AMENDED PUBLIC DISCLOSURE COPY														
	0	00	Return of Organization Exempt Fro	m l	ncome Tax	OMB No. 1545-0047								
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc	le (exc	ept private foundatio	^(ns) 2014								
	Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending													
_						Inspection								
B Check if applicable: C Name of organization														
a	pplicab	le:												
	Name Chang	852248												
	Initial returr	Number			E Telephone numbe									
	Final returr termi	0	LAUREL STREET 222			802-8891								
v	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,026,781.								
	_returr]Appli		CARLOS, CA 94070-3113 nd address of principal officer:DIANNE CALVI		H(a) Is this a group re									
	⊥tiòn pend	r name a	AUREL ST, #222, SAN CARLOS, CA 9407	0	for subordinates H(b) Are all subordinates ir	? Yes X No								
<u> </u>	-22-02		X 501(c)(3) $501(c)()$ $()$ $(insert no.)$ $4947(a)(1)$ or $($	527	1	list. (see instructions)								
			://WWW.VILLAGEENTERPRISE.ORG/	_ 021	H(c) Group exemptio									
				Year		A State of legal domicile: CA								
		Summary												
	1	Briefly describ	be the organization's mission or most significant activities: TO END	EXT	REME POVERT	Y IN RURAL								
Activities & Governance			THROUGH ENTREPRENEURSHIP AND INNOVAT											
ern	2	Check this bo	$x \blacktriangleright$ if the organization discontinued its operations or disposed o	than 25% of its net as										
Ň	3		ting members of the governing body (Part VI, line 1a)			11								
ن مە	4			10										
ies	5		5	12										
tivit	6		of volunteers (estimate if necessary)		44									
Act			d business revenue from Part VIII, column (C), line 12		0.									
	b	Net unrelated	business taxable income from Form 990-T, line 34											
		O and the diama			Prior Year 1,538,334.	Current Year 1,931,607.								
anı	8		and grants (Part VIII, line 1h)		<u>1,550,554</u> . 0.	1,951,007.								
Revenue	9		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		1,274.	3,198.								
Re	10		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		86,510.	23,654.								
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,626,118.	1,958,459.								
	13		milar amounts paid (Part IX, column (A), lines 1-3)		306,136.	275,402.								
	14		to or for members (Part IX, column (A), line 4)		0.	0.								
ŝ		-		· –	805,917.	881,928.								
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.								
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 272,623.											
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	. 🗆	787,693.	659,455.								
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,899,746.	1,816,785.								
	19	Revenue less	expenses. Subtract line 18 from line 12		-273,628.	141,674.								
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year								
sset 3alaı	20	Total assets (F		.	660,527.	808,051.								
et A nd E	21		(Part X, line 26)		78,836.	84,686.								
			fund balances. Subtract line 21 from line 20		581,691.	723,365.								
	art II			ototore	anto and to the best of m	v knowledge and helief it is								
			I declare that I have examined this return, including accompanying schedules and . Declaration of preparer (other than officer) is based on all information of which p			y knowledge and bellet, it is								
uue,	cone	u, and complete	. הפרומו מנוסח סו אופאמו פו (סנוופו נוומוו סוווכפו) וא שמצפע סוו מוו וווסרווומנוסוו סו WillCil או	ehaiel	nas any knowleuge.									

Sign Here	Signature of officer DIANNE CALVI, EXECUTIN Type or print name and title	VE DIRECTOR	Date
	Print/Type preparer's name W. NOEL MCNABOLA	W. NOEL MCNABOLA 1	ate Check PTIN of 05/16 self-employed P00181055
Preparer	Firm's name ▶ S D MAYER & ASSO		Firm's EIN 🕨 46-1171913
Use Only	Firm's address 235 MONTGOMERY	STREET, 28TH FL	
	SAN FRANCISCO, C	CA 94104	Phone no. $415 - 691 - 4040$
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
			- 000

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO END EXTREME POVERTY IN RURAL AFRICA THROUGH ENTREPRENEURSHIP AND
	INNOVATION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
ŀ	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.
la	(Code:) (Expenses \$ 1,287,966 · including grants of \$ 275,402 ·) (Revenue \$
	SEED CAPITAL - SEED CAPITAL GRANTS AND/OR ASSETS VALUED AT \$150, WHIC
	ARE DISBURSED TO BUSINESSES AFTER A RIGOROUS TRAINING AND MENTORING
	PROGRAM. BUSINESS GROUPS ARE COMPOSED OF THREE INDIVIDUALS WHO MUST:
	QUALIFY FOR THE PROGRAM BASED ON THEIR SOCIO-ECONOMIC STATUS, COMPLEY
	THE TRAINING PROGRAM, BEGIN SAVING ON A MONTHLY BASIS AND SUBMIT A
	VIABLE BUSINESS PLAN. SEED CAPITAL AND/OR ASSETS ARE DISBURSED THREE
	TIMES PER YEAR.
	MAJORITY OF TRAINING SESSIONS ARE CONDUCTED PRIOR TO RECEIVING THE SE CAPITAL OR ASSETS.
c	(Code:) (Expenses \$ 59,393. including grants of \$) (Revenue \$
c	
c	BUSINESS MENTORING FOR NEW BUSINESSES - DURING THE TRAINING PROGRAM A AFTER THE BUSINESSES HAVE BEEN FUNDED WITH SEED CAPITAL, VILLAGE
ċ	BUSINESS MENTORING FOR NEW BUSINESSES - DURING THE TRAINING PROGRAM A AFTER THE BUSINESSES HAVE BEEN FUNDED WITH SEED CAPITAL, VILLAGE ENTERPRISE BUSINESS MENTORS ASSIST IN BUSINESS FORMATION, GROUP
c	BUSINESS MENTORING FOR NEW BUSINESSES - DURING THE TRAINING PROGRAM A AFTER THE BUSINESSES HAVE BEEN FUNDED WITH SEED CAPITAL, VILLAGE ENTERPRISE BUSINESS MENTORS ASSIST IN BUSINESS FORMATION, GROUP DYNAMICS AND SAVINGS GROUP DEVELOPMENT (THE SAVINGS GROUP ARE COMPOSE
c	BUSINESS MENTORING FOR NEW BUSINESSES - DURING THE TRAINING PROGRAM A AFTER THE BUSINESSES HAVE BEEN FUNDED WITH SEED CAPITAL, VILLAGE ENTERPRISE BUSINESS MENTORS ASSIST IN BUSINESS FORMATION, GROUP DYNAMICS AND SAVINGS GROUP DEVELOPMENT (THE SAVINGS GROUP ARE COMPOSE OF 30 INDIVIDUALS). THE BUSINESS MENTORS ARE FULL-TIME STAFF MEMBERS
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	BUSINESS MENTORING FOR NEW BUSINESSES - DURING THE TRAINING PROGRAM A AFTER THE BUSINESSES HAVE BEEN FUNDED WITH SEED CAPITAL, VILLAGE ENTERPRISE BUSINESS MENTORS ASSIST IN BUSINESS FORMATION, GROUP DYNAMICS AND SAVINGS GROUP DEVELOPMENT (THE SAVINGS GROUP ARE COMPOSE OF 30 INDIVIDUALS). THE BUSINESS MENTORS ARE FULL-TIME STAFF MEMBERS WHO WORK IN THE COMMUNITIES AND IN THE FIELD ON A DAILY BASIS, PROVIDING GUIDANCE AND SUPPORT TO NEW BUSINESSES FOR ONE YEAR. Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
ŀd	BUSINESS MENTORING FOR NEW BUSINESSES - DURING THE TRAINING PROGRAM A AFTER THE BUSINESSES HAVE BEEN FUNDED WITH SEED CAPITAL, VILLAGE ENTERPRISE BUSINESS MENTORS ASSIST IN BUSINESS FORMATION, GROUP DYNAMICS AND SAVINGS GROUP DEVELOPMENT (THE SAVINGS GROUP ARE COMPOSE OF 30 INDIVIDUALS). THE BUSINESS MENTORS ARE FULL-TIME STAFF MEMBERS WHO WORK IN THE COMMUNITIES AND IN THE FIELD ON A DAILY BASIS, PROVIDING GUIDANCE AND SUPPORT TO NEW BUSINESSES FOR ONE YEAR. Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,436,448.
ŀd	BUSINESS MENTORING FOR NEW BUSINESSES - DURING THE TRAINING PROGRAM A AFTER THE BUSINESSES HAVE BEEN FUNDED WITH SEED CAPITAL, VILLAGE ENTERPRISE BUSINESS MENTORS ASSIST IN BUSINESS FORMATION, GROUP DYNAMICS AND SAVINGS GROUP DEVELOPMENT (THE SAVINGS GROUP ARE COMPOSE OF 30 INDIVIDUALS). THE BUSINESS MENTORS ARE FULL-TIME STAFF MEMBERS WHO WORK IN THE COMMUNITIES AND IN THE FIELD ON A DAILY BASIS, PROVIDING GUIDANCE AND SUPPORT TO NEW BUSINESSES FOR ONE YEAR.

