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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 890 All their organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

			lendar year, or tax year beginning		and end	ing			
B 		plicable Please C Name of organization					D Emp	loyer	identification number
	chang								
									994350
	Initia retur	n See	Number and street (or P.O. box, if mail is not delivered to street address)	F	Room/suite	E Tele	ephone	number
]Term	Instruc-	9211 Irvine Blvd.				9	<u>49-</u>	521-6161
	—)retur	nded tions	City or town, state or country, and ZIP + 4				F Gro	up Exe	emption
	Apply pendi	cation ing	Irvine, CA 92618				Nur	nber 🕨	>
	• Se	ction 501(c)((3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	a con	npleted	G Accour	nting m	ethod:	Cash X Accrual
			Schedule A (Form 990 or 990-EZ).			Other (specify) ▶	
1	Websi	te: 🕨 ww	w.SeneGence.com			H Check		X If I	the organization is not
J	Tax-ex	cempt status	(check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	527	required to	attach	Sched	dule B (Form 990, 990-EZ, or 990-PF)
K	Check	▶ 🔲 if	the organization is not a section 509(a)(3) supporting organization and its g	ross r	eceipts are i	normally no	more	than \$2	25,000. A Form 990-EZ or
		Fo	orm 990 return is not required, but if the organization chooses to file a return	, be s	ure to file a	complete re	turn.		
<u></u>	Add lin	nes 5b, 6b, ar	nd 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 9	90 ins	tead of Forn	n 990-EZ		\$	10,068.
Р	art I	Rever	nue, Expenses, and Changes in Net Assets or Fund	Bal	ances (S	ee the instri	uctions	for Pa	rt I.)
	1	Contributio	ons, gifts, grants, and similar amounts received					1	640.
	2	Program se	ervice revenue including government fees and contracts					2	
	3		ip dues and assessments					3	
	4	Investment	tincome					4	
	5a	Gross amo	unt from sale of assets other than inventory	5a					
	Ь		or other basis and sales expenses	5b					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c	
ē	6	-	ents and activities (complete applicable parts of Schedule G). If any amount i	s from	gaming, ch	neck here	. []		
eur	a		nue (not including \$ of contributions		g g,				
Revenue	-	reported or		6a		9,4	21.		
) "	Ь		t expenses other than fundraising expenses	6b		3,4			
,	C		e or (loss) from special events and activities (Subtract line 6b from line 6a)		1	<u> </u>		6c	5,926.
	7a		s of inventory, less returns and allowances	7a]				<u> </u>
i	b		of goods sold	7b					
j	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		1			7c	
2	8		nue (describe > Interest				١	8	7.
חבר	9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				′	9	6,573.
-	10	-	similar amounts paid (attach schedule)					10	0,3734
7	11		id to or for members					11	
25	12	•	ther compensation, and employee benefits					12	
Expenses 6	13	Profession	al fees and other payments to independent contractors					13	2,050.
per	14	Occupancy	, rent, utilities, and maintenance					14	27030.
Ж	15	Printing of	iblications nostane and shipping					15	
	16	THE NIVIENCE OF THE PROPERTY O							8,336.
	17		nses. Add lines 10/through-16 しか	<u> </u>	Deace	mene		16 17	10,386.
	18		deficit) for the year (Subtract line 17/17 qm line 9)					18	<3,813.
ste	19		or fund balances at beginning of year (from-line, 27, column (A))					-10	<u> </u>
1556	'		e with end-of-year figure reported on prior year's return)					19	11,955.
Net Assets	20	-	ges in net assets or fund balances (attach explanation)					20	11, 555
ž	21		or fund balances at end of year. Combine lines 18 through 20					21	8,142.
D	art II		ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo	ro filo	Form 000 i	netand of Fo	rm 90		0,142.
بنا	41 (11	Daidii	(See the instructions for Part II.)	16, 1116		Beginning o		1	(B) End of year
90	Car	ch counce o	,		(4)	12,		. 22	8,142.
22			and investments		—	14,	444		0,144.
23		nd and buildi			\			23	
24		ner assets (de			' 	1 2	224	24	0 140
25		tal assets	(december Calog tax parch)		\downarrow	12,			8,142.
26			(describe Sales tax payable		' 	11,	269		0.
932	171 08-10		and balances (line 27 of column (B) must agree with line 21)		<u> </u>	11,	<i>5</i> 5 5	. 27	8,142. Form 990-EZ (2009)
02-	Ų8-10	LINA F	or Privacy Act and Paperwork Reduction Act Notice, see the separate instr	ucuor	15.				FUITH 330-LA (2003)

