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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Open to Public Inspection

OMB No 1545-0047

For the 2014 calendar year, or tax year beginning Check if C Name of organization D Employer identification number X Address MIGHTY ACORN FOUNDATION Name change 46-2778460 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (260) 460-4000 1345 WESTOVER ROAD 611,861. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended FORT WAYNE, IN 46807 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer: for subordinates? pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ➤ WWW.MIGHTYACORNFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Trust Association L Year of formation: 2013 M State of legal domicile: IN Part I Summary CONDUCT. Briefly describe the organization's mission or most significant activities: TO OFFER, SUPPORT, Activities & Governance ENCOURAGE AND/OR ASSIST EDUCATIONAL, CHARITABLE, RELIGIOUS, AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Ō Number of independent voting members of the governing body (Part VI, line 1b) 4 $\overline{2}$ Total number of individuals employed in calendar year 2014 (Part V. line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line-34 0. **Prior Year Current Year** 258,757 611,861. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 0. 9 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 10 0 . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 0. 11 258,757 611,861 Total revenue - add lines 8 through 11 (must equal Part VIII) column 47,912 Grants and similar amounts paid (Part IX, column (A), lines 1 3) 286,742. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 31,632. 52,197. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 95,007 179,787. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 518,726. 174,551 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 84,206 93,135. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 86,243 178,511. 20 Total assets (Part X, line 16) 2,0371,170. 21 Total liabilities (Part X, line 26) 84,206 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of penury, I degrare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deglar tion of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign larchis Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's sygnature 05/12/15 self-employed P00071496 Paid MARK C. KAUFMAN Firm's name BOJRAB, KAUFMAN, & COMPANY Firm's EIN 35-1918275 Preparer Firm's address > 3601 HOBSON ROAD, SUITE 202 Use Only Phone no. 260-482-4573 FORT WAYNE, IN 46815 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2014)

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

Form	990 (2014) MIGHTY ACORN FOUNDATION	46-2778460	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	TO OFFER, CONDUCT, SUPPORT, ENCOURAGE AND/OR ASSIST EDUC	CATTONAL	
	CHARITABLE, RELIGIOUS, AND OTHER PROGRAMS AND PROJECTS		
	DIRECTED TOWARDS THE ADVANCEMENT OF EDUCATION, THE RELI		OOB
		EF OF THE PO	<u> </u>
	AND OTHER CHARITABLE ACTIVITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on		C==1
	the prior Form 990 or 990-EZ?	LYes	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye:	s 🗓 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	,	•
4a	(Code) (Expenses \$ 383,494. including grants of \$ 286,742.) (Revenue	611	,861.)
70	TO OFFER, CONDUCT, SUPPORT, ENCOURAGE AND/OR ASSIST EDUC		,001.
	CHARITABLE, RELIGIOUS, AND OTHER PROGRAMS AND PROJECTS '		
		EF OF THE PO	OOR
	AND OTHER CHARITABLE ACTIVITIES.		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue		
40	(Code) (expenses \$) (Neverties of \$) (Neverties of \$)	ne a	
			
	· · · · · · · · · · · · · · · · · · ·		
40	/p.u.		<u> </u>
4c	(Code) (Expenses \$	ne 2	,
			
			
		-	
		 	
	Other and the Control of Control		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		·
<u>4e</u>	Total program service expenses ▶ 383,494.		000 :-:::
		Form	990 (2014)

Form 990 (2014) MIGHTY ACORN FOUNDATION Part IV Checklist of Required Schedules

	1. the annual section of the section		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		·	
_	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		_A
4		4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	11b		Х
С	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	11c		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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		3.5	1
	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	4-	v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u></u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_^_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	Constitute Only and the O. Dank W.	10		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2014)

Form 990 (2014) MIGHTY ACORN FOUNDATION
Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.1	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	00	v	
22		22	_X_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
04-	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			}
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, 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	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		x
35a	Did the construction have a controlled controlled within the construction 54.04 V4.00	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		_
50	If "Van " complete Schodule P. Part V. Inc. 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	· · · · · · · · · · · · · · · · · · ·			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>_x</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		İ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
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: ►			
	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		Х
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?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	-	
8	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. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	446		I

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2	X	
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		_X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_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			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13_		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	<u>15b</u>		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	_	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	DAVID DEMARCHIS - (260) 460-4000			_
	1345 WESTOVER ROAD, FORT WAYNE, IN 46807	_		

