href="#">File Annual Report</a>	<a href="#">File Statement of Change of Principal Office</a>	
<a href="#">File Statement of Change of registered Agent / Registered Address</a>		
<a href="#">Printable Forms</a>	<a href="#">Additional Services</a>	<a href="#">Certificates</a>

#### General Information

<b>Organization Number</b>	0783899
<b>Name</b>	Molo Village CDC Co
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	2/7/2011 12:51:50 PM
<b>Organization Date</b>	2/7/2011 12:51:50 PM
<b>Last Annual Report</b>	6/22/2021
<b>Principal Office</b>	THE VILLAGE AT WEST JEFFERSON 1219 W. JEFFERSON STREET LOUISVILLE, KY 40203
<b>Registered Agent</b>	JAMESETTA FERGUSON 5609 BILTOWN ROAD LOUISVILLE, KY 40299

#### Current Officers

<b>President</b>	Jamesetta F Ferguson
<b>Vice President</b>	Thomas Williams
<b>Secretary</b>	Donanne Fitzgersld
<b>Director</b>	Jamesetta F Ferguson
<b>Director</b>	Thomas Williams
<b>Director</b>	Donanne R. Fitzgerald

## Individuals / Entities listed at time of formation

<b>Director</b>	SONJA WILLIAMS
<b>Director</b>	TERESA WALTON
<b>Director</b>	JAMESETTA F FERGUSON
<b>Incorporator</b>	JAMESETTA 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.

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 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	

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
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 AM	7/7/2015 11:32:33 AM	
Annual report	4/9/2014 12:47:52 PM	4/9/2014 12:47:52 PM	

Annual report	7/1/2013 3:03:55 PM	7/1/2013 3:03:55 PM
Annual report	8/31/2012 4:08:33 PM	8/31/2012 4:08:33 PM
Articles of Correction	3/4/2011 1:15:59 PM	3/4/2011
Add	2/7/2011 12:51:50 PM	2/7/2011 12:51:50 PM

## Microfilmed Images

[Contact](#)   [Site Map](#)

[Privacy](#)   [Security](#)   [Disclaimer](#)   [Accessibility](#)

© Commonwealth of Kentucky  
All rights reserved.

Kentucky Unbridled Spirit