	m 990-EZ (2009) The MakeSense Foundation			33-	09943	50 Page 2
_	art III Statement of Program Service Accomplishmen		Part III.)			cpenses .
	at is the organization's primary exempt purpose? <u>See Statement</u>					r section 501(c)(3) i) organizations and
	scribe what was achieved in carrying out the organization's exempt pur			be	section 494	7(a)(1) trusts, optional
_	services provided, the number of persons benefited, and other relevan		·		for others)	
28	Direct and unrestricted donations w	<u>ere made to c</u>	<u>naritable</u>			
	causes and organizations.					
	(Grants \$ 6,000.) If this amount includes foreign of	reate shoot been		$\overline{}$	28a	4,386.
29	(Grants \$ 6,000.) If this amount includes foreign of	grams, check here		لــــا	204	4,300.
23		, ₉ ,,				
						
	(Grants \$) If this amount includes foreign of	rants, check here	•		29a	
30						
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		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign of	rants, check here			30a	
31	Other program services (attach schedule)			_		
	(Grants \$) If this amount includes foreign of	rants, check here	▶	لسل	31a	
	Total program service expenses (add lines 28a through 31a)	·		. 🕨	32	<u>4,386.</u>
P	art IV List of Officers, Directors, Trustees, and Key E	:mployees. List each one ev	ven if not compensated			
		(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	_	eferred	other allowances
_	nei Dec Deceme	Di		com	pensation	
<u> </u>	oni Rae Rogers	Director 0.50	0.		0.	_
<u></u>	armen Holladay	Director	<u>.</u>		<u> </u>	0.
<u> </u>	inen norraday	0.50	0.	ĺ	0.	0.
T.i	nda Bailey	Director				<u> </u>
	- I was a second	0.50	O.		0.	0.
Me	elida Altman	Treasurer			· · · · · · · · · · · · · · · · · · ·	
		0.50	0.		0.	0.
Mi	chael Moad	Secretary			_	
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932	172					000.57
	172 18-10				Form	990-EZ (2009)