Form 990 (2014)	MIGHTY	ACORN	FOUNDAT	ION		4	6-2778460	0
					 	_		_

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

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

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

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

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

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

(A) Name and Title Reportable Average hours per week (list any hours for related organizations below line) (1) DAVID DEMARCHIS 20.00 PRESIDENT (2) DENISS DEMARCHIS 5.00 (3) X (4) A VERISIDENT (5) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MIS	X Check this box if neither the organization n	or any related	orga					nsat	ed any current officer, o	director, or trustee.	
(list any hours for related organizations below line) (1) DAVID DEMARCHIS PRESIDENT (2) DENISE DEMARCHIS (Ist any hours for related organizations below line) (Ist any hours for related organizations below line) A stript product a stript product as a stript product as the constant of the organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (On pensation from the organization and related organizations (W-2/1099-MISC) (On pensation (W-2/1099-MISC) (W-2/1099-MISC) (On pensation (W-2/1099-MISC) (On pen		Average hours per	(do box offi	not c	heck	more	than	one h an stee)	Reportable compensation	Reportable compensation	Estimated amount of
(1) DAVID DEMARCHIS 20.00 PRESIDENT X (2) DENISE DEMARCHIS 5.00		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
(2) DENISE DEMARCHIS 5.00		20.00			•				0	0	0
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ran	VII Section A. Officers, Directors, Trus		ploy	<u>ees</u>			ighe	st C		es (continued)	-			
	(A)					(E)			(F)					
	Name and title	Average		Position (do not check more than one box, unless person is both a					Reportable	Reportable			tımate	
		hours per week		cer ar					compensation	compensation	l		ount	of
		(list any		1				Ĺ	from the	from related organizations			other oensa	tion
		hours for	die die				8			(W-2/1099-MISC) l		om the	
		related	tee o	ustee			ensati		(W-2/1099-MISC)	•		orga	anızatı	ion
		organizations	Individual trustee or director	Institutional trustee		Кеу етріоуее	Highest compensated employee						l relate	
		below line)	livida	ta ta	Officer	Ē	plest	Ē				orga	nızatı	ons
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1b	Sub-total								0.		0.			0.
C	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable				
	compensation from the organization												Yes	0 No
2	Did the organization list any former officer.	director or tr	icto	0 ka		male		or	highest compensated of	mplayee en	Г	\dashv	168	140
3	line 1a? If "Yes," complete Schedule J for s	•		, κ	y ei	пріс	усс	, UI	riigilest compensated e	riployee on	1	3		X
4	For any individual listed on line 1a, is the si			amo	 ensa	atior	n and	d ot	her compensation from	the organization	ŀ			
·	and related organizations greater than \$15	•							•	0.9424		4	1	X
5	Did any person listed on line 1a receive or			•					=	dual for services	Ī			
	rendered to the organization? If "Yes," con	nplete Schedul	e J 1	or s	uch	per	son					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co									·	ensa	tion fr	om	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>rithir</u>		/ear.				
	(A) Name and business	address	RT/	INC	<u>.</u>				(B) Description of s	ervices	C	(C omper		า
	· · · · · · · · · · · · · · · · · · ·		TA.	<u> </u>	<u>. </u>				200011111111111111111111111111111111111	5.11000				' -
							_							
								_						
										f				
2	Total number of independent contractors (including but n	ot !	mito	d to	tho	ا مو	ster	d above) who received m	ore than				
2	\$100,000 of compensation from the organ		.J. 11		- 10		0	JIGL	s above, who received it	io.o triari				
	T. Sales C. Componedacin nom the organ						_						100 /	204.41

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Total revenue Related or exempt function business revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns 1a **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 611,861. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 611,861 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d 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 c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total, Add lines 11a-11d 611 ,861

