

Form **990-PF**

**Return of Private Foundation**

OMB No. 1545-0052

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

**2015**

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

Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**Open to Public Inspection**

For calendar year **2015** or tax year beginning , **2015**, and ending , **20**

Name of foundation <b>MAKE IT BETTER FOUNDATION</b>		<b>A Employer identification number</b> 27-0773475
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	<b>B Telephone number (see instructions)</b>  ( 847 ) 256-4642
588 LINCOLN AVENUE		<b>C</b> If exemption application is pending, check here. . . . . <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code  WINNETKA, IL 60093		
<b>G</b> Check all that apply:		<b>D</b> 1. Foreign organizations, check here. . . <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 14,651.		
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	102,100.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .				
	3 Interest on savings and temporary cash investments . . . . .	7.	7.		ATCH 1
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0.		
	8 Net short-term capital gain. . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances . . . . .				
b Less: Cost of goods sold . . . . .					
c Gross profit or (loss) (attach schedule) . . . . .					
11 Other income (attach schedule) . . . . .					
12 <b>Total.</b> Add lines 1 through 11 . . . . .	102,107.	7.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. . . . .	10,513.			10,513.
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) <b>ATCH 2</b> . . . . .	4,000.			4,000.
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions). . . . .				
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) <b>ATCH 3</b> . . . . .	62,401.	444.		61,957.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23. . . . .	76,914.	444.		76,470.
	25 Contributions, gifts, grants paid . . . . .	16,016.			16,016.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	92,930.	444.	0.	92,486.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements . . . . .	9,177.				
b <b>Net investment income</b> (if negative, enter -0-) . . . . .		0.			
c <b>Adjusted net income</b> (if negative, enter -0-) . . . . .					

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	5,474.	14,651.	14,651.
	3	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments - U.S. and state government obligations (attach schedule), . . . . .			
	b	Investments - corporate stock (attach schedule) . . . . .			
	c	Investments - corporate bonds (attach schedule), . . . . .			
	11	Investments - land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12	Investments - mortgage loans . . . . .			
	13	Investments - other (attach schedule) . . . . .			
	14	Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____ )				
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	5,474.	14,651.	14,651.	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons, . . . . .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____ )			
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here, ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
29	Retained earnings, accumulated income, endowment, or other funds . . . . .	5,474.	14,651.		
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	5,474.	14,651.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	5,474.	14,651.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	5,474.
2	Enter amount from Part I, line 27a . . . . .	2	9,177.
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	14,651.
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	14,651.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b>		
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 }		<b>3</b>		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	158,533.	29,273.	5.415673
2013	204,308.	15,200.	13.441316
2012	136,410.	11,949.	11.416018
2011	875.	1,491.	0.586854
2010	313.	1,093.	0.286368
<b>2</b> Total of line 1, column (d)			<b>2</b> 31.146229
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 6.229246
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			<b>4</b> 8,450.
<b>5</b> Multiply line 4 by line 3			<b>5</b> 52,637.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b>
<b>7</b> Add lines 5 and 6			<b>7</b> 52,637.
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			<b>8</b> 92,486.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount of line 10 to be credited to 2016 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about influencing legislation, political purposes, Form 1120-POL filing, political expenditures, reimbursement, unreported activities, changes in governing instruments, unrelated business income, liquidation, section 508(e) requirements, states reported to, Form 990-PF distribution, private operating foundation status, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . . 11 Yes No X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . . 12 Yes No X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.MAKEITBETTER.NET/FOUNDATION 13 Yes No X
14 The books are in care of SHARON KRONE Telephone no. 847-256-4642 Located at 588 LINCOLN WINNETKA, IL ZIP+4 60093
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . 15
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . 16 Yes No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Yes No X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? 1c Yes No X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? Yes No X
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) 2b Yes No X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No X
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) 3b Yes No X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a Yes No X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? 4b Yes No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. . . . . Yes No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?. . . . . Yes No
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . Yes No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . Yes No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . Yes No
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . 5b
Organizations relying on a current notice regarding disaster assistance check here . . . . .
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . Yes No
If "Yes," attach the statement required by Regulations section 53.4945-5(d).
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . Yes No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 6b X
If "Yes" to 6b, file Form 8870.
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . . Yes No
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . 7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

Table with 5 columns: (a) Name and address, (b) Title, and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1: ATCH 4, 10,513, 0, 0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title, and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1: NONE.

