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## Form **990-EZ**

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)

(except black lung benefit trust or private foundation)

➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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.

OMB No 1545-1150

2011

Open to Public Inspection

	A F	or the	2011 calend	ar year, or tax year beginning , 2011, and end	ng		, 20
	Вс	heck if ap	plicable	C Name of organization	DI	Employer id	entification number
		Address c	hange	Make It Better Foundation	2	7-3734229	
	Ľ۱	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address)  Room/su	Telephone number		
	_	nıtıal retur		1 N. Center Court 200		50	3-234-9291
	$\overline{}$	Terminate Amended		City or town, state or country, and ZIP + 4	F	Group Exe	mption
	=		n pending	Portland, OR 97227-2103		Number I	•
	_		ing Method:	☐ Cash ☑ Accrual Other (specify) ▶	H Che	ck 🕨 🗍	of the organization is not
		Nebsit	ū	.nba.com/blazers/makeitbetter/	1		ach Schedule B
				eck only one) —			0-EZ, or 990-PF).
		Check >		e organization is not a section 509(a)(3) supporting organization or a section 527 organ	<del></del>		· · ·
				onganization is not a section 309(a)(3) supporting organization or a section 327 organization of a section 327 organization organization organization organization organization organizati			
				oses to file a return, be sure to file a complete return	i) iiiay be	s required i	(see instructions). But if
		-		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	issets (Pa	ort II	
				ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		,	470 400
	-				tho ino	tructions	170,126
		art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			
		<u> </u>		the organization used Schedule O to respond to any question in this P			
		1		ons, gifts, grants, and similar amounts received		· -	165,641
		2	-	ervice revenue including government fees and contracts			0
		3		ip dues and assessments		. 3	0
		4	Investmen			. 4	0
		5a		ount from sale of assets other than inventory			
		b		or other basis and sales expenses		0	
		С	-	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		. <u>5c</u>	0
		6	-	nd fundraising events			
	Ó	а		ome from gaming (attach Schedule G if greater than			
	Revenue	1	-	6a		0 -	
	Š	b		me from fundraising events (not including \$ 955 of contrib	utions		
~ ^	æ			aising events reported on line 1) (attach Schedule G if the		\$4.5	
2012		1	sum of suc	ch gross income and contributions exceeds \$15,000) 6b	4,	485	
2		С		et expenses from gaming and fundraising events <b>6c</b>		504	
2		d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	l subtra	ct	
			line 6c)			- 6d	(19)
9		7a	Gross sale	s of inventory, less returns and allowances		0	
AUG		b	Less: cost	of goods sold		0	
_		С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7с	0
		8	Other reve	nue (describe in Schedule O)		. 8	0
Z		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	165,622
SCANS		10	Grants and	d similar amounts paid (list in Schedule O) RECENTED	7.	. 10	111,000
Ö		11	Benefits pa	aid to or for members		. 11	0
Ø	S	12	Salaries, o	ther compensation, and employee benefits	<u> </u>	. 12	0
	Expenses	13	Profession	ther compensation, and employee benefits	di.	. 13	201
	<u>B</u>	14		y, rent, utilities, and maintenance	တ်	. 14	0
	Ă	15	•		8	. 15	0
		16		ublications, postage, and shipping		. 16	11,712
		17		enses. Add lines 10 through 16	١ ا	► 1 <del>7</del>	122,913
		18		(deficit) for the year (Subtract line 17 from line 9)		. 18	42,709
	ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must a	aree wit		72,703
	Net Assets			ar figure reported on prior year's return)	-		0
	¥,	20	-	nges in net assets or fund balances (explain in Schedule O)			0
	ž	21		or fund balances at end of year. Combine lines 18 through 20		20	42.709
			10.000000	or racia paracipos acomo or fear. Combine integ 10 tillobum eu		- 12-1	94.103