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 22,744. 22,744. and domestic governments. See Part IV. line 21 Grants and other assistance to domestic 63,171 63,171 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 200,827. 200,827. individuals. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 48,083. 48.083. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 4,114. 4,114. Payroll taxes 10 Fees for services (non-employees): a Management . . 2,084. 2,084. Legal h 12,265. 12,265. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 10,516. 10,516. Advertising and promotion 12 1,347. 1,347. 13 Office expenses . . Information technology . . . 14 15 16 Occupancy 96,752. 96,752. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates . 21 Depreciation, depletion, and amortization . .. 22 16,275. 16,275. 23 Other expenses, Itemize expenses not covered 24 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.) 9,240. PAYPAL FEES 9,240. POSTAGE AND SHIPPING 7,926. 2,378 5,548. 7,200. c CONTRACT LABOR 7,200. 6,650. 6,650. d LICENSES AND REGISTRATI 9,532. 1,082. 8,450. e All other expenses 518,726. 383,494. 94,828. 40,404. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2014)
Part X Balance Sheet

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	2.122.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	85,566.	1	178,511.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	677.	9	
10a	Land, buildings, and equipment: cost or other			
- 1	basis. Complete Part VI of Schedule D 10a			
l b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	"
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	_	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	86,243.	16	178,511
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	<u></u>
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	2,037.		1,170
26	Total liabilities. Add lines 17 through 25	2,037.	26	1,170
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	,		
g	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	65,465.	27	156,786
28	Temporanly restricted net assets	18,741.	28	20,555
29	Permanently restricted net assets		29	
Ē	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
27 28 29 30 31 32 31 32 32 31 32 32 33 32 33 32 33 32 33 33 33 33 33	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · ·
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	84,206.	33	177,341
34	Total liabilities and net assets/fund balances	86,243.	34	178,511.

<u>-orm</u>	990 (2014) MIGHTI ACORN FOUNDATION	40-2	<u> </u>	Pag	qe ız
Pa	t 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			<u>61.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			26.
3	Revenue less expenses. Subtract line 2 from line 1	3	93	<u>3,1</u>	<u>35.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84	<u>1,2</u>	06.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>		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	177	<u>7,3</u>	<u>41.</u>
Pa	t XII Financial Statements and Reporting				
	Check of Schedule O contains a response or note to any line in this Part XII				<u>ட</u> ப
				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	0			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		}

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Employer identification number

	MIGH	TY ACORN F	OUNDATION				4	6-2778460
Part I	Reason for Public (Charity Status (A	All organizations must co	mplete th	ıs part.) Se	e instructions	3.	
he orga	nization is not a private found					•	•	
1 🗀	A church, convention of ch	•	-	•	•	D(A)(i).		
2	A school described in secti					70-70-7		
3	A hospital or a cooperative			ection 170)/b)/1)/Δ\/ii	ii		
4	A medical research organiz						(iii) Enter	the hospital's name
-	city, and state:	anon operator in co.	ijanotion mara noopital		00000	((5)(.)(.)	min, Emo	ino noopital o namo,
5	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a gr	overnmental	init describ	ned in
<u> </u>	section 170(b)(1)(A)(iv). (C		liege of differently office	or opera	ica by a gi	overninema e	init describ	oca iii
•	1		and a land danger bad in	4: 4-	70/L\/4\/A\	(. A		
<u>6</u>	A federal, state, or local gov	•				• •		
7	An organization that norma	-	ntial part of its support i	rom a gov	ernmentai	unit or from ti	ne generai	public described in
. —	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9 X	•	-						= :
	activities related to its exen							•
	income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the or	ganızatıon	after June 30, 1975.
	See section 509(a)(2). (Cor							
10 📙	An organization organized a	•	•	-				
11	An organization organized a							
	more publicly supported or	•	• • •					check the box in
_	ines 11a through 11d that	• •			•		-	
a L	Type I. A supporting orga	•	•	•				
	the supported organization		- • • •	a majority	of the direc	ctors or truste	es of the s	upporting
_	organization. You must o	•						
b L	Type II. A supporting org	•				_		•
	control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
_	organization(s). You mus	•						
c L	Type III functionally interest						lly integrate	ed with,
	ıts supported organizatio		•	-	-	=		
d L	☐ Type III non-functionally						-	• •
	that is not functionally int	•	•	•		-	an attenti	iveness
_	requirement (see instruct	*	•	-			_	
e L	Check this box if the orga					Type I, Type	II, Type III	
_	functionally integrated, or	* *	nally integrated support	ing organi	zation			
	ter the number of supported							
g Pr	ovide the following information (i) Name of supported	about the supporte	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
	organization	(11) 2114	(described on lines 1-9	l listed i	n vour	support		other support (see
			above or IRC section		document?	Instruct	-	Instructions)
			(see instructions))	Yes	No			
					<u> </u>			
				-		··· · ·		
								_
							-	
Cotal								