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гош	990	(2014)

Part IV Checklist of Required Schedules

VILLAGE ENTERPRISE FUND, INC.

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X 1 Is the organization required to complete Schedule A. 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4	x x x x
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 3	x x x
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 	x x x
public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 3	x x x
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	x x
	x x
	x
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	x
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8	x
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	
If "Yes," complete Schedule D, Part IV9	x
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	
Part VI	
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? If "Yes," complete Schedule D, Part VII	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	
Part X, line 16? If "Yes," complete Schedule D, Part IX	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D. Parts XI and XII 12a X	
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	<u> </u>
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b	x
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X	<u> </u>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
or more? If "Yes," complete Schedule F, Parts I and IV 14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	
foreign organization? If "Yes," complete Schedule F, Parts II and IV	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
1c and 8a? If "Yes," complete Schedule G, Part II 18 X	<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 19	x
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	\square

Form **990** (2014)

432003 11-07-14

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VILLAGE ENTERPRISE FUND, INC.

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 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 1? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization navee "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization surver "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization surver 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 I, If Wes, to make the organization and the Part I wes, to complete Schedule I, If Wes, to omplete Schedul	Pa	rt IV Checklist of Required Schedules (continued)		-	
domestic government on Part IX, column (A), line 17 /f Yes, 'complete Schedule I, Parts I and /li 21 X 22 Did the organization report most has 50.00 00 grants or othe assistance to or for domestic individuals on Part IX, column (A), line 27 /li Yes, 'complete Schedule I, Parts I and III 22 X 23 Did the organization navew 'Yes' to Part VI), Section A, line 3, 4, or s about compensation of the organization's current and former offices, directors, trustees, key employees, and hipped compensation and the organization's current and former offices, directors, trustees, key employees, and hipped compensation of the organization acts as at y assess of the vear, that was issued atter Docember 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule I, I' Wo,'' co to the scale accurrent the ratio of the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24d X 4 Did the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d X 5 Bott of organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 24d 5 Section 50(16), 50(16)(40, 40, 40, 40, 40, 40, 40)(26) organizations. During the systemation engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction may are burned to enganization system transaction way the organization any of the organization any of the organization any ethol excess benefit transaction way than any around on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officer, director, trustee, key employees, or disqualified p				Yes	No
22 Ddt he organization report more fam \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Part I and III 22 X 23 Dut the organization any environment of the same sector of the organization of the organization sources and the schedule I, Part I and III 23 X 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, flatt was issued after December 31, 2002? II "Yes," complete Schedule I, II "No.", 'complete Schedule I, Part I 240 25 Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization oreign any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustes, key employees, highest compensated employees, or disqualified person? II "Yes,' complete Schedule L, Part II 25a X 20 Dd the organization negot any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustes, or exployees, highest compensated employees, or disqualified person? II "Yes,' complete Schedule L, Part II 25a X 20 Dd the organization negot any amount on	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27, III "Ves," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation the organization's current and former officers, directoric, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule I, III "No", to organization have a tax-exempt bond's Locember 31, 2002? II "Yes," answer lines 24b through 24d and complete Schedule I, III "No", to or line 25a X 44 Did the organization have a tax-exempt bond's beyond a temporary period exception? 24b c Did the organization maintian an escrew account other than a refunding escrew at any time during the year 100000 as of the any tax-exempt bond's period exception? 24d d Did the organization act as an 'on behalf of'' issue for bonds outstanding at any time during the year? 24d 25a Section 501(c)(s), 501(c)(d), and 501(c)(20) organizations. Dut the organization spice forms 980 or 980-627 II "Yes," complete Schedule L, Part I 25a 25a Section 501(c)(s), 501(c)(d), and 501(c)(20) organizations. Dut the organization spice forms 980 or 980-627 II "Yes," complete Schedule L, Part I 25a 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, or disqualified person? II "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employees, or disqualified person? II "Yes,		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J. 23 X 24 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," complete Schedule I, II "No." to the 758. 24 X 24 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 I, II "No." to the 758. 246 246 246 2 D dth eorganization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? 24d 258 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a proreyer, and that the transaction has not been reported on any of the organization "proves," If "Yes," complete Schedule L, Part I 256 X 25 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, trustes, we proloyee, highest compensated employees, or signaling therein any three organization provide a grant or other assistance to an officer, director, trustes, or exployee Schedule L, Part IV 26 X 26 D the organization provide a grant selectin committee member, or to a 35% controlled enti	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and forme officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 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 line 32th through 24t and complete Schedule K. If 'No', go to line 25a 24a X 24b Did the organization number an proceeds of tax-exempt bonds beyond a temporary proid exception? 24a X 24d Did the organization and an an excore was count other than a refunding escrow at any time during the year? 24d 24d 25a Section 501(26), 501(26), 406 501(26) organizations. Did the organization engage in a excess benefit transaction with a disqualified person during the year? 25b X 25a Did the organization area 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 sign in an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 25b X 27 Did the organization area that it engaged in an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 25b X 27 Did the organization area that engaged in an excess benefit transaction with an disqualified person? If 'Yes,' complete Schedule L, Part II 25b X 28 Did the organization area that engaged in a excess benefit transaction with an disqualified perso		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24a X 25 Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d X 26 Did the organization mixed as an 'on behalf of' issuer for bonds outstanding at any time during the year '0 'sey'. 24d 24d X 26 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization argage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year. 25b X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustes, key employees, ubjectantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled nthy or family member of any of these persons? If 'Yes, 'complete Schedule L, Part II 26a X 27 Did the organization inceve thereol, a grant selection committee member, or to a 35% controlled nthy or family member of a current or former officer, director, trustee, or key employees (or family member of any or these persons? II 'Yes, 'complete Schedule L, Part II 28a X 28 Was the organization in payable schedule current or former officer, director, trustee, or key employee or to a 3	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X 31 Did the organization neceive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization neceive and schedule as eparate from the organization under Regulation sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 33 Did the organization neated to any tax-exempt or taxable entity? If "Yes," compl			25b		X
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 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>II</i> "Yes," <i>complete Schedule L, Part III</i> 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, or key employee? <i>II</i> "Yes," <i>complete Schedule L, Part IV</i> b A family member of a current or former officer, director, trustee, or key employee? <i>II</i> "Yes," <i>complete Schedule L, Part IV</i> c An entity of which a current or former officer, director, trustee, or key employee? <i>II</i> "Yes," <i>complete Schedule L, Part IV</i> 28 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>II</i> "Yes," <i>complete Schedule M</i> 29 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? <i>II</i> "Yes," <i>complete Schedule M</i>, <i>Part I</i> 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/<i>II</i> "Yes," <i>complete Schedule N</i>, <i>Part I</i> 33 Did the organization neceive any tort axable entity? <i>II</i> "Yes," <i>complete Schedule R</i>, <i>Part II</i>, <i>III</i>, or <i>IV</i>, and <i>Part V</i>, <i>line 1</i> 34 Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>II</i> "Yes," <i>complete Schedule R</i>, <i>Part V</i>, <i>line 2</i> 35a Did the organization. So, did the organization make any transfers to an exempt non-charitable related organization? <i>IF</i> "Yes," <i>complete Schedule R</i>, <i>Part V</i>, <i>line 2</i> 36 X 37 Did the organization. Sold the organization make any transfers to an exempt non-charitable related organiza					
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of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28< Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 X 28b X 28a X 20 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 20 X 28b X 28b X 21 X 28b X 28b X 22b X 28b X 28b X 22b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 32 X 32 Did the organization neal, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 33 X 33 Did	27				
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, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 31 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 35b 35 If "Yes" to line 35a, did the organization receive any payment from					
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X	37				<u> </u>
			37		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O		· · · · ·	38	Х	