Total number of other employees paid over \$50,000. . . . .

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0.

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 PHILANTHROPY AWARDS CEREMONY - PLEASE SEE GENERAL EXPLANATION ATTACHMENT.	61,857.
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3 NONE	
Total. Add lines 1 through 3 . . . . . ▶	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	8,579.
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	8,579.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	8,579.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	129.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	8,450.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	423.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	423.
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5 . . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2015. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	423.
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	423.
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	423.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .	<b>1a</b>	92,486.
<b>b</b>	Program-related investments - total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	92,486.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . .	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	92,486.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7 . . . . .				423.
<b>2</b> Undistributed income, if any, as of the end of 2015:				
<b>a</b> Enter amount for 2014 only. . . . .				
<b>b</b> Total for prior years: 20 <u>13</u> , 20 <u>12</u> , 20 <u>11</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010 . . . . .				258.
<b>b</b> From 2011 . . . . .				800.
<b>c</b> From 2012 . . . . .				135,813.
<b>d</b> From 2013 . . . . .				203,548.
<b>e</b> From 2014 . . . . .				157,069.
<b>f</b> Total of lines 3a through e . . . . .	497,488.			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ <u>92,486.</u>				
<b>a</b> Applied to 2014, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2015 distributable amount. . . . .				423.
<b>e</b> Remaining amount distributed out of corpus. . . . .	92,063.			
<b>5</b> Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	589,551.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016. . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) . . . . .	258.			
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	589,293.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011 . . . . .				800.
<b>b</b> Excess from 2012 . . . . .				135,813.
<b>c</b> Excess from 2013 . . . . .				203,548.
<b>d</b> Excess from 2014 . . . . .				157,069.
<b>e</b> Excess from 2015 . . . . .				92,063.

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling . . . . .

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2015, (b) 2014, (c) 2013, (d) 2012, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions from Part XII), 2d (Amounts included in line 2c), 2e (Qualifying distributions made directly), 3 (Alternative tests: Assets, Endowment, Support).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SUSAN NOYES

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
ATCH 5

b The form in which applications should be submitted and information and materials they should include:
ATCH 6

c Any submission deadlines:
ATCH 7

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
ATCH 8

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>  ATCH 9				
<b>Total</b> .....				<b>▶ 3a</b> 16,016.
<b>b</b> <i>Approved for future payment</i> NONE				
<b>Total</b> .....				<b>▶ 3b</b> 0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include program service revenue, membership dues, interest, dividends, rental income, and other revenue.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash, (2) Other assets, b Other transactions: (1) Sales of assets to a noncharitable exempt organization, (2) Purchases of assets from a noncharitable exempt organization, (3) Rental of facilities, equipment, or other assets, (4) Reimbursement arrangements, (5) Loans or loan guarantees, (6) Performance of services or membership or fundraising solicitations, c Sharing of facilities, equipment, mailing lists, other assets, or paid employees, d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A' in columns (b) and (d).

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All rows are currently empty.

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

Sign Here Signature of officer or trustee Date Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name: JENNIFER D RHODERICK, Preparer's signature: Jennifer D Rhoderick, Date: 06/13/16, Firm's name: ERNST & YOUNG U.S. LLP, Firm's address: 111 MONUMENT CIRCLE, STE 4000 INDIANAPOLIS, IN 46204, Firm's EIN: 34-656596, Phone no.: 317-681-7000

**Schedule of Contributors**

**2015**

▶ **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](http://www.irs.gov/form990).

<b>Name of the organization</b> MAKE IT BETTER FOUNDATION	<b>Employer identification number</b> 27-0773475
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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).

Name of organization MAKE IT BETTER FOUNDATION

Employer identification number

27-0773475

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUSAN NOYES 1046 MICHIGAN AVE WILMETTE, IL 60091	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NANCY SEARLE 834 HEATHER LANE WINNETKA, IL 60093	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SUSAN AND RICHARD KIPHART 1448 N. LAKESHORE DR., APT 19AB CHICAGO, IL 60610	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MICHAEL ROSENGARDEN 1600 FRONTAGE ROAD NORTHBROOK, IL 60062	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANN AND DENNIS FITZSIMONS 800 N. MICHIGAN AVE. CHICAGO, IL 60611	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EDWARDSON FAMILY FOUNDATION P.O. BOX 1423 BOCA GRANDE, FL 33921	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MAKE IT BETTER FOUNDATION**