_	(Complete only if you checke fails to qualify under the tests			-			
	tion A. Public Support			Т.			
	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.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3						
	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)						
	Public support. Subtract line 5 from line 4						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	İ					
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10				ļ.	<u> </u>	l
	Gross receipts from related activities			•		12	
13	First five years. If the Form 990 is fo	-	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	, \Box
Sec	organization, check this box and stoction C. Computation of Pub		rcentage				<u> </u>
14	Public support percentage for 2014	(line 6, column (f) d	livided by line 11,	column (f))		14	%
15						15_	%
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
t	33 1/3% support test - 2013. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	st - 2014. If the orç	ganization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop l	here. Explain in P	art VI how the organ	nization
	meets the "facts-and-circumstances"	' test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
t	10% -facts-and-circumstances tes	st - 2013. If the org	ganization dıd not	check a box on lin	ie 13, 16a, 16b, oi	r 17a, and line 15 ıs	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, c	heck this box and	stop here. Expla	in in Part VI how the	ð

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014 MIGHTY ACORN FOUNDATION 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.)

Se	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.")				258,757.	611,861.	870,618.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	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						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			 -	258,757.	611,861.	870,618.
	Amounts included on lines 1, 2, and				230,7376	011,001.	070,010.
•	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b		-				0.
	Public support (Subtract line 7c from line 6)			 			870,618.
	ction B. Total Support		' 				070,010.
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6		1	1,2,	258,757.	611,861.	870,618.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b					-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)				258,757.	611,861.	870,618.
14	First five years. If the Form 990 is for	r the organization's	s first, second, the	rd, fourth, or fifth	tax year as a sectio		ation,
	check this box and stop here .		<u> </u>			. ,	▶ X
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
<u>16</u>	Public support percentage from 2013	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	·			
17	Investment income percentage for 20)14 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	.00_%
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	%
19:	a 33 1/3% support tests - 2014. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a 33 1/3% support tests - 2013. If the	•	•				▶ □
•	line 18 is not more than 33 1/3%, che						▶ □
20	Private foundation. If the organization			•		•	

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 Supi	portina	Organiza	tions

- 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, loan, 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.)

		Yes	No
	1		
ĺ	•		-
	2		
	За		
	3b		
			-
	3с		
	4a		
	4b		
	40_		
	4c		
	70		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
_	10b		
~	00 or 00	0 E7\	2014

Sche		277846	0 P	age <u>5</u>
Pa	rt 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)			1
	below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
<u>Sec</u>	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		İ	
	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,	ļ		
	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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	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			ĺ
	the supported organization(s).	1		
<u>Sec</u>	tion D. Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			ĺ
	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	i	L
<u>Sec</u>	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 Instruction	ns):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	<u>). </u>	
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		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		:	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

	Schedule A (Form 990 or 990-EZ) 2014

2

3

<u>4</u> 5

2

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	dule A (Form 990 or 990-EZ) 2014 MIGHTY ACORN Type III Non-Functionally Integrated 509			6-2778460 Page 7
Sect	ion D - Distributions	(u)(u) u u pp u t t t t t t t t t t t t t t t		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		- Cultone Four
2	Amounts paid to perform activity that directly furthers exempt			
	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)	
	(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)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		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:		·	
а				
b				
C				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
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	:		
b	Applied to 2014 distributable amount			
	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				
ď	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI	(Form 990 or 990-EZ) 2014 MIGHTY ACORN FOUNDATION	46-27/8460 Page 8
rait VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1	/b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		-
• • • • • • • • • • • • • • • • • • • •		
	 	
		-
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<u></u>		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

Employer identification number MIGHTY ACORN FOUNDATION 46-2778460 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements ... 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) __ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

