

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning _____, 2022, and ending _____, 20

2022

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

MAKE IT BETTER FOUNDATION

EIN or SSN

27-0773475

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	0
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here _____ **EXECUTIVE DIRECT**
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	<i>Jennifer D. Frederick</i>	Date	5/15/23	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN	P00395735
	Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 4000, INDIANAPOLIS, IN 46204-5100	EIN	34-6565596	Phone no.	(317) 681-7000		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

2022

Open to Public Inspection

For calendar year 2022 or tax year beginning , **2022**, 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) PO BOX 751	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: <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 type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 112,482	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.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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)	613,127			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2	2		
	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	0			
	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			0	
	9 Income modifications				
	10a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0				
c Gross profit or (loss) (attach schedule)	0				
11 Other income (attach schedule)	0	0	0		
12 Total. Add lines 1 through 11	613,129	2	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	27,795			27,795
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	0	0	0	0
	b Accounting fees (attach schedule)	6,242	0	0	6,242
	c Other professional fees (attach schedule)	1,119	0	0	1,119
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	0	0	0	0
	19 Depreciation (attach schedule) and depletion	0	0	0	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	25,903	0	0	25,903
	24 Total operating and administrative expenses. Add lines 13 through 23	61,059	0	0	61,059
	25 Contributions, gifts, grants paid	450,000			450,000
26 Total expenses and disbursements. Add lines 24 and 25	511,059	0	0	511,059	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	102,070				
b Net investment income (if negative, enter -0-)		2			
c Adjusted net income (if negative, enter -0-)			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	10,411	112,482	112,482
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts		0	0
	4 Pledges receivable			
	Less: allowance for doubtful accounts		0	0
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule)	0		
	Less: allowance for doubtful accounts	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	0	0	0
	c Investments—corporate bonds (attach schedule)	0	0	0
	11 Investments—land, buildings, and equipment: basis	0		
Less: accumulated depreciation (attach schedule)	0	0	0	
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	0	0	0	
14 Land, buildings, and equipment: basis	0			
Less: accumulated depreciation (attach schedule)	0	0	0	
15 Other assets (describe)	0	0	0	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	10,411	112,482	112,482	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe)	0	0	
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	10,412	112,482	
29 Total net assets or fund balances (see instructions)	10,412	112,482		
30 Total liabilities and net assets/fund balances (see instructions)	10,412	112,482		

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 29 (must agree with end-of-year figure reported on prior year's return)		1	10,412
2 Enter amount from Part I, line 27a		2	102,070
3 Other increases not included in line 2 (itemize)		3	0
4 Add lines 1, 2, and 3		4	112,482
5 Decreases not included in line 2 (itemize)		5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29		6	112,482

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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.)
1a				
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) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(j) FMV as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2		0
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	3		0

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)	1		0
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		
3	Add lines 1 and 2	3		0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		0
6	Credits/Payments:			
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a		0
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7		0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded	11		0

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		✓
c Did the foundation file Form 1120-POL for this year?		✓
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		✓
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		✓
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	✓	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>IL</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	✓	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		✓
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		✓
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		✓
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		✓
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>FOUNDATION.MAKEITBETTER.COM</u>	✓	
14 The books are in care of <u>SHARON KRONE</u> Telephone no. <u>(847) 256-4642</u> Located at <u>PO BOX 751, WILMETTE, IL</u> ZIP+4 <u>60091</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 _____		
16 At any time during calendar year 2022, 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?		✓
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-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.