Employer identification number  
27-0773475

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PATRICK G. AND SHIRLEY RYAN FOUNDATION  150 N. MICHIGAN AVE. STE 2100  CHICAGO, IL 60601	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization MAKE IT BETTER FOUNDATION

Employer identification number

27-0773475

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

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

Name of organization MAKE IT BETTER FOUNDATION

Employer identification number

27-0773475

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

## GENERAL EXPLANATION ATTACHMENT

## PART IX-A, CHARITABLE ACTIVITY

IN 2015, MAKE IT BETTER FOUNDATION (MIBF) CONDUCTED THEIR 4TH ANNUAL PHILANTHROPY AWARDS COMPETITION. NOMINEES SUBMIT THEIR APPLICATION VIA LINKS THROUGH MIBF WEBSITE. THEIR PRIZE INCLUDES VIDEOS AND ARTICLES THAT BRING TO LIFE THEIR MISSIONS AND DEMONSTRATE THAT DONATED DOLLARS BY THE COMMUNITY ARE WELL SPENT.

## AWARD CATEGORIES AND 2015 WINNERS INCLUDE:

SOCIAL JUSTICE -- JAMES B. MORAN CENTER FOR YOUTH ADVOCACY

EDUCATION -- ACADEMY FOR GLOBAL CITIZENSHIP

HUMAN SERVICES-SOCIAL SERVICES -- H.O.M.E.

HUMAN SERVICES EMPOWERMENT -- GIGI'S PLAYHOUSE DOWN SYNDROME ACHIEVEMENT CENTERS

HEALTH & WELLNESS -- FRESH START CARING FOR KIDS FOUNDATION

ARTS -- SNOW CITY ARTS

## EDUCATION

THIS AWARD RECOGNIZES THE BEST IN EDUCATION PROGRAMS. IN ADDITION TO TRADITIONAL EDUCATION INSTITUTIONS, WE ARE LOOKING FOR PROGRAMS THAT ENCOURAGE TEACHER EXCELLENCE, CHARTER SCHOOLS WITH INNOVATIVE MODELS, LITERACY INTERVENTIONS, AFTER-SCHOOL HOMEWORK ASSISTANCE PROGRAMS, EXECUTIVE AND STUDY SKILLS TRAINING PROGRAMS, AND EARLIEST INTERVENTION PROGRAMS FOR YOUNG DEVELOPING MINDS. PROJECTS AND PROGRAMS SHOULD DEMONSTRATE TANGIBLE OUTCOMES SUCH AS TESTING RESULTS, LIVES MADE BETTER PER DOLLAR SPENT, EXPANSE OF PROGRAM REACH OR NEW SKILLS RETAINED.

## SOCIAL JUSTICE

THIS AWARD RECOGNIZES THE BEST IN SOCIAL JUSTICE. PROJECTS AND PROGRAMS SHOULD DEMONSTRATE TANGIBLE OUTCOMES. PROGRAMS THAT ASSURE EVERY PERSON HAS FAIR AND EQUAL OPPORTUNITY ACCESS TO A SOCIETY'S ECONOMIC RESOURCES, POLITICAL AND LEGAL SYSTEMS WILL BE CONSIDERED. ELIGIBILITY: ANY CATEGORY OF SOCIAL JUSTICE WILL BE CONSIDERED.

## ATHLETICS

THIS AWARD RECOGNIZES THE BEST IN ORGANIZATIONS THAT PROMOTE ATHLETICS AND ATHLETIC DEVELOPMENT AMONG YOUTH. ORGANIZATIONS THAT EQUIP AND TRAIN RECREATIONAL YOUTH AND FUTURE ATHLETES, AS WELL AS THOSE THAT PROMOTE SELF ESTEEM, SELF CARE AND POSITIVE SOCIAL INTERACTION THROUGH SPORTS-RELATED TRAINING ARE ALSO ENCOURAGED TO APPLY. ELIGIBILITY: ANY CATEGORY OF ATHLETICS WILL BE CONSIDERED.