		ACORN FOUN						-		Page 2			
Par													
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t are a s	ignificant	use of its	collection	items			
	(check all that apply):												
а	Public exhibition	c	י וַן י	oan or exc	hange progra	ıms							
þ	Scholarly research e Other												
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explai	in how th	ey further t	he organizatio	on's exe	mpt purp	ose in Par	t XIII.				
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or othe	er sımıla	r assets						
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's co	ollection?		·		Yes	No.			
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	ns or other as	sets not	included						
	on Form 990, Part X?								Yes	☐ No			
b	If "Yes," explain the arrangement in Part XIII		ollowing t	able:									
									Amount				
С	Beginning balance		_				1c						
d	Additions during the year						1d	-					
	Other transfer of the state of				•		1e						
f	Ending balance					• •	1f						
2a	Did the organization include an amount on Fe				ustodial acco	unt liabi			Yes	☐ No			
	If "Yes," explain the arrangement in Part XIII.						,			一			
Par							10.						
		(a) Current year		nor year	(c) Two years			vears back	(e) Four	ears back			
1a	Beginning of year balance												
b	Contributions												
c	Net investment earnings, gains, and losses		<u> </u>										
d	Grants or scholarships		İ			-							
	Other expenditures for facilities		<u> </u>					-		-			
е	· ·				ļ				}				
	and programs		<u> </u>				<u> </u>						
f	Administrative expenses		-		 								
g	End of year balance		1		N I I-I				1				
2	Provide the estimated percentage of the cur	•	•	g, column (a	a)) neid as:								
_	Board designated or quasi-endowment		%										
b	Permanent endowment												
С	Temporarily restricted endowment												
	The percentages in lines 2a, 2b, and 2c shou	•											
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	ınd admıniste	red for t	he organi	zation	F				
	by:								\ `	Yes No			
	(i) unrelated organizations								3a(i)				
	(ii) related organizations								3a(ii)				
b	If "Yes" to 3a(II), are the related organizations	-							3b	L_			
4	Describe in Part XIII the intended uses of the		<u>owment f</u>	unds.									
Par	<u>t VI</u> Land, Buildings, and Equipm												
	Complete if the organization answere	d "Yes" to Form 990	D, Part IV	, line 11a. S	See Form 990,	Part X,	line 10.						
	Description of property	(a) Cost or obasis (invest			t or other (other)		ccumulat preciation		(d) Book	value			
1a	Land												
b	Buildings												
	Leasehold improvements												
	Equipment	_				**							
	Other												
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, colun	nn (B), line 1	10c.)			. ▶		0.			

Schedule D (Form 990) 2014

1 411 711	Complete if the organization answered "Yes"	to Form 000 Dow N/ In-	11h See Earm 000 F	Part V line 10	
(a) Descrip	tion of security or category (including name of security)	(b) Book value			of-year market value
	al derivatives		 ```		
	held equity interests				
(3) Other					
(A)					
(B)					<u> </u>
(C)					· · · · ·
(D)					
(E)					
(F)	, , , , , , , , , , , , , , , , , , , ,				
(G)					
(H)					
Total. (Col. (t	b) must equal Form 990, Part X, col. (B) line 12.)		1		<u> </u>
	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, F	Part X, line 13.	
	(a) Description of investment	(b) Book value			-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)	·				
(6)					
(7)					
(8)					
(9)	<u>.</u>				
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
_	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	·
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					· -
(6)					
(7)					
(8)			<u> </u>	-	
(9)	#1 15 000 B 1 V 1 (B) I				
Part X	<u>ımn (b) must equal Form 990, Part X, col. (B) lınd</u> Other Liabilities.	e 15)			
FaitA		to Form 000 Part IV line	110 or 11f Con Form	OOO Dort V line 25	
	Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line	(b) Book value	1990, Part A, III e 25	
<u>1.</u> (1) Fed			(b) Dook value		
-	deral income taxes AYROLL LIABILITIES		1,170.		
(3)	TIKODD DIADIDITIES		1,170		
(4)					
(5)					
(6)					
(7)					
(H)					
(8)			l		
(9)	ımn (b) must equal Form 990. Part X. col (B) lin	e 25.)	1,170.		
(9) Total. (Colu	umn (b) must equal Form 990, Part X, col (B) line of for uncertain tax positions. In Part XIII, provide	· · · · · · · · · · · · · · · · · · ·	1,170.	inancial statements	that reports the