Form **990** (2014)

432004 11-07-14

Form	990 (2014) VILLAGE ENTERPRISE FUND, INC. 22-2852	248	Р	age 5						
Par										
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	Х							
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 12									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х							
b	If "Yes," enter the name of the foreign country: ► KENYA, UGANDA									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?									
7										
	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?									
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-								
-	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	-								
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	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
D	Gross income from other sources (Do not net amounts due or paid to other sources against									
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
		IZa								
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a		-						
d	Note. See the instructions for additional information the organization must report on Schedule O.	134								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
U U	organization is licensed to issue qualified health plans									
~	Enter the amount of reserves on hand 13c									
		14a		X						
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		<u> </u>						
<u> </u>	in ros, has three a rom rzo to report these payments : n no, provide an explanation in Schedule O		000	<u> </u>						

Form **990** (2014)

432005 11-07-14

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Form 990	(2014)
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VILLAGE ENTERPRISE FUND, INC.

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

ection A. Governing Body and Management 1a In Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. In I	0 2 3	Yes	T						
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Image: Committee of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Image: 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? Image: Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Image: Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Image: Did the organization become aware during the year of a significant diversion of the organization's assets?	0 2 3	Yes	╉						
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Image: Committee of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Image: 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? Image: Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Image: Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Image: Did the organization become aware during the year of a significant diversion of the organization's assets?	0 2 3		L						
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 1b 1 b Enter the number of voting members included in line 1a, above, who are independent 1b 1 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 1 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 1 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5	2		1						
 b Enter the number of voting members included in line 1a, above, who are independent	2		I						
 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 	2		1						
 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 	3		l						
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 	3								
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 	3								
 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	4								
Did the organization have members or stockholders?	5								
Did the organization have members or stockholders?									
a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
more members of the governing body?	7a								
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			1						
persons other than the governing body?	7b								
B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			t						
a The governing body?	8a	x	1						
 b Each committee with authority to act on behalf of the governing body? 	8b	X	1						
 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 		<u> </u>	┨						
organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9								
ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		·	4						
		Yes	٦						
0a Did the organization have local chapters, branches, or affiliates?	10a		-						
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			-						
and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-						
	11a		-						
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	1						
2a Did the organization have a written conflict of interest policy? If "No," go to line 13		X	┥						
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		┥						
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x							
in Schedule O how this was done		X	┥						
3 Did the organization have a written whistleblower policy?		X	┥						
4 Did the organization have a written document retention and destruction policy?	14	_ <u> </u>	┥						
5 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?		37	l						
a The organization's CEO, Executive Director, or top management official		X	4						
b Other officers or key employees of the organization	15b	X	4						
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ						
taxable entity during the year?	16a]						
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1						
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
exempt status with respect to such arrangements?	16b		_						
ection C. Disclosure									
7 List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA									
8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)) availat	ole							
for public inspection. Indicate how you made these available. Check all that apply.									
Own website X Another's website X Upon request Other (explain in Schedule O)									
9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial							
statements available to the public during the tax year.									
0 State the name, address, and telephone number of the person who possesses the organization's books and records:									
DIANNE CALVI - 650-802-8891			_						
751 LAUREL ST. #222, SAN CARLOS, CA 94070			_						
2006 11-07-14	Form	1 990	11						
6									
01005 146041 10772 2014.06020 VILLAGE ENTERPRISE FUND, IN	1 10	772	_						