33 Dut the organization engage in any activity not previously reported to the IRSP II "Yes," attach a dealed description of each activity Were any changes made to the organization or governing documents? II "Yes," attach a conformed copy of the changes 35 If the organization had income from bissness activities, such as those reported on ince 2, 6a, and 7a (among others), but not reported on Form 990-7, attach a statement explaining why the organization due for profit the income on Form 990-7. 36 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 37 If **End amount of political expendations, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spoliciable parts of Sch. N 38 A X 39 Did the organization of political expendatives, direct or indirect, as described in the instructions. 39 Did the organization file Form 1120-PDL for this year? 39 Did the organization file Form 1120-PDL for this year? 39 Did the organization file Form 1120-PDL for this year? 39 Did the organization file Form 1120-PDL for this year? 39 Did the organization file Form 1120-PDL for this year? 39 Did the organization file Form 1120-PDL for this year? 39 Did the organization file Form 1120-PDL for this year? 39 Did the organization file Form 1120-PDL for this year? 30 Did the organization file Form 1120-PDL for this year? 30 Did the organization file Form 1120-PDL for this year? 30 Did the organization file Form 1120-PDL for this year? 31 Did the organization file Form 1120-PDL for this year? 32 Did the organization file Form 1120-PDL for this year? 33 Did X 34 Did X 35 Did Market States with a supplicable parts of Sch. N 36 Did the organization file Form 120-PDL for this year? 37 Did the organization file Form 120-PDL for this year? 38 Did the organization file Form 120-PDL for this year? 39 Did the organization file Form 120-PDL for this year. 39 Did the o				Yes	No
35 If the organization had mome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not recorded on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 36 Did the organization have unrelated business gross income of \$5,000 or more or was it subject to section 6033(e) notice, reporting, and groxy tax requirements? 37 b If Yes, 1 is at filed a tax return on Form 990-T for this year? 38 Did the organization undergo a fiquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 1 is a propriate of the organization of political expanditures, direct or indirect, as described in the instructions. 38	33•	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
reported on Form 990-T, attach a statement explaning why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy fax requirements? b If "Fest," has if filed a fax return or Form 990-T for this year? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 36 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-PDL for this year? 38a Did the organization file Form 1120-PDL for this year? 38b If "Section 501(c)(17) organizations from organization file Form 1120-PDL for this year? 38b If "Section 501(c)(17) organizations for the period covered by this return? 38b If "Section 501(c)(17) organizations for the period covered by this return? 38c Section 501(c)(17) organizations. Enter: 38c Initiation tess and capital contributions included on line 9 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax was measured in the organization during the year under section 4911 \(\)	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, has if filed a tax return on Form 990-T for this year? b If Yes, has if filed a tax return on Form 990-T for this year? b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete approach 55 N. N complete applicable parts of S.S.N. N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b If Yes, complete parts of S.S.N. N 37b If the organization of the organization of the organization of the organization border with one, or make any locate and so any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38c N/A	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
and proxy tax requirements? 55.6 If Yes,* has it filed a tax return on Form 990-T for this year? 56. Did the or ganization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* 57. Did the or ganization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* 57. Did the organization to political expenditures, direct or indirect, as described in the instructions. 58. Did the organization to Political expenditures, direct or indirect, as described in the instructions. 59. Did the organization to Political expenditures, direct or indirect, as described in the instructions. 59. Did the organization to Political expenditures, direct or indirect, as described in the instructions. 50. Did the organization to Political expenditures, direct or indirect, as described by this return? 50. Did the organization to Political expenditures, direct or indirect, as described by this return? 50. Bid the organization borrow from, or make any loans to, any officer, director, furstles, or key employee or were any such loans made in a princy year and still outstanding at the end of the period covered by this return? 50. Bid the organization the organization amount involved 50. Gross recepts, included on hine 9, for public use of club facilities. 50. Section 501(c)(2) organizations. Enter amount of tax mit poses an any section 4956 excess benefit transaction during the year under the year under the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction under the year under sections 4912, 4955, and 4956. 50. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 50. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 50. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbur		reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
b If Yes, *nast filled a tax return on Form 990-T for this year? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, *complete applicable parts of Sch. N 73 a first amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0 0. 8 Did the organization list Form 1120-POL for this year? 8 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 8 If Yes, *complete Schedule, L. Part II and enter the total amount involved 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on line 9. 2 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 2 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations is prior forms 990 or 990-E72 If Yes, *complete Schedule, L. Part I 2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person and prior year, and that the transaction has not been reported on any of the organization spor forms 990 or 990-E72 If Yes, *complete Schedule, L. Part II 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person and prior year, and that the transaction and the transaction of the organizations is prior forms 900-60 organizations. Enter amount of tax on line 40c reimbursed by the organization in Yes, complete form 886-61 4 Loans 4 Form 5	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
36 Dd the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N. 77 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0. 8 b Dd the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 8 b If "Yes," complete Schedule I, Part II and enter the total amount involved 38 b N/A 38a N/		and proxy tax requirements?	35a		
as a port year and still office or the product on the regulation of the product	b	·	35b	N/	A
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 0.7a 0.37b X 38 bid the organization file Form 1120-POL for this year? 38 bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 bid Yes, complete Schedule L, Part II and enter the total amount involved 38 bid N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A 39b N/A 39c Forson secuplist, included on line 9 39a N/A 39b Section 501(c)(3) organizations included on line 9 39a N/A 39b Section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4912 ▶ 0. section 4915 ▶ 0. b Section 501(c)(3) organizations. Dut he organization engage in any section 4958 bid N/A 40a Section 501(c)(3) and 501(c)(4) organizations. Dut he organization engage in any section 4958 bid	36		36		X
b Did the organization like Form 1120-PDC. for this year? 37b	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
n a prior year and still outstanding at the end of the period covered by this return? 1	b		7		X
b If Yes, complete Schedule L, Part II and enter the total amount involved 38 b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40b V X 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed by the organization and an	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ○ .; section 4912 ○ .; section 4915 ○ . Section 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ ○ . Section 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I 40b X Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mosed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O . 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 41c It List the states with which a copy of this return is filed. ► CA 42a The organization's books are in care of ► MakeSense Foundation 42a The organization's books are in care of ► MakeSense Foundation 42b It List the states with which a copy of this return is filed. ► CA 42a The organization's books are in care of ► MakeSense Foundation 42c It Pes, enter the name of the foreign country: ► 52e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c X 42c X 42c X 43 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ 45 Section 4947(a)(1) nonexempt chanitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the name of the foreign country: ► 52 Section 4947(a)(1) nonexempt chanitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and en		in a prior year and still outstanding at the end of the period covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A 39b N/	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations is prior Forms 990 or 990-E27 If Yes,* complete Schedule L, Part I 40b X Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T 10. Extendition of this return is filed. ▶ CA 11. List the states with which a copy of this return is filed. ▶ CA 12. The organization's books are in care of ▶ MakeSense Foundation 13. Tryine, CA 14. List the states with which a copy of this return is filed. ▶ CA 14. List the states with which a copy of this return is filed. ▶ CA 15. Tryine, CA 16. Tryine, CA 17. Tryine, CA 17. Telephone no. ▶ 94.9 – 52.1 – 61.61 18. Tryine, CA 18. Tryine during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No 42b X 18. Tryine, Form 990-EZ 18. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest re	39	Section 501(c)(7) organizations. Enter:			
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T 40e X It is the states with which a copy of this return is filed. ▶ CA Telephone no. ▶ 949 – 521 – 6161 Located at ▶ 9211	a	Initiation fees and capital contributions included on line 9 39a N/A			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I 40b X c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T List the states with which a copy of this return is filed. ▶ CA 11 List the states with which a copy of this return is filed. ▶ CA 12 The organization's books are in care of ▶ MakeSense Foundation Telephone no. ▶ 949-521-6161. 13 Located at ▶ 9211 Irvine Blvd., Irvine, CA 21 P+4 ▶ 92618 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; (such as a bank account, securities account, or other financial accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 14 Did the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ 15 In year related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,* Fo	þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes,' complete Schedule L, Part i c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8886-T 40e X 11 List the states with which a copy of this return is filed. ► CA 12 The organization's books are in care of ► MakeSense Foundation Located at ► 9211 Irvine Blvd., Irvine, CA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ► See the instructions for exceptions and filing requirements for Form 7D F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,' enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 40e X Yes No Yes No Yes No 10 the organization maintain any donor advised funds? If Yes,' Form 990 must be completed instead of Form 990-EZ 12 is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,' Form 990 must be completed instead of Form 990-EZ	40 a				
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completed instead of Form 990-EZ 45 X			44		<u>X</u>
	45				
				00.57	

	organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables tand 51.	or lines 5	Ю.
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public	Yes	No
	office? If "Yes," complete Schedule C, Part I	6	Х
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part !I	7	Х
48	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	3	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	a	X
b	If "Yes," was the related organization a section 527 organization?	b	<u> </u>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each than \$100,000 of compensation from the organization. If there is none, enter "None."	received	more
	(a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) C	n from the	
d	Total number of other independent contractors each receiving over \$100,000		
Sigr Her	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, correct, and complete Declaration of preparer (other than officer) is based or all information of which preparer has any knowledge Signature of officer Date Date Overclar Type or print name and title	this true,	
Paid Prep Use	oly - Julian Julian 10110	er (See instr)
	Firm's name (or yours Stephens, Reidinger & Beller LLP EIN ► 1301 Dove Street, Suite 890 Phone ►		
		52-7	\neg
May		Yes 990-EZ	<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			<u>esense round</u>							3-0994350
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions.		
The orga	inization is not a	a private foundation	because it is: (For lines 1	1 through 1	11, check	only one b	ox.)			
1	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical res	search organization	operated in conjunction	with a hos	prtal desc	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter ti	he hospital's name,
	city, and stat	e:								
5	An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ed in
	· ·	(b)(1)(A)(iv). (Comple	=	•		•	•			
6	1		ent or governmental unit	t described	d in sectio	n 170(b)(I)(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		b)(1)(A)(vi). (Comple				_				
8 🗔	1		ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 X	1		eives: (1) more than 33		•	rom contri	butions, n	nembershi	p fees, an	d gross receipts from
	_	-	nctions - subject to certa						•	• ,
		•	axable income (less sect	•		•				•
		509(a)(2). (Complete	·		•		•	, ,		•
10 🗔	1		perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	4).		
11	An organizat	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes of one or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2). See sec	ction 509(a)(3). Che	ck the box that
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.		_		
	a Type	I ь 🗔	☐ Type II 💢	: 🔲 Тур	e III - Fund	tionally in	egrated		d 🗔	Type III - Other
e	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check th	nis box							
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or ci	ontribution	from any	of the follo	owing per	sons?	
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescnbed	ın (ıi) and (iii) below,	Yes No
	the gov	eming body of the s	upported organization?							11g(i)
	(ii) A famıly	member of a person	n described in (i) above?	ı						11g(ii)
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)
h	Provide the f	ollowing information	about the supported or	ganization	(s).					
			· · · · · · · · · · · · · · · · · · ·							
(i) Nam	e of supported	(ii) EIN	(iii) Type of			(v) Did yo	notify the	(vi) ls		(vii) Amount of
or	ganization	1	organization (described on lines 1-9	in col. (i) lis				organizátic (i) organiz U.S	ed in the	support
]	above or IRC section	governing	document?	(i) of you	support	U.S	.7	
			(see instructions))	Yes	No	Yes	No	Yes	No	
_										
								İ		
		<u> </u>				<u> </u>			 	·
_				 						
						ļ 		<u> </u>		
Cotal										