	Yes	No
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?	1a(1)	✓
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	✓
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	✓
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	✓
(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)?	1a(5)	✓
(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.)	1a(6)	✓
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	✓
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2022?	1d	✓
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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	✓
If "Yes," list the years 20 ____ , 20 ____ , 20 ____ , 20 ____		
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	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 ____ , 20 ____ , 20 ____ , 20 ____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	✓
b If "Yes," did it have excess business holdings in 2022 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
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 2022?	4b	✓

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

	Yes	No
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))?		✓
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		✓
(3) Provide a grant to an individual for travel, study, or other similar purposes?		✓
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		✓
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		✓
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		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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? 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?		✓
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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?		✓
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		✓

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

1 List all officers, directors, trustees, and 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
KATHY ROESER PO BOX 751, WILMETTE, IL 60091	DIRECTOR, 1.0	0	0	0
MELINDA FAUNTLEROY PO BOX 751, WILMETTE, IL 60091	PRESIDENT, 1.0	0	0	0
SANDRA TSUCHIDA PO BOX 751, WILMETTE, IL 60091	DIRECTOR, 1.0	0	0	0
(SEE STATEMENT)				

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 VII 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		
.....		
.....		
.....		
.....		
.....		

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

Part VIII-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 WARMING HEARTS & HANDS PROGRAM - PLEASE SEE GENERAL EXPLANATION ATTACHMENT.	20,406
.....	
2	
.....	
3	
.....	
4	
.....	

Part VIII-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	
.....	

Total. Add lines 1 through 3 **0**

Part IX 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	43,903
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	43,903
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	43,903
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	659
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	43,244
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,162

Part X 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 IX, line 6	1	2,162
2a	Tax on investment income for 2022 from Part V, line 5	2a	0
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,162
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,162
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,162

Part XI 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	511,059
b	Program-related investments—total from Part VIII-B	1b	0
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	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	511,059

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				2,162
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only				
b Total for prior years: 20 <u>18</u> , 20 <u>19</u> , 20 <u>20</u>				
3 Excess distributions carryover, if any, to 2022:				
a From 2017	66,369			
b From 2018	79,037			
c From 2019	87,929			
d From 2020	47,723			
e From 2021	14,971			
f Total of lines 3a through e	296,029			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ <u>511,059</u>				
a Applied to 2021, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2022 distributable amount				2,162
e Remaining amount distributed out of corpus	508,897			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	804,926			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
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		0		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0
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)	0			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions)	66,369			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	738,557			
10 Analysis of line 9:				
a Excess from 2018	79,037			
b Excess from 2019	87,929			
c Excess from 2020	47,723			
d Excess from 2021	14,971			
e Excess from 2022	508,897			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, 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)

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter ² / ₃ of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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.

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:
MIBF ATTN SHARON KRONE, PO BOX 751, WILMETTE, ID 60091, 847-256-4642

b The form in which applications should be submitted and information and materials they should include:
APPLICATIONS FOR THE ANNUAL PHILANTHROPY AWARDS COMPETITION CAN BE FOUND ON THE MIBF WEBSITE.
HTTP://FOUNDATION.MAKEITBETTER.COM/

c Any submission deadlines:
NOMINATIONS FOR AWARDS ARE ACCEPTED DURING THE SPECIFIED PERIOD, TYPICALLY SEPTEMBER EACH YEAR

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

Part XIV Supplementary Information *(continued)*

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> (SEE STATEMENT)				
Total			3a	450,000
b <i>Approved for future payment</i>				
Total			3b	0

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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

[x] 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

- [x] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization MAKE IT BETTER FOUNDATION	Employer identification number 27-0773475
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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 ----- WIMETTE, IL 60091 -----	\$ ----- 613,127	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.)
-----	----- ----- ----- -----	\$ -----	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
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization MAKE IT BETTER FOUNDATION	Employer identification number 27-0773475
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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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