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 (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and Title	(B) Average			(Pos	C) ition	 1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pe	person is both an a director/trustee)			compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEBORAH A. HALL CHAIR	5.00	x		x				0.	0.	0.
(2) LARRY LANGDON	1.00									
FORMER VICE CHAIR		x		x				0.	0.	0.
(3) EMEKA AJOKU	1.00									
TREASURER		x		x				0.	0.	0.
(4) TIM TIGHT	1.00									
SECRETARY		X		Х				0.	0.	0.
(5) BARBARA BISHOP	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CHRISTOPHER WUTHMANN	1.00									
FORMER DIRECTOR	1 0 0	X						0.	0.	0.
(7) JAMIE AUSTIN	1.00							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(8) JAY FRIEDRICHS DIRECTOR	1.00	x						0.	0.	0.
(9) JOE DOUGHERTY	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) LARRY WU	1.00									
DIRECTOR		x						0.	0.	0.
(11) PATRICK BROWN	1.00									
DIRECTOR		x						0.	Ο.	0.
(12) TIM GEISSE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DIANNE CALVI	40.00								_	_
CEO & PRESIDENT		Х		х				149,399.	0.	0.
		-								
420007 11 07 14										Form 990 (2014)

432007 11-07-14

Form 990 (2014)

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2014.06020 VILLAGE ENTERPRISE FUND, IN 10772_4

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	1990 (2014) VILLAGE									22-28	352	248	Pa	age 8
Pai	't VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week (list any hours for	(do box offic	not c , unle	Posi heck d a di	C) ition more rson i irecto	than is bot or/trus	one h an tee)	Compensated Employe (D) Reportable compensation from the organization	es (continued) (E) Reportable compensation from related organizations (W-2/1099-MIS	6	an com	(F) timate nount other pensa om th	of Ition
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		-,	org and	anizat d relat anizati	ion ed
			-											
			-											
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	I, Section A							149,399. 0. 149,399.		0. 0. 0.			0.0.
2	Total number of individuals (including but n compensation from the organization									· •	e r		Yes	1 No
3 4	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	<i>uch individual</i> ım of reportab	 le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		3		x x
	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	accrue comper plete Schedul	nsat e <i>J f</i>	ion 1 for si	from uch j	any pers	unr	elat	ted organization or indiv	idual for services		5		х
1	Complete this table for your five highest co the organization. Report compensation for (A) Name and business	the calendar y	ear		ng v					year.		ensation from (C) Compensation		
2	Total number of independent contractors (i	ncluding but n	iot lii	mite	d to	tho	se lis	stec	d above) who received n	nore than				
43200 11-07	\$100,000 of compensation from the organi	•					0					Form	990 (;	2014)

Form 990	(2014
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 Form 990 (2014)
 VILLAGE ENTERPRISE FUND, INC.
 22-2852248
 Page 9

 Part VIII
 Statement of Revenue
 Page 9

		Check if Schedule O cont	ains a response	or note to any li	ne 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
ts t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b							
		Fundraising events						
		Related organizations						
s, 0		Government grants (contribut		81,191.				
bution ther Si		All other contributions, gifts, gran						
		similar amounts not included abo		850,416.				
l Otri	a	Noncash contributions included in lines		82,177.				
ano	-	Total. Add lines 1a-1f			1,931,607.			
				Business Code				
e	2 a							
ervi	b							
Program Service Revenue	с							
ran ev	d							
0 E E	е							
Ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		🕨				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			3,198.			3,198.
	4	Income from investment of tax	x-exempt bond p	proceeds 🕨				
	5	Royalties		<u>, </u>				
			(i) Real	(ii) Personal				
	6 a							
	b	1						
	С	()						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	-	and sales expenses						
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraising		····· •				
anı	8 a	· · · · ·						
ve		contributions reported on line						
Ŗ		Part IV, line 18	,	91,976.				
Other Rever	h	Less: direct expenses		60.000				
ō		Net income or (loss) from func		▶	23,654.			23,654.
		Gross income from gaming ac						
	. u	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d							
	е	Total. Add lines 11a-11d						0.0.0.50
43200	<u>12</u>	Total revenue. See instructions.		>	1,958,459.	0.	0 .	
43200 11-07	14							Form 990 (2014)

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VILLAGE ENTERPRISE FUND, INC.

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 respon	se or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	275,402.	275,402.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	151,848.	98,701.	13,667.	39,480
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	594,196.	387,183.	52,048.	154,965.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	57,637.	37,464.	5,187.	14,986.
10	Payroll taxes	78,247.	50,861.	7,042.	20,344.
11	Fees for services (non-employees):				
а	Management				
b	Legal	935.	570.	169.	196.
с	Accounting	21,600.	13,176.	3,888.	4,536.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	36,303.	21,990.	6,837.	7,476.
12	Advertising and promotion				
13	Office expenses	13,556.	8,135.	2,032.	3,389.
14	Information technology				
15	Royalties		1.2. (
16	Occupancy	22,800.	13,680.	3,420.	5,700.
17	Travel	31,265.	29,380.	709.	1,176.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	737.	74.	74.	589.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,675.	6,908.	767.	
23	Insurance	5,773.	3,464.	866.	1,443.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FIELD OPERATIONS EXPENS	194,841.	194,841.		
b	SPECIAL PROJECTS	172,416.	172,416.		
c	OTHER EXPENSES	60,705.	36,422.	9,107.	15,176.
d	CURRENCY EXCHANGE LOSS	38,194.	38,194.		
	All other expenses	52,655.	47,587.	1,901.	3,167.
25	Total functional expenses. Add lines 1 through 24e	1,816,785.	1,436,448.	107,714.	272,623.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2014)

10191005 146041 10772

VILLAGE ENTERPRISE FUND, INC. Part X Balance Sheet ata ta any lina in this Dart X

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Pa		Balance Sheet					v
		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	4	Cook non-interest bearing			228,049.	4	393,861.
	1	Cash - non-interest-bearing			88,669.	1	108,730
	2	Savings and temporary cash investments		00,005.		100,750.	
	3	Pledges and grants receivable, net			294,664.	3 4	257,429.
	4	Accounts receivable, net			294,004.	4	237,4296
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation				F	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	•				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
Assets	_	employees' beneficiary organizations (see instr).				6	
Ass	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use			26,307.	8	6,928.
	9	Prepaid expenses and deferred charges	 I I		20,307.	9	0,9200
	lua	Land, buildings, and equipment: cost or other	10-	158,912.			
		basis. Complete Part VI of Schedule D		117,809.	22,838.	40-	41,103.
		Less: accumulated depreciation		-	22,030.	10c	41,103
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			660,527.	15	808,051.
	16	Total assets. Add lines 1 through 15 (must equ		78,836.		84,686	
	17	Accounts payable and accrued expenses			70,050.	17	04,000
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete l				21	
Liabilities	22	Loans and other payables to current and former					
bili		key employees, highest compensated employee					
Lia	00	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines				05	
	06	Schedule D			78,836.	25 26	84,686.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			10,050.	20	04,000.
če	07	complete lines 27 through 29, and lines 33 and lines 34 and lines 35			9,710.	27	268,271.
llan	27	Unrestricted net assets			571,981.	27	455,094.
Fund Balances	28	Temporarily restricted net assets			571,501.	20 29	455,054
nnc	29	Organizations that do not follow SFAS 117 (A				29	
			SC 956), C				
Net Assets or	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds		F		30	
t As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated in			581,691.	32	723,365.
_	33	Total net assets or fund balances			660,527.	33	808,051.
	34	Total liabilities and net assets/fund balances			000,547.	34	Form 990 (2014)

