

Form **990-PF**

Return of Private Foundation

OMB No. 1545-0052

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For calendar year **2016** or tax year beginning , **2016**, and ending , **20**

| | | |
|--|------------|---|
| Name of foundation MAKE IT BETTER FOUNDATION | | A Employer identification number 27-0773475 |
| Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite | B Telephone number (see instructions) (847) 256-4642 |
| City or town, state or province, country, and ZIP or foreign postal code WILMETTE, IL 60091 | | C If exemption application is pending, check here. <input type="checkbox"/> |
| G Check all that apply: | | D 1. Foreign organizations, check here. <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/> |
| <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change | | E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/> |
| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 10,706. | | |
| J 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.) | | |

| Part I Analysis of Revenue and Expenses (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) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 49,765. | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. | | | | |
| | 3 Interest on savings and temporary cash investments | 4. | 4. | | 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 Total. Add lines 1 through 11 | 49,769. | 4. | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 23,268. | | | 23,268. |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) ATCH 2 | 4,326. | | | 4,326. |
| | 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) ATCH 3 | 34,870. | 481. | | 34,389. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23. | 62,464. | 481. | | 61,983. |
| | 25 Contributions, gifts, grants paid | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 62,464. | 481. | 0. | 61,983. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -12,695. | | | | |
| b Net investment income (if negative, enter -0-) | | 0. | | | |
| c Adjusted net income (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 (a) Book Value | End of year (b) Book Value (c) Fair Market Value | | |
| Assets | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 14,651. | 10,706. | 10,706. |
| | 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 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 14,651. | 10,706. | 10,706. | |
| 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 ▶ ATCH 4) | | 8,750. | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 8,750. | | |
| 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 <input checked="" type="checkbox"/> | | | | |
| | and complete lines 27 through 31. | | | | |
| 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 . . | 14,651. | 1,956. | | |
| 30 | Total net assets or fund balances (see instructions) | 14,651. | 1,956. | | |
| 31 | Total liabilities and net assets/fund balances (see instructions) | 14,651. | 10,706. | | |

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 | 14,651. |
| 2 | Enter amount from Part I, line 27a | 2 | -12,695. |
| 3 | Other increases not included in line 2 (itemize) ▶ _____ | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 1,956. |
| 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 | 1,956. |

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.) |
|---|---|---|---|--|--------------------------------------|----------------------------------|
| 1 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (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) | | | |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | | | |
| (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 | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) | | | |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 2 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 } | | 2 | | | |
| 3 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 } | | 3 | | | |

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)) |
|--|--|--|---|
| 2015 | 92,486. | 8,450. | 10.945089 |
| 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 |
| 2 Total of line 1, column (d) | | | 2 41.804950 |
| 3 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. | | | 3 8.360990 |
| 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 | | | 4 6,041. |
| 5 Multiply line 4 by line 3. | | | 5 50,509. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b). | | | 6 |
| 7 Add lines 5 and 6. | | | 7 50,509. |
| 8 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. | | | 8 61,983. |

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, 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 refunded amount.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political influence, expenditures, Form 1120-POL filing, political tax expenditures, reimbursement, IRS reporting, changes in governing instruments, unrelated business income, liquidation, 508(e) requirements, state reporting, private operating status, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 covering questions about controlled entities, distributions, public inspection requirements, website address, books in care, and nonexempt trusts.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b covering questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interest.

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)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here N/A N/A

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? Yes No
 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? Yes No

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).

| (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 |
|----------------------|---|---|---|---------------------------------------|
| ATCH 5 | | 23,268. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |

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

| (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 |
|---|---|------------------|---|---------------------------------------|
| 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. | 30,990. |
| 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.)

| | | | |
|----------|---|-----------|--------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | 6,133. |
| c | Fair market value of all other assets (see instructions). | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 6,133. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 6,133. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 92. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 6,041. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 302. |

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.)

| | | | |
|-----------|--|-----------|------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 302. |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | 2a | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 302. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 302. |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 302. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 61,983. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 61,983. |
| 5 | 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) | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 61,983. |