Sche	dule D (Form 990) 2014 MIGHTY ACORN FOUNDATION		46-2778460 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	_	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
	Donated services and use of facilities	2b	7
c	Recoveries of prior year grants	2c	7
d	Other (Describe in Part XIII.)	2d	7
_	Add lines 2a through 2d		7 _{2e}
3	Subtract line 2e from line 1	• • • •	3
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	
	Other (Describe in Part XIII.)	4b	1
	Add lines 4a and 4b		7 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a		2a	
b	Donated services and use of facilities	2b	-
		2c	┤
c	Other losses	2d	-
d	Add to a O Abras de Od	_ <u>Zu</u>	1 20
е 3	Subtract line 2e from line 1	•	2e
-	Amounts included on Form 990. Part IX, line 25, but not on line 1:		-3
4	· · · · ·	1451	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
	Other (Describe in Part XIII.)	4b	┥ ₄ . │
	Add lines 4a and 4b	•	4c 5
Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V Imaa 1b and 0b Dark V Ima	4: Don't V. timo O. Don't VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		4, Fait A, Mie 2, Fait Ai,
111103	20 and 45, and 1 art An, lines 20 and 45. Also complete this part to provide any additi	donar imormation.	
			
	·		
		 	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		-	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

MIG	HTY ACORN FO	UNDATION	Ī		46-277846	50
Par	t I General Infor	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gr		
	the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	e grants or assistance?	Yes L No
2	For grantmakers. Desc	nbe in Part V the	e organizatıon's _l	procedures for monitoring the use of it	s grants and other assistance out	side the
	United States.					
3	Activities per Region. (TI			an be duplicated if additional space is i		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
KENY	· A	0	0	SCHOLARSHIPS & ASSISTANCE	MONEY & SUPPLIES	195,817.
14414	<u></u>	, , , , , , , , , , , , , , , , , , ,		PONOBIACONITI DE INDIBITATED	STATE OF THE STATE	133,017.
3 a	Sub-total	1	0			195,817.
	Total from continuation		1			
-	sheets to Part I	(0			0.
С	Totals (add lines 3a					
	and 3b)		0			195_817.

Schedule F (Form 990) 2014 MIGHTY ACORN FOUNDATION 46–2778460

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.

(i) Method of valuation (book, FMV appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance	0				cempt by
(f) Manner of cash disbursement	TRANSFER				recognized as tax-e
(e) Amount of cash grant	195,817.				foreign country,
(d) Purpose of grant	GENERAL SUPPORT				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	KENYA				is listed above that are r
(b) IRS code section and EIN (if applicable)					ecipient organization
1 (a) Name of organization					2 Enter total number of r

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2014

Page 3

46-2778460

MIGHTY ACORN FOUNDATION

Schedule F (Form 990) 2014

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.

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

Schedule F (Form 990) 2014

	Ile F (Form 990) 2014 MIGHTY ACORN FOUNDATION	46-2778460	Page 4
Part	IV Foreign Forms	·	-
			_
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? If "Yes," 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	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)	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? If "Yes," 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)	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

Part V 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:
ALL CONTRIBUTIONS ARE DESIGNATED FOR EITHER SPONSORSHIP, SUPPLIES, OR
OTHER PROJECTS. THE FOUNDATION SENDS EMPLOYED FIELD AGENTS AS WELL AS
VOLUNTEERS TO VISIT SEEDS AT LEAST FOUR TIMES PER YEAR TO MONITOR HOW
FUNDS ARE BEING SPENT.

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Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 MIGHTY ACORN FOUNDATION

432075 09-24-14

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2014	Open to Public

Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

% |× Employer identification number 46-2778460 (h) Purpose of grant or assistance _____ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) : 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 22 744 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable MIGHTY ACORN FOUNDATION 94-3476073 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CHICKS FOR CHILDREN FDTN INC or government Name of the organization CONWAY AR 72033 PO BOX 10753 Part Part II

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

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

Schedule I (Form 990) (2014)

Page 2 (f) Description of non-cash assistance ACCESSIBLE VAN FOR FAMILY PURCHASE OF HANDICAP 46-2778460 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 63 171 FMV (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients MIGHTY ACORN FOUNDATION PURCHASE HANDICAP ACCESSIBLE VAN FOR FAMILY (a) Type of grant or assistance Schedule I (Form 990) (2014) Part III

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE O

1 2 1 9

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization

Open to Public Inspection

MIGHTY ACORN FOUNDATION 46-2778460 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OTHER PROGRAMS AND PROJECTS THAT ARE DIRECTED TOWARDS THE ADVANCEMENT OF EDUCATION, THE RELIEF OF THE POOR AND OTHER CHARITABLE ACTIVITIES. FORM 990, PART VI, SECTION A, LINE 2: LINE 2 EXPLANATION - HUSBAND AND WIFE FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO PUBLIC.