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

## HUMAN SERVICES

THIS AWARD RECOGNIZES THE BEST IN THE FOLLOWING SUB-CATEGORIES:

1) FAMILY, YOUTH AND CHILD SERVICES: PROGRAMS THAT REINFORCE THE QUALITIES THAT MAKE STRONG FAMILIES, INCLUDING TRAINING AND EDUCATING TEEN MOTHERS; COUNSELING FAMILIES FACING CRISIS; IMPROVING CROSS GENERATIONAL COMMUNICATION; NURTURING CHILD DEVELOPMENT BEST PRACTICES; FACILITATING COMMUNITY BASED SUPPORT GROUPS; PROMOTING PHYSICAL, MENTAL, EMOTIONAL WELL-BEING; AND ERADICATING SUBSTANCE ADDICTION, ABUSE AND NEGLECT.

2) SOCIAL SERVICES: PROGRAMS THAT ELEVATE THE HUMAN SPIRIT AND BRING ASSISTANCE, COMFORT, HEALING, AND WELL-BEING TO FELLOW RESIDENTS IN AND AROUND CHICAGO INCLUDING INSTITUTIONS THAT PROVIDE EMERGENCY SHELTER FOOD AND SAFETY FOR OUR HOMELESS POPULATION; FOSTER FUNCTION-SPECIFIC LIVING ENVIRONMENTS FOR RESIDENTS LIVING WITH MENTAL ILLNESS OR DEVELOPMENTAL CHALLENGES; PROVIDE MULTIPURPOSE SERVICES AND SUPPORT FOR JOB SEARCH, AND PERMANENT HOUSING OPTIONS.

PROJECTS AND PROGRAMS SHOULD DEMONSTRATE TANGIBLE OUTCOMES SUCH AS TESTING RESULTS, LIVES MADE BETTER PER DOLLAR SPENT, EXPANSE OF PROGRAM REACH OR NEW SKILLS RETAINED. ELIGIBILITY: ANY CATEGORY OF HUMAN SERVICES WILL BE CONSIDERED.

## ENVIRONMENT

THIS AWARD RECOGNIZES THE BEST IN ENVIRONMENT PROGRAMS FOR ADVOCACY, RESEARCH AND EDUCATION THAT IMPROVE ENVIRONMENTAL QUALITY AND PROTECT OUR NATURAL RESOURCES. PROJECTS AND PROGRAMS SHOULD DEMONSTRATE TANGIBLE OUTCOMES. ELIGIBILITY: ANY CATEGORY OF ENVIRONMENT WILL BE CONSIDERED.

## MOST IMPROVED FUNDRAISING

THIS AWARD RECOGNIZES THE CONTINUAL IMPROVEMENT OF NFP FUNDRAISING EFFORTS AT THE LOCAL AND NATIONAL LEVELS. WE ARE LOOKING FOR EFFECTIVE FUNDRAISING GROWTH FROM ONE YEAR TO THE NEXT, OR ONE PROGRAM RUN TO THE NEXT. IF YOU'RE PROUD OF THE GROWTH YOU'VE ACHIEVED, SHARE YOUR SUCCESS WITH US. ELIGIBILITY: FUNDRAISER PROGRAMS THAT CONCLUDED BY 7/1/2014 WITH A COMPARABLE PROGRAM IN THE PREVIOUS CALENDAR YEAR.

## FAQ - FREQUENTLY ASKED QUESTIONS

WHAT QUALIFIES AS AN NFP?

\* NOT-FOR-PROFIT (NFP) ORGANIZATIONS NEED TO HAVE 501C STATUS, IN OPERATION FOR 1 YEAR OR MORE (UNLESS SPECIFIED), AND HAVE A FACILITY IN

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

THE UNITED STATES.

WHO WITHIN THE ORGANIZATION CAN APPLY?

\* APPLICANTS CAN BE STAFF, MEMBERS, VOLUNTEERS, SUPPORTERS OR ORGANIZATION LEADERSHIP.

DOES THE FOUNDATION ACCEPT UNSOLICITED REQUESTS FOR FUNDS?

\* ANY RESTRICTIONS OR LIMITATIONS ON AWARDS, SUCH AS BY GEOGRAPHICAL AREAS, CHARITABLE FIELDS, KINDS OF INSTITUTIONS, OR OTHER FACTORS.