Form 990 (2014)

Form	1990 (2014) VILLAGE ENTERPRISE FUND, INC.	22-2	2852248	Pag	ge 12
Pa	rt 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	1,958		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,816		
3	Revenue less expenses. Subtract line 2 from line 1	3	141		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	581	.,6	91.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
_	column (B))	10	723	, 3	65.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	, , , , , , , , , , , , , , , , , , ,		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud			х
	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				0.04 1
			Form S) UC	2014)

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SCHEDULE A	
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(Form	990	or	990-	-EZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2014	
Open to Public Inspection	

Department of the Treasury Internal Revenue Service

Intern	al Reve	nue Service	Informati	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f						Inspection
Nan	ne of	the organizati								identification number
		Deces			RISE FUND, I					2-2852248
	rt I				All organizations must co	-			IS.	
	orgar		•		For lines 1 through 11, o	•	,			
1	\square				on of churches describe	d in sectio	on 170(b)(*	I)(A)(I).		
2	\square			ion 170(b)(1)(A)(ii).						
3	\square	•	•		anization described in s e			•		the beautitely served
4				ation operated in co	njunction with a hospita	aescribed	u in sectio	4)(1)(a)011 n	4)(III). Enter	the hospital's name,
-		city, and stat		ar the herefit of a co			tad by a a	overnmentel	unit dooorik	and in
5				Complete Part II.)	llege or university owne	u or opera	led by a g	overnmental	unit descrit	
6					nental unit described in	section 17	70(h)(1)(A)	(v)		
7	X				ntial part of its support				the general	public described in
				omplete Part II.)		. en a ger			general	
8					(1)(A)(vi). (Complete Par	t II.)				
9		-			than 33 1/3% of its sup	-	contributi	ons, member	rship fees, a	Ind gross receipts from
										t from gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the c	organization	after June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
10	Щ	An organizati	ion organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
11		An organizati	ion organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	carry out the	e purposes of one or
					ed in section 509(a)(1) o					Check the box in
					of supporting organization					
а				-	upervised, or controlled	•				
					gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
b		Γ		complete Part IV, Se	l or controlled in connec	tion with it	te support	od organizati	ion(c) by ba	wing
U				-	anization vested in the s			-		-
			-	t complete Part IV,		ame perso			age the sup	ported
с					g organization operated	in connec	tion with	and function:	ally integrate	ed with
-			-		b). You must complete					
d			•		orting organization oper				orted organi	zation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement ar	nd an attent	iveness
		requiremen	nt (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	, and Part	V .		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III	
					nally integrated support	ing organi:	zation.			
f			of supported of							
g			<u> </u>	n about the supporte (ii) EIN		(iv) is the o	rganization	(11) A manual a	f manatam.	(vi) Amount of
	((i) Name of supp organizatior 			(iii) Type of organization (described on lines 1-9	listed i	in your	(v) Amount c suppor		other support (see
		- 3-			above or IRC section	governing of Yes	document?	Instruc	-	Instructions)
					(see instructions))	165				
_										
Tota					unakia wa fari				aluda A (T	
		Paperwork Re) or 990-EZ.		lotice, see the Instr				Sche	uule A (FOr	m 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 VILLAGE ENTERPRISE FUND, INC. Part II Support Schedule for Organizations Described in Sections 170(b)

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	940,790.	1029892.	1674870.	1527799.	1931607.	7104958.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	940,790.	1029892.	1674870.	1527799.	1931607.	7104958.
5	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)						1333057.
6	Public support. Subtract line 5 from line 4.						5771901.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	940,790.	(b)2011 1029892.	1674870.	1527799.	1931607.	7104958.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots					3,198.	3,198.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	133,569.	50,546.	303,282.	113,556.	91,976.	692,929.
11	Total support. Add lines 7 through 10						7801085.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	73.99 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	77.18 %
16 a	33 1/3% support test - 2014. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	I			▶ X
b	33 1/3% support test - 2013. If the c	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	iis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
<u>18</u>	Private foundation. If the organization						s ►
	Schedule A (Form 990 or 990-EZ) 2014						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			1			
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			-	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired offer June 20, 1075						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organi:	zation,
							>
	tion C. Computation of Publ					1 1	
	Public support percentage for 2014 (I					15	%
	Public support percentage from 2013					16	%
	tion D. Computation of Investion		•			1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2013. If the	•			•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t			
43202	3 09-17-14			4 -	Scl	nedule A (Form 99	0 or 990-EZ) 201
•				15			10000
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Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2014 VILLAGE ENTERPRISE FUND, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		L
b	A family member of a person described in (a) above?	11b		<u> </u>
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	_		·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			L
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	A -		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a :		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		0011
43202	5 09-17-14 Schedule A (Form 9	90 or 99	U-EZ)	ZU14

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Schedule A	(Form 990 or 990-EZ) 2014	VILLAGE	ENTERPRIS	SE FUND,	INC.	
Part V	Type III Non-Function	nally Integra	ated 509(a)(3)	Supporting	Organiza	tions

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

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

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

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990 EZ) 2014 VILLAGE ENTERPRISE FUND, INC.

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	¥
Sect	ion D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
<u>b</u>				
 d				
-	From 2013			
-	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2014 distributions of phot years			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
<u> </u>				
-	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 **Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II LINE 10 - OTHER INCOME

OTHER INCOME IN 2014 CONSISTS OF GROSS FUNDRAISING EVENT INCOME IN THE

AMOUNT OF \$91,976.

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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

INC.

OMB No. 1545-0047

2014

Employer identification number

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

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization 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.

VILLAGE ENTERPRISE FUND

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

X 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.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number

VILLAGE ENTERPRISE FUND, INC.

22 - 2852248

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
1		\$50,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
2		\$75,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
3		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
4		\$46,500.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
5		\$45,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
6		\$343,000.	Person X Payroll Noncash (Complete Part II for noncash contribution

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Page

Employer identification number

VILLAGE ENTERPRISE FUND, INC.

1 2

22 - 2852248

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
7		\$83,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
8		\$150,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
9		\$50,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
10		\$77,269.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
11		\$54,300.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
			990, 990-EZ, or 990-PF

Page 2

22-	2	8!	5	2	2	4	8
-----	---	----	---	---	---	---	---

VILLAGE ENTERPRISE FUND, INC.