Return Reference - Identifier	Explanation
FORM 990-PF, PART VIII-A - SUMMARY OF DIRECT CHARITABLE ACTIVITIES	<p>THIS PROGRAM WAS ESTABLISHED BY MIBF AS A MEANS TO RAISE FUNDS WHICH MIBF WILL USE TO PURCHASE WINTER CLOTHING I.E. COATS, GLOVES, HATS ETC., ("WINTER CLOTHING"). WINTER CLOTHING PURCHASED WILL BE DONATED BY MIBF TO 501(C)(3) QUALIFIED SHELTERS AND FOOD KITCHENS FOR DIRECT DISTRIBUTION TO INDIVIDUALS AND FAMILIES IN NEED OF SUCH ITEMS.</p> <p>UNDER THE PROGRAM, INDIVIDUALS WILL BE INVITED THROUGH BROADCAST EMAILS, SIGNS AND ADVERTISEMENTS TO CONTRIBUTE FUNDS THROUGH A FUNDRAISING WEBSITE. THEY CAN MAKE DONATIONS TO MIBF FOR THIS DESIGNATED PURPOSE AND MIBF WILL USE THESE DESIGNATED FUNDS TO PURCHASE WINTER CLOTHING FROM UNRELATED WHOLESALERS AND OTHER SOURCES. MIBF WILL THEN DONATE THE WINTER CLOTHING TO 501(C)(3) QUALIFIED SHELTERS AND FOOD KITCHENS FOR DIRECT DISTRIBUTION TO INDIVIDUALS AND FAMILIES IN NEED OF SUCH ITEMS.</p> <p>RECIPIENTS WERE SELECTED IN 2021 AND PURCHASE AND DISBURSEMENTS OF COATS WERE MADE IN EARLY 2022: THE NIGHT MINISTRY, 1735 N ASHLAND AVE STE 2000, CHICAGO, IL 60622-1412 FAMILY EMPOWERMENT CENTER, 1533 W DEVON AVE, CHICAGO, IL 60660 ELGIN MATH AND SCIENCE ACADEMY, 1600 DUNDEE AVE, ELGIN, IL 60120-1608 GOOD NEWS PARTNERS, 1600 W JONQUIL TERRACE, CHICAGO, IL 60626-1104</p>
FORM 990-PF, PART VIII-A - SUMMARY OF DIRECT CHARITABLE ACTIVITIES	<p>MAKE IT BETTER PHILANTHROPY AWARDS WE HELD OUR 9TH ANNUAL PHILANTHROPY AWARDS COMPETITION 2022. THREE NONPROFITS WERE AWARDED RECOGNITION. HUMAN SERVICES AWARD WINNER: READI CHICAGO HEALTH AND MENTAL WELLNESS AWARD WINNER: UCAN SOCIAL SERVICES AWARD WINNER: METROPOLITAN PEACE INITIATIVES</p>

Return Reference - Identifier	Explanation
<p>FORM 990-PF, PART VIII-A - SUMMARY OF DIRECT CHARITABLE ACTIVITIES</p>	<p>GEOGRAPHIC AREA MIBF PROGRAM FUNDING PRIMARILY FOCUSED IN CHICAGO AND SURROUNDING SUBURBS AS WELL AS SAN FRANCISCO BAY AREA. WINNERS FOR THE PHILANTHROPY AWARD MAY BE NATIONAL.</p> <p>WHAT WE SUPPORT OUR SUPPORT INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING SPHERES OF IMPACT:</p> <p>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.</p> <p>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.</p> <p>ARTS, CULTURE AND HUMANITIES MIBF SUPPORTS A VARIETY OF PERFORMING ARTS, PUBLIC BROADCASTING MEDIA, LIBRARY AND MUSEUM INSTITUTIONS LOCATED IN OUR FOOTPRINT. THEIR EFFORT 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.</p> <p>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.</p> <p>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.</p> <p>SOCIAL JUSTICE WE SUPPORT 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 WERE ENCOURAGED TO APPLY. VIOLENCE PREVENTION AND HUNGER RELIEF PROGRAMS WERE ALSO CONSIDERED.</p>
<p>FORM 990 PF PART XIV, LINE 2D - RESTRICTIONS AND LIMITATIONS</p>	<p>WE WILL REVIEW REQUESTS FOR SUPPORT AGAINST OUR STATED MISSION, WHICH IS TO IDENTIFY AND AMPLIFY THE WORK OF OUTSTANDING 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://FOUNDATION.MAKEITBETTER.COM/VALUES-MISSION-VISION</p>