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 2015 | (c) 2015 | (d) 2016 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2016 from Part XI, line 7 | | | | 302. |
| 2 Undistributed income, if any, as of the end of 2016: | | | | |
| a Enter amount for 2015 only. | | | | |
| b Total for prior years: 20 <u>14</u> , 20 <u>13</u> , 20 <u>12</u> | | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | | |
| a From 2011 | | | | 800. |
| b From 2012 | | | | 135,813. |
| c From 2013 | | | | 203,548. |
| d From 2014 | | | | 157,069. |
| e From 2015 | | | | 92,063. |
| f Total of lines 3a through e | 589,293. | | | |
| 4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$ <u>61,983.</u> | | | | |
| a Applied to 2015, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions). | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2016 distributable amount. | | | | 302. |
| e Remaining amount distributed out of corpus. | 61,681. | | | |
| 5 Excess distributions carryover applied to 2016 . (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 650,974. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b. | | | | |
| c 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 | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | | | |
| e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instructions | | | | |
| f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017. | | | | |
| 7 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) | | | | |
| 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) | 800. | | | |
| 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a | 650,174. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2012 | 135,813. | | | |
| b Excess from 2013 | 203,548. | | | |
| c Excess from 2014 | 157,069. | | | |
| d Excess from 2015 | 92,063. | | | |
| e Excess from 2016 | 61,681. | | | |

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 2016, 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) 2016, (b) 2015, (c) 2014, (d) 2013, (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 not used directly for active conduct of exempt activities), 2e (Qualifying distributions made directly for active conduct of exempt activities), 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 6

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

ATCH 7

c Any submission deadlines:

ATCH 8

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

ATCH 9

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 |
|--|--|--------------------------------------|-------------------------------------|-------------|
| a Paid during the year NONE | | | | |
| Total | | | | ▶ 3a |
| b Approved for future payment NONE | | | | |
| Total | | | | ▶ 3b |

Schedule of Contributors

2016

▶ **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.

| | |
|--|---|
| Name of the organization MAKE IT BETTER FOUNDATION | Employer identification number 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **MAKE IT BETTER FOUNDATION**

Employer identification number

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 | \$ 39,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | DOLORES KOHL EDUCATION FOUNDATION 1770 FIRST STREET, SUITE 500 HIGHLAND PARK, IL 60035 | \$ 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.) |

Name of organization MAKE IT BETTER FOUNDATION

Employer identification number

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

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

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT

PART IX-A, CHARITABLE ACTIVITY

IN 2016, MAKE IT BETTER FOUNDATION (MIBF) CONDUCTED THEIR 5TH 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.

5TH ANNUAL WINNERS WERE NOT DETERMINED UNTIL JANUARY OF 2017

WHAT WE SUPPORT

OUR SUPPORT INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING SPHERES OF IMPACT:

FAMILY, YOUTH AND CHILD SERVICES

AS THE BACKBONE OF THE COMMUNITIES WE REACH, FAMILIES PRESENT A RANGE OF OPPORTUNITIES FOR SUPPORT, ENCOURAGEMENT AND SKILL DEVELOPMENT. MIBF IS COMMITTED TO SUPPORTING NFPS THAT DIRECT THEIR PROGRAM SERVICES TO FAMILIES AND WHO VIEW THESE FAMILIES AS A CHERISHED, BUT OFTEN UNDER-RESOURCED ASSET FOR OUR NEIGHBORHOODS. MIBF REINFORCES THE QUALITIES THAT MAKE STRONG FAMILIES, REGARDLESS OF THEIR SOCIAL STATUS, BY SUPPORTING NFPS COMMITTED TO 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.

EDUCATION

QUALITY EDUCATION AT THE EARLY CHILDHOOD/PRESCHOOL, PRIMARY AND SECONDARY LEVELS IS A CORE PRIORITY AND LONG STANDING PILLAR IN OUR COMMUNITIES' EFFORTS TO PREPARE OUR NEXT GENERATION. MIBF FINANCIALLY SUPPORTS THE MISSION OF INNOVATIVE, EVIDENCE-BASED, AND RESPONSIVE EDUCATION PROGRAMS IN THE CHICAGOLAND AREA TO ENSURE THEIR STORY, THEIR MODEL, AND THEIR SUCCESSES ARE SUPPORTED AND SHARED WITH OTHERS. IN ADDITION TO TRADITIONAL EDUCATION INSTITUTIONS, MIBF SUPPORTS NFP ORGANIZATIONS 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.

ARTS, CULTURE AND HUMANITIES

MIBF SUPPORTS A VARIETY OF PERFORMING ARTS, PUBLIC BROADCASTING MEDIA, LIBRARY AND MUSEUM INSTITUTIONS LOCATED IN OUR FOOTPRINT. THEIR EFFORT

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

TO PROMOTE AND FURTHER THE CAUSE OF EXCELLENT ARTS, RESOURCES AND ENTERTAINMENT FOR OUR COMMUNITY IS PRIMARY FOCUS OF MIBF ACTIVITY. MIBF ACCOMPLISHES ITS MISSION IN PART BY SPONSORING THEIR VARIOUS EVENTS AND AMPLIFYING THEIR MISSION, PROMOTING INSTITUTES THAT EQUIP AND TRAIN FUTURE PERFORMERS, AND UNDERWRITING SPECIAL EXHIBITS.