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

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2014.06020 VILLAGE ENTERPRISE FUND, IN 10772_4

10191005 146041 10772

inization			Employer identification number			
E ENTERPRISE FUND INC			22-2852248			
Exclusively religious, charitable, etc., cont	• ributions to organizations described	in section 501(c)(7), (8), o	r (10) that total more than \$1,000 for			
completing Part III, enter the total of exclusively religiou:	COIUMNS (a) INFOUGN (e) and INE TOHOV s, charitable, etc., contributions of \$1,000 or	VING IINE ENTRY. For organization less for the year. (Enter this info. onc	ns e.) ► \$			
(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee			
	[
(b) Burposo of gift	(c) Use of gift	(d) Dosc	cription of how gift is held			
(b) Purpose of gift) Purpose of gift (c) Use of gift		cription of now gift is neid			
(e) Transfer of oift						
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift	:				
Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee			
· · · ·						
	[
14	25	Schedule	B (Form 990, 990-EZ, or 990-PF) (2014			
	E ENTERPRISE FUND, INC Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition (b) Purpose of gift (b) Purpose of gift Transferee's name, address, an Transferee's name, address, an Transferee's name, address, an Transferee's name, address, an Transferee's name, address, an (b) Purpose of gift	E ENTERPRISE FUND, INC. Exclusively, religious, charitable, etc., contributions to organizations described the year from any one contributor. Complete columns (a) through (e) and the follow completing part in enter the total or exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (c) Transferee's name, address, and ZIP + 4 (c) Transfer of gift (c) Transferee's name, addre	E ENTERPRISE FUND, INC.			

2014.06020 VILLAGE ENTERPRISE FUND, IN 10772__4

SCI	SCHEDULE D Supplemental Financial Statements						
	n 990)	2014					
•			Open to Public				
	ment of the Treasury I Revenue Service						
-	e of the organizati	on	rm 990) and its instructions is at www.irs.gov/f		loyer identification number		
Der		VILLAGE ENTERPRISE			22-2852248		
Par		-	ed Funds or Other Similar Funds or A	CCOU	ITLS. Complete if the		
	organizatio	n answered "Yes" to Form 990, Part IV, lin		b) Fund	ds and other accounts		
1	Total number at or	ad of year		bj i une			
2		nd of year f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5			writing that the assets held in donor advised fun	lds			
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes 🗌 No		
6	Did the organizatio	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be used o	only			
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	ring			
	impermissible priv				Yes No		
Par			ganization answered "Yes" to Form 990, Part IV,	line 7.			
1		servation easements held by the organizat					
		of land for public use (e.g., recreation or e					
		f natural habitat	Preservation of a certified h	istoric s	structure		
2		n of open space	fied conservation contribution in the form of a co	00000	tion accoment on the last		
2	day of the tax year		ned conservation contribution in the form of a co	JISCIVA	allori easement on the last		
	day of the tax year				Held at the End of the Tax Year		
а	Total number of co	onservation easements		2a			
b				2b			
с	Number of conser	vation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic structure				
				2d			
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the organ	nization	during the tax		
	year ►						
4		where property subject to conservation ea					
5	•	tion have a written policy regarding the pe					
6			it holds? and enforcing conservation easements during t				
6 7			enforcing conservation easements during the ye				
8	-		ve satisfy the requirements of section 170(h)(4)(E				
•					Yes No		
9			ion easements in its revenue and expense state				
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial statements that describes the or	ganizati	ion's accounting for		
	conservation ease						
Par		-	f Art, Historical Treasures, or Other	Simila	ar Assets.		
	Complete if	f the organization answered "Yes" to Form	990, Part IV, line 8.				
1 a			SC 958), not to report in its revenue statement a				
			hibition, education, or research in furtherance of	public	service, provide, in Part XIII,		
la la		thote to its financial statements that descr					
a			SC 958), to report in its revenue statement and b ducation, or research in furtherance of public se				
	relating to these it		ducation, or research in furtheralice of public se	i vice, p	amounts anounts		
	-			▶ \$	5		
					<u> </u>		
2			asures, or other similar assets for financial gain,	-			
	-	unts required to be reported under SFAS 1					
					S		
b	Assets included in	Form 990, Part X		. 🕨 \$	6		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ⁴³²⁰⁵¹ ¹⁰⁻⁰¹⁻¹⁴ Schedule D (Form 990) 2014

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2014.06020 VILLAGE ENTERPRISE FUND, IN 10772_4

Sche		ENTERPRIS						22-28			age 2
Pa	rt III Organizations Maintaining Co	ollections of A	rt, Hist	torical 1	Freasures, o	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessio (check all that apply):	n, and other record	ls, checl	k any of th	ne following tha	at are a si	gnificant (use of its	collectio	n item	S
		d			xchange progra						
a b		ŭ			xchange progra						
с С		e									
4	Provide a description of the organization's co	lloctions and ovalai	n how th	ov furtho	r the organizati	on's ovor	mot ouroc	so in Par	+ VIII		
5	During the year, did the organization solicit or							se in r ai			
5	to be sold to raise funds rather than to be ma								Yes		No
Pa	Int IV Escrow and Custodial Arrang										1110
	reported an amount on Form 990, Part			organiza	lon answered	103 10	101111000	, raitiv, i	110 0, 01		
1a	Is the organization an agent, trustee, custodia		liary for	contributi	ons or other as	sets not	included				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
-									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatic	on has bee	en provided in	Part XIII]
Pa	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" to F	Form 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с											
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column	(a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shoul										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held	I and administe	ered for th	ne organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr		• •	st or other is (other)	• •	ccumulate preciation	d	(d) Boo	k value	Э
1a	Land										
b	Buildings										
С	Leasehold improvements										<u></u>
	Equipment			1	58,912.	1	L17,80	19.	4	1,1	03.
	Other								,	1 4	<u>~~</u>
Tota	al. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line	e 10c.)				4	1,1	03.

Schedule D (Form 990) 2014

432052 10-01-14

Complete if the organization answered "Yes"	to 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"	to 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)		

(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" to 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" to 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

Schedule D (Form 990) 2014

432053 10-01-14

Sche	dule D (Form 990) 2014 VILLAGE ENTERPRISE FUND,	INC.		22-	2852248	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,958,	,459.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,958,	,459.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,958,	,459.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents Wi	th Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	1,865,	,159.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	48,374.			
е	Add lines 2a through 2d			2e		,374.
3	Subtract line 2e from line 1			3	1,816,	,785.

PART X, LINE 2:

c Add lines 4a and 4b

Part XIII Supplemental Information.

VILLAGE ENTERPRISE ASSESSES ITS ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and 4; Part IV, lines 1 b and 2b; Part V, line 4; Part X, line 2; Part XI,

4a

4b

RECOGNIZED IN ITS FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF "MORE

LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN

OR EXPECTED TO BE TAKEN IN THE TAX RETURNS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

b Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

CORRECTION OF ERROR RE GRANTS PAYABLE

48,374.