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) ACCOUNTING FEES	6,242			6,242
TOTAL	6,242	0	0	6,242

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) OTHER PROFESSIONAL FEES	1,119			1,119
(2)				
(3)				
(4)				
TOTAL	1,119	0	0	1,119

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) PROGRAM EXPENSE	20,407			20,407
(2) COMPUTER & INTERNET EXPENSE	4,325			4,325
(3) LICENSE & PERMITS	715			715
(4) SUPPLIES	156			156
(5) OTHER EXPENSES	150			150
(6) BANK FEE	135			135
(7) FILING FEES	15			15
TOTAL	25,903	0	0	25,903

Name	Address	Title, and average hours per week devoted to position	Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
SHARON P KRONE	PO BOX 751, WILMETTE, IL 60091	SECRETARY & TREASURER, 1.0	27,795	0	0
SUSAN NOYES	PO BOX 751, WILMETTE, IL 60091	DIRECTOR, 1.0	0	0	0

Name and Address	Relationship	Foundation status	Purpose	Amount
A SAFE HAVEN 2750 ROOSEVELT RD CHICAGO, IL, 60608 US		PC	GENERAL SUPPORT	25,000
ALZHEIMERS ASSOCIATION 225 N MICHIGAN AVE CHICAGO, IL, 60603		PC	GENERAL SUPPORT	20,000
HOLOCAUST MEMORIAL FOUNDATION OF ILLINOIS 9603 WOODS DR SKOKIE, IL, 60077 AE		PC	GENERAL SUPPORT	20,000
LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE CHICAGO, IL, 60611 US		PC	GENERAL SUPPORT	20,000
SARAH'S CIRCLE 4838 N SHERIDAN RD CHICAGO, IL, 60640 US		PC	GENERAL SUPPORT	20,000
MCGAW YMCA 1000 GROVE ST EVANSTON, IL, 60201 US		PC	GENERAL SUPPORT	20,000
CHICAGO BOTANIC GARDEN 1000 LAKE COOK RD GLENCOE, IL, 60022		PC	GENERAL SUPPORT	10,000
CHILDREN'S HOME & AID SOCIETY OF ILLINOIS 200 W MONROE ST STE 2100 CHICAGO, IL, 60606		PC	GENERAL SUPPORT	10,000
JOFFREY BALLET 10 E RANDOLPH ST CHICAGO, IL, 60601 US		PC	GENERAL SUPPORT	10,000
GEORGE MARK HOUSE 2121 GEORGE MARK LN SANLEANDRO, CA, 94578 US		PC	GENERAL SUPPORT	10,000
CITY YEAR CHICAGO 303 E WACKER DR #2750 CHICAGO, IL, 60601 US		PC	GENERAL SUPPORT	5,000
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PKWY CHICAGO, IL, 60612 US		PC	GENERAL SUPPORT	5,000
CHICAGO SHAKESPEARE THEATER 800 E GRAND AVE CHICAGO, IL, 60611 US		PC	GENERAL SUPPORT	3,000
START EARLY 33 W MONROE ST #1200 CHICAGO, IL, 60603 US		PC	GENERAL SUPPORT	10,000
ADVOCATE CHARITABLE FOUNDATION 410 W MICHIGAN AVE METAMORA, IL, 61548 US		PC	GENERAL SUPPORT	5,000
ABOVE AND BEYOND FAMILY RECOVERY CENTER 2942 W LAKE ST CHICAGO, IL, 60612 US		PC	GENERAL SUPPORT	2,000
FAMILY SERVICE CENTER 191 WAUKEGAN RD #206 NORTHFIELD, IL, 60093 US		PC	GENERAL SUPPORT	4,000
INTERFAITH AMERICA 141 JACKSON BLVD STE 3200 CHICAGO, IL, 60604 US		PC	GENERAL SUPPORT	2,000