HEALTH AND HUMAN SERVICES

ANOTHER PRIORITY FOCUS FOR MIBF IS SUPPORTING THOSE ORGANIZATIONS THAT ELEVATE THE HUMAN SPIRIT AND BRING ASSISTANCE, COMFORT, HEALING, AND WELL-BEING TO FELLOW RESIDENTS IN AND AROUND CHICAGO. SPECIFICALLY, MIBF SUPPORTS 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; AND RESEARCH AND DEVELOP EXCELLENCE IN MEDICAL ADVANCEMENT, DISEASE AND DISORDER EDUCATION, PATIENT/FAMILY SUPPORT, TREATMENT AND PREVENTION SERVICES, AND HOSPICE CARE.

ANIMALS AND ENVIRONMENT

MIBF IS FORTUNATE TO PARTNER WITH THE NATIONALLY ACCLAIMED ORGANIZATIONS IN CHICAGO AND SURROUNDING COMMUNITIES THAT SEEK TO PRESERVE AND PROTECT OUR ANIMAL AND PLANT KINGDOMS AND MAKE THEM ACCESSIBLE TO THE GENERAL PUBLIC. IT DOES THIS BY SUPPORTING AND AMPLIFYING THE MISSION OF LOCAL AQUARIUMS, BOTANIC GARDENS, ZOOS, PARKS AND CONSERVANCIES THROUGH EVENT SPONSORSHIP, EDITORIAL COVERAGE AND SPECIAL EXHIBIT FUNDING.

SOCIAL JUSTICE

MIBF SUPPORTS THE BEST PROJECTS OR PROGRAMS ACHIEVING COMMUNITY OR ORGANIZATIONAL CHANGE THAT SUPPORTS DISENFRANCHISED, DISEMPOWERED, LESS PRIVILEGED OR OPPRESSED GROUPS. PROGRAMS DEDICATED TO ELIMINATING DISCRIMINATION, OPPRESSION, AND INJUSTICE LOCALLY AND GLOBALLY ARE INCLUDED. VIOLENCE PREVENTION AND HUNGER RELIEF PROGRAMS WILL ALSO BE CONSIDERED.

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 THE UNITED STATES.

WHO WITHIN THE ORGANIZATION CAN APPLY?

* APPLICANTS CAN BE STAFF, MEMBERS, VOLUNTEERS, SUPPORTERS OR

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

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 | 4. | 4. |
| TOTAL | <u>4.</u> | <u>4.</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 | 4,326. | | | 4,326. |
| TOTALS | <u>4,326.</u> | | | <u>4,326.</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 | 481. | 481. | | |
| DUES AND SUBSCRIPTIONS | 865. | | | 865. |
| NONPROFIT MARKETING VIDEO EXP | 30,990. | | | 30,990. |
| MISCELLANEOUS EXPENSE | 2,534. | | | 2,534. |
| TOTALS | <u>34,870.</u> | <u>481.</u> | | <u>34,389.</u> |

ATTACHMENT 4

FORM 990PF, PART II - OTHER LIABILITIES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|------------------------------------|------------------------------|
| DUE TO MAKE IT BETTER - BANK ERROR | 8,750. |
| TOTALS | <u>8,750.</u> |

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5

| <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> |
|--|---|---------------------|--|--|
| SHARON P. KRONE 1150 WILMETTE AVE. WILMETTE, IL 60091 | EXECUTIVE DIRECTOR & SECRETARY 8.00 | 23,268. | 0. | 0. |
| SANDY TSUCHIDA 1150 WILMETTE AVE. WILMETTE, IL 60091 | TREASURER 2.00 | 0. | 0. | 0. |
| SUSAN NOYES 1150 WILMETTE AVE. WILMETTE, IL 60091 | DIRECTOR 2.00 | 0. | 0. | 0. |
| FRANCIA HARRINGTON 1150 WILMETTE AVE. WILMETTE, IL 60091 | ADVISOR TO THE BOARD 2.00 | 0. | 0. | 0. |
| | GRAND TOTALS | <u>23,268.</u> | <u>0.</u> | <u>0.</u> |

ATTACHMENT 6

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

MIBF ATTN: SHARON KRONE
1150 WILMETTE AVE.
WILMETTE, IL 60091
847-256-4642

ATTACHMENT 7

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. MIBF DID NOT COLLECT, RECEIVE CASH CONTRIBUTIONS FOR OR DISTRIBUTE WINTER CLOTHING OR BLANKETS FOR 2016.

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)