0.

1,816,785.

4c

5

432054 10-01-14

10191005 146041 10772

SCHEDULE F			Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
				n answered "Yes" on Form 990, Part		2014		
Department of the Treasury			-	-	Attach to Form 990.		Open to Public	
	al Revenue Service		Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f	orm990.	Inspection
Nam	e of the organizatio	on					Employer id	entification number
	LLAGE ENTE						22-285	
Pa				ctivities Ou	tside the United States. Comple	ete if the orgar	nization answei	red "Yes" on
	Form 990,		•	·				
1					ds to substantiate the amount of its grather the selection criteria used to award the			X Yes No
2	For grantmakers United States.	s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	e outside the
3		gion. (Th	ne following Part	t I, line 3 table ca	an be duplicated if additional space is I	needed.)		
	(a) Region	<u> </u>	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (d gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
				integion		SMALL CASH	GRANTS (\$1	50
						EACH) ARE 1	MADE TO GRO	JPS
					GRANTS TO RECIPIENTS	OF LOCAL II	NDIVIDUALS.	
SUB	-SAHARAN AFRICA	A	3	100	LOCATED IN THE REGION.	GRANTS ARE	MADE THROU	GH 1,170,022.
3 2	Sub-total			100				1,170,022.
	Total from continu	uation						
с	sheets to Part I	3a	0 د	0				1,170,022.
	and 3b)		J	L 100				-,-,0,022.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2014

432071 09-24-14

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						I	ı
					🕨		
	and EIN (if applicable)	and EIN (if applicable) (C) Hegion (C) H	and EIN (if applicable) (C) Hegion grant grant grant grant recipient organizations listed above that are recognized as charities by the he grantee or counsel has provided a section 501(c)(3) equivalency letter	and EIN (if applicable) (C) Hegion grant of cash	and EIN (if applicable) (c) Hegion grant of cash grant cash disbursement Image: Construction of the second s	(c) Region (c) Region (c) Algoot of algoot of cash grant (c) Mathe of assistance and EIN (If applicable) (c) Region (c) Algoot of a structure (c) Mathe of assistance and EIN (If applicable) (c) Region (c) Algoot of a structure (c) Algoot of a structure </td <td>Image: Construction of cash grant Construction of cash grant Construction of cash grant Image: Cash grant cash disbursement Image: Cash grant cash grant cash disbursement Image: Cash grant cash grant cash disbursement Image: Cash grant cash grant cash grant cash disbursement Image: Cash grant cash grant cash grant cash grant cash grant cash disbursement Image: Cash grant cash grant cash grant cash grant cash disbursement Image: Cash grant cash disbursement Image: Cash grant cash</td>	Image: Construction of cash grant Construction of cash grant Construction of cash grant Image: Cash grant cash disbursement Image: Cash grant cash grant cash disbursement Image: Cash grant cash grant cash disbursement Image: Cash grant cash grant cash grant cash disbursement Image: Cash grant cash grant cash grant cash grant cash grant cash disbursement Image: Cash grant cash grant cash grant cash grant cash disbursement Image: Cash grant cash disbursement Image: Cash grant cash

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CASH GRANTS AS SEED MONEY TO SMALL BUSINESSES.	SUB-SAHARAN AFRICA	8,253		DISTRIBUTED THROUGH LOCAL MENTORS.		BUSINESS INPUTS/ASSETS VARYING BY TYPE OF "BUSINESS IN A BOX"	CASH.
		0,200	272,051		2,511.		

Schedule F (Form 990) 2014

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014	VILLAGE	ENTERPRISE	FUND,	INC.
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Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

VEF EMPLOYEES AND INTERNS VISIT THE REGION REGULARLY TO VERIFY GRANTS

MADE DURING THE YEAR AND TO FOLLOW UP ON THE PROGRESS MADE BY THE LOCAL

RECIPIENTS.

Part V

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR UNDER THE ACCRUAL BASIS, WHICH IS THE

METHOD USED FOR THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SMALL CASH GRANTS (\$150 EACH)

ARE MADE TO GROUPS OF LOCAL INDIVIDUALS. GRANTS ARE MADE THROUGH LOCAL

MENTORS WHO ARE RESPONSIBLE FOR IDENTIFYING LOCAL SMALL BUSINESS

ENTREPRENEURS AND MENTORING THEIR PROGRESS.

432075 09-24-14

(Form 990 or 990-EZ) Department of the Treasury Letranel Reviews Service	ental Information Regarding e organization answered "Yes" to l organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000 () or Fo	990, P on Fo rm 99	art IV, lines 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the rm 990.	OMB No. 1545-0047
VILLAGE	ENTERPRISE FUND,					22-285	2248
Part I Fundraising Activities required to complete this part	 Complete if the organization answe t. 	ered "Y	'es" to	9 Form 990, Part IV, li	ne 17	7. Form 990-E	Z filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Y€	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribu	itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	oution	s or has been notified	l it is	exempt from	registration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	chec	lule G (Form	990 or 990-EZ) 2014

432081 08-28-14

Schedule G (Form 990 or 990 EZ) 2014 VILLAGE ENTERPRISE FUND, INC.

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List e	events with gross rece	ipts greater than \$5,000.
			(a) Event #1 BI-ANNUAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA DINNER (event type)	(event type)	(total number)	col. (c))
Jue				(event type)	(total humber)	
Revenue	1	Gross receipts	91,976.			91,976.
	2	Less: Contributions	0.			
	3	Gross income (line 1 minus line 2)	91,976.			91,976.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs	4,824.			4,824.
Direct Expenses	7	Food and beverages	42,764.			42,764.
Δ	8	Entertainment	1,700.			1,700.
	9	Other direct expenses	19,034.			1,700. 19,034.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	68,322.
		Net income summary. Subtract line 10 from li				23,654.
Pa	ırt I	• • • • • • • • • • • • • • • •	answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ŝ	2	Cash prizes				
Expenses						
ăx	3	Noncash prizes				

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

a Is the organization licensed to conduct gaming activities in each of these states? _____ Ves L No b If "No," explain:

%

Yes

No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ______ Yes
b If "Yes," explain:

Yes

No

432082 08-28-14

Direct Exp

4

5 Other direct expenses

6 Volunteer labor

Schedule G (Form 990 or 990-EZ) 2014

_ No

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%

.....