Name and Address	Relationship	Foundation status	Purpose	Amount
GOODMAN THEATER 170 N DEARBORN ST CHICAGO, IL, 60601 US		PC	GENERAL SUPPORT	3,000
LYRIC OPERA CHICAGO 20 N UPPER WACKER DR CHICAGO, IL, 60604 US		PC	GENERAL SUPPORT	10,000
THE NIGHT MINISTRY 1735 N ASHLAND AVE STE 2000 CHICAGO, IL, 60622 US		PC	GENERAL SUPPORT	10,000
BREAKTHROUGH URBAN MINISTRIES 402 N ST LOUIS AVE CHICAGO, IL, 60624 US		PC	GENERAL SUPPORT	10,000
EVERSIGHT 924 W 19TH PL SUITE 350 CHICAGO, IL, 60608 US		PC	GENERAL SUPPORT	5,000
SHARE OUR SPARE 3800 N MILWAUKEE AVE CHICAGO, IL, 60641 US		PC	GENERAL SUPPORT	10,000
YWCA 1 N LA SALLE ST #1700 CHICAGO, IL, 60602 US		PC	GENERAL SUPPORT	10,000
FRESH START CARING FOR KIDS FOUNDATION 1821 WALDEN OFFICE SQUARE SCHAUMBURG, IL, 60173 US		PC	GENERAL SUPPORT	10,000
MARILLAC ST. VINCENT FAMILY SERVICES 212 S FRANCISCO AVE CHICAGO, IL, 60612		PC	GENERAL SUPPORT	10,000
BUILD, INC. 5100 W HARRISON ST CHICAGO, IL, 60644 US		PC	GENERAL SUPPORT	10,000
BRUSHWOOD CENTER AT RYERSON WOODS 21850 RIVERWOODS RD RIVERWOODS, IL, 60015 US		PC	GENERAL SUPPORT	1,000
YOUTH & OPPORTUNITY UNITED (Y.O.U.) 1911 CHURCH ST EVANSTON, IL, 60201 US		PC	GENERAL SUPPORT	10,000
SNOW CITY ARTS 1653 W CONGRESS PKWY CHICAGO, IL, 60612 US		PC	GENERAL SUPPORT	10,000
GARFIELD PARK CONSERVATORY ALLIANCE 300 N CENTRAL PARK AVE CHICAGO, IL, 60624 US		PC	GENERAL SUPPORT	10,000
ALLIES FOR COMMUNITY BUSINESS 135 N KEDZIE AVE CHICAGO, IL, 60612 US		PC	GENERAL SUPPORT	10,000
HOME 1419 W CARROLL AVE FLR 2 CHICAGO, IL, 60607 US		PC	GENERAL SUPPORT	10,000
CALIFORNIA FILM INSTITUTE 1001 LOOTENS PLACE STE 220 SANRAFAEL, CA, 94901 US		PC	GENERAL SUPPORT	10,000
LIFEHOUSE 14127 LEAVITT AVE DIXMOOR, IL, 60406 US		PC	GENERAL SUPPORT	10,000

Name and Address	Relationship	Foundation status	Purpose	Amount
SCHOOLS RULE PO BOX 4925 SANRAFAEL, CA, 94913 US		PC	GENERAL SUPPORT	10,000
SHEDD AQUARIUM 1200 S DUSABLE LK SHR DR CHICAGO, IL, 60605 US		PC	GENERAL SUPPORT	10,000
AMAZON WATCH 520 THIRD ST STE 108 OAKLAND, CA, 94607 US		PC	GENERAL SUPPORT	10,000
BLUE HERON 269 SOUTH BEVERLY DR STE 435 BEVERLYHILLS, CA, 90212 US		PC	GENERAL SUPPORT	10,000
CINEMA CHICAGO 212 W VAN BUREN ST 400 CHICAGO, IL 60607		PC	GENERAL SUPPORT	10,000
ELPC 35 E WACKER DR STE 1600 CHICAGO, IL, 60606		PC	GENERAL SUPPORT	10,000
ASSITANCE LEAGUE OF DIABLO VALLEY 2711 BUENA VISTA AVE WALNUT CREEK , NONE, 94597 US		PC	GENERAL SUPPORT	10,000
VOLUNTEERS IN MEDICINE 4877 MISSION ST SAN FRANCISCO, CA 94112		PC	GENERAL SUPPORT	10,000
CHICAGO FIRE FOUNDATION 1 N. DEARBORN STE 1300 CHICAGO, IL, 60601 US		PC	GENERAL SUPPORT	10,000