Schedule A ((Form 990	or 990-EZ	2009

Page 2

Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)										
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)										
Sec	Section A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and				1						
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Tax revenues levied for the organ-										
	ızatıon's benefit and either paid to	ļ									
	or expended on its behalf		<u>-</u>								
3	The value of services or facilities				1						
	furnished by a governmental unit to				İ						
	the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4	<u></u>									
	ction B. Total Support			1	1	T					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	Amounts from line 4										
8	Gross income from interest,					· ·					
	dividends, payments received on										
	securities loans, rents, royalties										
_	and income from similar sources		· · · · · · · · · · · · · · · · · · ·								
9	Net income from unrelated business										
	activities, whether or not the										
10	business is regularly carned on Other income Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10			 							
	Gross receipts from related activities,	etc. (see instruction	ons)		. <u>L</u>	12	l , _ _				
	First five years. If the Form 990 is for	•	•	rd. fourth. or fifth t	 tax vear as a sectio						
	organization, check this box and stop	_	· · · · · · , · · · · · · · · · · · · ·								
Sec	tion C. Computation of Publ	ic Support Per	rcentage	-							
14	Public support percentage for 2009 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%				
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%				
16a	33 1/3% support test - 2009. If the o	rganization did not	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and				
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	n			ightharpoons				
b	33 1/3% support test - 2008. If the o	rganization did not	check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	fies as a publicly s	supported organiz	ation	•		▶∟				
17a	10% -facts-and-circumstances test	=									
	and if the organization meets the "fac			•	•	rt IV how the organ	ization				
	meets the "facts-and-circumstances"	=			•		▶∟				
b	10% -facts-and-circumstances test	-				•					
	more, and if the organization meets the				•		,				
	organization meets the "facts-and-circ		-	•		-	▶⊨				
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s D				

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008(e) 2009 (c) 2007 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 13,192. 12,274 7,717 5,710 640. 39,533. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 23.001 47,013. 37,472 10.040. 9.421. 126.947. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 15,750. 6 Total. Add lines 1 through 5 60,205. 35,275. 45,189. 10,061. 166,480. 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 166.480. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 60,205. 35,275 45,189 15.750 10,061 9 Amounts from line 6 166,480. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 252 265 45 7 191 760. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 252. 265. c Add lines 10a and 10b 191. 45 7. 760. 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . 60,457. 35,540. 45,380. 15,795. 10,068. Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 99.55 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 98.07 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .45 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 1.93 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
Grant - Casa Terea, Inc Grant - Fisher House Grant - Indian River Co Outside servies & other Bank & credit card fees	ounty Health	2,000. 2,000. 2,000. 1,710. 626.
Total to Form 990-EZ, 1	ine 16	8,336.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	Statement	2
directly of	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal atract?	[] Yes [X]	No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes [X]	No

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Statement

3

To allow the employees, distributors, and management of SGII, Inc. to support worthy causes to benefit the community and nation.

Form 8868 (Rev. 4-2009)			Page 2						
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this beginning.	юх	<u> </u>	X						
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously file									
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).									
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies i	needed).							
Type or Name of Exempt Organization Employer ide									
print The MakeSense Foundation	3	33-0994350							
Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions.	For II	RS use only							
return See Instructions Crty, town or post office, state, and ZIP code. For a foreign address, see instructions Irvine, CA 92618	_								
Check type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	☐ Fo	orm 6069	m 8870						
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	ed Form 8868.							
MakeSense Foundation • The books are in the care of ▶ 9211 Irvine Blvd Irvine, CA 92618 Telephone No. ▶ 949-521-6161 FAX No. ▶									
If the organization does not have an office or place of business in the United States, check this box			\neg						
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization of the organizati	ne ie foi	r the whole group, che	ack this						
box . If it is for part of the group, check this box and attach a list with the names and EINs of all									
4 I request an additional 3-month extension of time until November 15, 2010	inicia	ers the extension is it	1.						
5 For calendar year 2009, or other tax year beginning , and ending									
6 If this tax year is for less than 12 months, check reason Initial return Final return	Т	Change in accounting							
7 State in detail why you need the extension		onango in dooodining	penou						
Taxpayer requires additional time in order to compile	a11	necessarv							
information to file a complete and accurate return.									
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
nonrefundable credits. See instructions	8a	\$							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated									
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid									
previously with Form 8868	8b	\$							
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit									
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/	A						
Signature and Verification									
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form.	Inder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, t is true, correct, and complete, and that I am authorized to prepare this form.								
Signature Du Ocul The Lara (Date	▶ //////	10						
7 1		Form 8868 (Rev	. 4-2009)						