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INTEREST INCOME	7.	7.
TOTAL	<u>7.</u>	<u>7.</u>

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ACCOUNTING FEES	4,000.			4,000.
TOTALS	<u>4,000.</u>	<u></u>	<u></u>	<u>4,000.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
BANK SERVICE CHARGES	444.	444.		
DUES AND SUBSCRIPTIONS	15.			15.
AWARDS CELEBRATION DINNER	2,574.			2,574.
NONPROFIT MARKETING VIDEO EXP	59,282.			59,282.
MISCELLANEOUS EXPENSE	86.			86.
TOTALS	<u>62,401.</u>	<u>444.</u>		<u>61,957.</u>



FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 4

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
NANCY SEARLE 588 LINCOLN AVENUE WINNETKA, IL 60093	PRESIDENT & DIRECTOR 5.00	0.	0.	0.
SHARON P. KRONE 588 LINCOLN AVENUE WINNETKA, IL 60093	SECRETARY & DIRECTOR 5.00	10,513.	0.	0.
SANDY TSUCHIDA 588 LINCOLN AVENUE WINNETKA, IL 60093	TREASURER & DIRECTOR 2.00	0.	0.	0.
SUSAN NOYES 588 LINCOLN AVENUE WINNETKA, IL 60093	DIRECTOR 5.00	0.	0.	0.
MINDY FAUNTLEROY 588 LINCOLN AVENUE WINNETKA, IL 60093	DIRECTOR 5.00	0.	0.	0.
	GRAND TOTALS	<u>10,513.</u>	<u>0.</u>	<u>0.</u>

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

MIBF ATTN: SHARON KRONE  
588 LINCOLN AVE  
WINNETKA, IL 60093  
847-256-4642

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

NOMINATION FORMS FOR VARIOUS CATEGORIES RELATED TO OUR PHILANTHROPY AWARDS PROGRAM; REQUEST FOR BLANKETS AND WINTER COATS.

990PF, PART XV - SUBMISSION DEADLINES

NOMINATIONS FOR PHILANTHROPY AWARDS ARE ACCEPTED DURING THE SPECIFIED PERIOD, TYPICALLY THE MONTH OF SEPTEMBER EACH YEAR.

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

WE WILL REVIEW REQUESTS FOR SUPPORT AGAINST OUR STATED MISSION, WHICH IS TO IDENTIFY AND AMPLIFY THE WORK OF OUSTANDING NONPROFITS WHILE GROWING A NETWORK OF WELL-INFORMED, COMMITTED PHILANTHROPISTS; SOCIAL ENTREPRENEURS; AND SPONSORS. WE ENTER INTO THE AGREEMENT USING THE ORGANIZATION'S STANDARD SPONSORSHIP FORM, HAVING CONFIRMED THEIR 501(C)(3) STATUS IN ADVANCE. GENERALLY THESE ARE ORGANIZATIONS IN THE SURROUNDING CHICAGOLAND AREA THAT ARE WITHIN THE DISTRIBUTION FOOTPRINT OF MAKE IT BETTER LLC MEDIA CHANNELS. PLEASE VISIT [HTTP://MAKEITBETTER.NET/FOUNDATION/VALUES-MISSION-VISION](http://MAKEITBETTER.NET/FOUNDATION/VALUES-MISSION-VISION)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
DEBORAH'S PLACE 2282 W JACKSON BLVD CHICAGO, IL 60612	NONE PC	TO PROVIDE COATS AND BLANKETS TO HOMELESS AND AT RISK WOMEN	4,986.
FAMILY EMPOWERMENT CENTER 1533 W. DEVON CHICAGO, IL 60660	NONE PC	TO SUPPORT CHILD AND YOUTH SERVICES	1,627.
SOS CHILDREN'S VILLAGES 216 W JACKSON BLVD SUITE 925 CHICAGO, IL 60606	NONE PC	TO PROVDE COATS AND BLANKETS TO ABUSED CHILDREN	5,040.
CHICAGO LIGHTS 126 EAST CHESTNUT STREET CHICAGO, IL 60611	NONE EOF	TO SUPPORT THE CITY'S CHILDREN, YOUTH, AND ADULTS WHO FACE THE CHALLENGES OF POVERTY	1,605.
HOUSING OPPORTUNITIES - WOMEN 1607 WEST HOWARD STREET SECOND FLOOR CHICAGO, IL 60626	NONE PC	TO PROVIDE NEW COATS & BLANKETS TO HOMELESS WOMEN AND CHILDREN	2,758.
TOTAL CONTRIBUTIONS PAID			<u>16,016.</u>