Ernst & Young LLP
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MAKE IT BETTER FOUNDATION
Instructions for Filing
Form AG990-IL
Illinois Charitable Organization Annual Report
For the year ended December 31, 2022

The return should be signed (use full name) and dated on page 2 by an authorized officer of the organization. A copy of the Form 990PF should be attached to the filing.

File the signed return by June 30, 2023 with:

Office of the Attorney General Charitable Trust Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601-3175

A check or money order payable to "Illinois Charity Bureau Fund" in the amount of \$15 should be attached to the return. Be sure to include the federal EIN and "2022 Form AG990-IL" on the check..

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **KWAME RAOUL** State of Illinois

Charitable Trust Bureau, 100 West Randolph

11th Floor, Chicago, Illinois 60601

CO # 01063417

PMT #	_____
AMT	_____
INIT	_____

Report for the Fiscal Period:

Beginning 1 / 1 / 2022

& Ending 12 / 31 / 2022

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # 27-0773475

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 8 / 20 / 2009

LEGAL NAME MAKE IT BETTER FOUNDATION MAIL ADDRESS PO BOX 751 CITY, STATE WILMETTE, IL 60091 ZIP CODE	Year-end amounts	
	A) ASSETS	A) \$ 112,482
	B) LIABILITIES	B) \$ 0
	C) NET ASSETS	C) \$ 112,482
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100.00 %	D) \$ 613,127
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	0.00 %	E) \$ 0
F) OTHER REVENUES	0.00 %	F) \$ 2
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 613,129
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	3.99 %	H) \$ 20,406
I) EDUCATION PROGRAM SERVICE EXPENSE	0.00 %	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	3.99 %	J) \$ 20,406
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$0
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	88.05 %	K) \$ 450,000
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	92.05 %	L) \$ 470,406
M) MANAGEMENT AND GENERAL EXPENSE	7.95 %	M) \$ 40,652
N) FUNDRAISING EXPENSE	0.00 %	N) \$ 0
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 511,058
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$ 0
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	100.00 %	R) \$ 0
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: SHARON P KRONE, SECRETARY & TREASURER		T) \$ 27,795
U) NAME, TITLE:		U) \$
V) NAME, TITLE:		V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: GRANTS TO OTHER ORGANIZATIONS		W) # 150
X) DESCRIPTION: SERVICES TO OTHER ORGANIZATIONS		X) # 151
Y) DESCRIPTION: SERVICES FOR THE POOR		Y) # 126

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? -----	1.		✓
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? -----	2.		✓
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? -----	3.		✓
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? -----	4.		✓
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? -----	5.		✓
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) -----	6.		✓
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? -----	7.		✓
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ 0 ;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ 0 ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ 0 ;AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ 0			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? -----	8.		✓
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? -----	9.		✓
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? -----	10.		✓
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: NORTH SHORE COMMUNITY BANK & TRUST, 1145 WILMETTE AVE, WILMETTE, IL 60091			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: SHARON P. KRONE (847) 256-4642			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
SHARON P. KRONE		
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
JENNIFER D. RHODERICK	<i>Jennifer D. Rhoderick</i>	5/15/23
PREPARER (PRINT NAME)	SIGNATURE	DATE