Yes

No

%

Sch	edule G (Form 990 or 990-EZ) 2014 VILLAGE ENTERPRISE FUND, INC. 22	2-28	3 <u>52</u> 2	48	Page 3
	Does the organization conduct gaming activities with nonmembers?		Y	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?	l	Y	es	No No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	L	13a		%
b	An outside facility	L	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
45-				es	No
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		T	62	
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amount				
	of gaming revenue retained by the third party $ ightarrow \$$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	ſ			
	retain the state gaming license?		Y	es	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
Do	organization's own exempt activities during the tax year > \$			- 10	
га	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, in, ine	es 9, 9	b, TU	D, 15D,
	isc, io, and ind, as applicable. Also provide any additional information (see instructions).				
				00	
43208	33 08-28-14 Schedule G (37	Form 9	990 or	990-	EZ) 2014
01		. .	NT 1	0 7 7	2

10191005 146041 10772 2014.06020 VILLAGE ENTERPRISE FUND, IN 10772_4

22-2852248	Page 4
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Schedule G (Form 990 or 990-EZ)	VILLAGE	ENTERPRISE	FUND,	INC.
Part IV Supplemental Info	rmation (contin	und		

Part IV Supplemental Information (continued)		
		Schedule G (Form 990 or 990-EZ)
432084 05-01-14	38	
	17	

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	Ī	20	1/	.
•	Ē	Compensated Employees		20	14	r
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe		
Nan	e of the organizatio		Employer i			mber
		VILLAGE ENTERPRISE FUND, INC.	22-2	285224	8	
Pa	rt I Question	s Regarding Compensation				
				_	Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or	charter travel Housing allowance or residence for person	onal use			
	Travel for con					
		cation and gross-up payments				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
~	la dia da subista da de		- 4 ! ! -			
3		ny, of the following the filing organization used to establish the compensation of the organiz				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	lion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	·	compensation consultant Compensation survey or study ther organizations X Approval by the board or compensation of	ommittoo			
		ther organizations Approval by the board or compensation of	committee			
4	During the year di	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the					
а	-			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the					
а	The organization?			6a		X
b		ation?				X
		r 6b, describe in Part III.				
7	For persons listed	n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	S			
		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" to line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations sectio	ז 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forr	n 990)) 2014

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22-2852248

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denonto		in prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
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(1)							
(ii)							
(1)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

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

Department of the Tre Internal Revenue Ser			(Form 990) and it	s instructions is at www.irs	aov/form990	Open To Public Inspection
Name of the org	ganization VILLAGE ENTE				Employer	identification number $2-2852248$
Part I Ty	pes of Property					
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determining ontribution amounts
1 Art - Work	s of art					
2 Art - Histo	rical treasures					
	ional interests					
	d publications					
5 Clothing a	and household goods					
6 Cars and	other vehicles					
	d planes					
	al property					
	- Publicly traded	Х	3	81,287.	FMV	
	- Closely held stock					
	- Partnership, LLC, or					
trust inter	ests					
	- Miscellaneous					
	conservation contribution -					
Historic s	tructures					
	conservation contribution - Other					
15 Real estat	te - Residential					
	te - Commercial					
	te - Other					
	es					
	entory					
	d medical supplies					
21 Taxidermy						
22 Historical	artifacts					
	specimens					
	pical artifacts					
25 Other						
26 Other						
27 Other	► ()					
28 Other	► ()					

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which is not required to be used for			
	exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
	For Demonstrank Deduction Act Nation, and the Instructions for Form 000		0001	0044

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

Schedule M (Form 990) (2014)

432141 08-12-14

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29

22-2852248 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

100110 00 10 14		Cabadula M //	Form 990) (2014)
432142 08-12-14	4.2	Schedule M (F	onn 330j (2014)
	 43		4 4 5 5 6 4

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 12 (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. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number 22-2852248 VILLAGE ENTERPRISE FUND, INC. FORM 990, PART VI, SECTION B, LINE 11: VILLAGE ENTERPRISE FUND HAS PROVIDED ALL MEMBERS OF ITS GOVERNING BODY A COPY OF ITS FORM 990 FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO CONFIRM ANNUALLY THEIR INDEPENDENCE FROM THE ORGANIZATION AND TO DISCLOSE ANY RELATIONSHIPS WITH THE ORGANIZATION THAT MIGHT BE CONSIDERED A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: COMPARABILITY DATA IS USED TO DETERMINE WHAT PROPER COMPENSATION PACKAGE IS REASONABLE FOR ALL EMPLOYEES. THE BOARD AND OFFICERS DO A THOROUGH ANALYSIS OF POTENTIAL CANDIDATES FOR UPPER MANGAGEMENT POSITIONS, DETERMINING THE PACKAGE THAT ACKNOWLEDGES THEIR EXPERIENCE AND RESPONSIBILITIES.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE ONLINE ON OUR WEBSITE AND ON A RANGE OF OTHER CHARITY WEBSITES. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE NOT POSTED ONLINE BUT AVAILABLE AT ANYONE'S REQUEST.

FORM 990, PART X LINE 18 CORRECTION OF AN ERROR IN THE METHOD OF ACCOUNTING FOR PROGRAM GRANTS. GRANTS PAYABLE ARE CONDITIONAL AND ACCORDINGLY SHOULD NOT BE RECORDED AS PAYABLE UNTIL THE CONDITIONS HAVE BEEN SATISFIED. THESE CONDITIONS WERE NOT FULLY SATISFIED AT THE CLOSE OF THE FISCAL YEAR AND HAVE BEEN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14 44

10191005 146041 10772

2014.06020 VILLAGE ENTERPRISE FUND, IN 10772__4

Name of the organization VILLAGE ENTERPRISE F	UND, INC.		Employer identification numb 22-2852248
REVERSED. ACCOUNTS AFFECTED ARE:		1	
PART X			
	ORIGINAL	AMEN	DED
GRANTS PAYABLE AT 6/30/14	77,864	-00	
GRANTS PAYABLE AT 6/30/15	126,238	-00	_
PART IX			
GRANTS AND OTHER ASSISTANCE	323,776	27	5,402
TOTAL EXPENSES	1,865,159	1,81	6,785
PART II			
4A EXPENSES	1,336,340	1,2	87,966
4A GRANTS	323,776	2'	75,402
SCHEDULE D, PART XII			
5. TOTAL EXPENSES	1,865,159	1,8	16,785
SCHEDULE F. PART I			
3. TOTAL EXPENDITURES	1,218,396	1,1	70,022
PART III			
CASH GRANTS	321,265	2'	72,891
FORM 990, PART XI LINE 2C			
VILLAGE ENTERPRISE FUND HAS AN AUD	TT COMMITTEE WHOS		ONSTRUCTY IS
TO ENGAGE THE AUDITOR, TO MONITOR			
WITH, REVIEW AND APPROVE THE FINAL			
PROCESS AS HAS BEEN IN EFFECT IN P			
432212 08-27-14	45	Sched	ule O (Form 990 or 990-EZ) (20

Name of the organization				T.1.C		Employer	identification num
	VILLAGE E	ENTERPRISE	FUND,	INC.		22-	2852248
32212 8-27-14					;	Schedule O (Forr	n 990 or 990-EZ) (20
91005 146041				46			IN 10772_