Par	t II Balance Sheets. (see the instructions	for Part II.)	•			
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[		22	66,304
23	Land and buildings		[		23	0
24	Other assets (describe in Schedule O)		[		24	1,700
25	Total assets		[		25	68,004
26	Total liabilities (describe in Schedule O)		[		26	25,295
27	Net assets or fund balances (line 27 of column				27	42,709
Par	•	•		•		Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	(Red	uired for section
What	is the organization's primary exempt purpose?	Raise funds for gran	nting to other 501(c)	(3) organizations		(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	ishments for each o	f its three largest p	rogram services.		anizations and section 7(a)(1) trusts; optional
as m	leasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the				others)
28	Self Enhancement, Inc Portland, OR ("SEI"): Gran	ited funds to SEI, a no	onprofit organization	helping at-risk		
	African-American urban youth realize their potential	<ol> <li>SEI services thous:</li> </ol>	ands of students eac	h year in the		
	greater Portland metropolitan area.					
	(Grants \$ 75,000) If this amount				28a	75,000
29	Boys & Girls Club of Portland Metropolitan Area, OF	R ("BGC"): Granted fu	inds to BGC and do	nated facility		
	upgrades to the North Portland facility. Hosted a co	mmunity open house	at the facility to cel	ebrate its		
	revitalization. BGC provides developmental after-so	chool and summer pro	ograms for thousand	ls of youth.		
	(Grants \$ 25,000) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	44,383
30	Fundraiser - Arvydas Sabonis Reception: Hosted a	catered reception for	honored guest Arvy	das Sabonis.		
	Donors purchased tickets to attend the event, with	gross ticket revenue o	of \$5,440.			
			••••••			
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	🕨 🗌	30a	4,504
31	Other program services (describe in Schedule O)					
		includes foreign gra	ints, check here .	▶ 🗆	31a	·   0
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	123,887
Par	List of Officers, Directors, Trustees, and Key	y Employees. List ead	h one even if not cor	npensated. (see the	nstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗆
		(b) Title and average	(c) Reportable	(d) Health benefits,		Cabinated annual of
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		ther compensation
		devoted to position	(If not paid, enter -0-)	deferred compensatio	n	·
Trac	i Rose	President/Director				
1 N.	Center Court, Suite 200, Portland, OR 97227	0.9 hours			0	0
Greg	g Olson	Treasurer			T	
1 N.	Center Court, Suite 200, Portland, OR 97227	1.2 hours	(		0	0
Mich	ael V. Fennell	Secretary				
1 N.	Center Court, Suite 200, Portland, OR 97227	0.1 hours	(	o	0	0
Ben	Lauritsen	Asst. Secretary				
1 N.	Center Court, Suite 200, Portland, OR 97227	0.2 hours	(		0	0
Sara	h Mensah	Director 0 hours				
1 N.	Center Court, Suite 200, Portland, OR 97227			o	0	0
Chris	stine Love Dudley	Director 0 hours				
1 N.	Center Court, Suite 200, Portland, OR 97227			o	0	0
Marg	paret Carter	Director 0 hours				
1 N.	Center Court, Suite 200, Portland, OR 97227	200.0. 0000	(		o	0
Bob	Gross	Director 0 hours				
1 N.	Center Court, Suite 200, Portland, OR 97227	Director Uniours			o	0
	ela Witherspoon	Director 0 hours				
	Center Court, Suite 200, Portland, OR 97227	Director o nours			0	0
	s Oxley	Director 0 hours		<u> </u>	$\top$	
	Center Court, Suite 200, Portland, OR 97227			o	0	0
		· · · · · · · · · · · · · · · · · · ·		· <del> </del>	+	<u></u> <u>-</u>
Bria	n Mistovich	Director O bours				
		Director 0 hours			0	0
1 N.	n Mistovich Center Court, Suite 200, Portland, OR 97227 Coliton	Director 0 hours	(	)	0	0

_						. ago =
Par	`	•				
	Check if the organization used School	edule O to respond to	any question in this	Y		<u> </u>
	On the section and the section		<u> </u> -	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	<u>.                                      </u>
23 24	Land and buildings				23 24	
2 <del>4</del> 25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of co		th line 21)		27	
Par					<u> ,                                   </u>	
	Check if the organization used Scho				/Regu	Expenses uired for section
What	t is the organization's primary exempt purpos					c)(3) and 501(c)(4)
as m	eribe the organization's program service according to the service accor	ise manner, describe the	of its three largest place services provided	rogram services, , the number of	4947	nizations and section (a)(1) trusts, optional thers.)
28						
	(Grants \$ ) If this arr	nount includes foreign g	rants, check here .	▶ 🗆	28a	
29						
	/O (C	nount includes foreign g	vente cheek beve		29a	
30	(Grants \$ ) If this an			-	<u> </u>	
		nount includes foreign g			30a	
31	Other program services (describe in Schedul					
20	(Grants \$ ) If this am Total program service expenses (add lines	nount includes foreign g			31a 32	
	t IV List of Officers, Directors, Trustees, and					tions for Part IV \
ı Cı	Check if the organization used Sch			•		
		(b) Title and average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	01	Estimated amount of ther compensation
Tim	Sexton	Director 0 hours				
1 N.	Center Court, Suite 200, Portland, OR 97227		0		0	0
Tian	a Roy	Director 0 hours				
1 N.	Center Court, Suite 200, Portland, OR 97227		0		0	0
			_			-
					+	<del></del>
					1	
					_	
	<u> </u>				+	
				-	+	
			1		4	

Part	V . Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne '	age (
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			<u> </u>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
0.5	change on Schedule O (see instructions)	34		1
35 <sub>a</sub>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			ا ا
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	ļ	
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	25-		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		✓
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	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 tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	-		
700	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0			
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 did it engage in an excess benefit transaction in a prior year that has not been			-
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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	4955, and 4958			
u	reimbursed by the organization			
е	All 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		1
41	List the states with which a copy of this return is filed. ▶ Oregon			
42a	The organization's books are in care of ▶ Gregg Olson. Telephone no. ▶	503-23	4-9291	1
	Located at ► 1 N. Center Court, Suite 200, Portland, OR ZIP + 4 ►	97227		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country:	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		.	
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country: ▶			•
43	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			
44	Did the appealant or waith it was a late of the late of the same o		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
<b>L</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		<b>√</b>
þ	completed instead of Form 990-EZ	111		
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<b>√</b>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>V</b>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			]
	Form 990-EZ (see instructions)	45b	1	1

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I									
Part	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.									
	Check if the organization used Schedule O to respond to any question in this Part VI									
-								Y	es N	<u> </u>
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		ect during the	tax	47		_
48	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E									
49a										
b		es," was the related organization a se						49b		_
50	<del>_</del>									
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	ealth benefits, tions to employee lans, and deferred mpensation		imated a		of
None					_	_				
			_							
					_					
f 51	Com	number of other employees paid ov plete this table for the organization	s five highest compo	ensated independe	nt contrac	 ctors who each	rece	ived m	ore th	an
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."		<del></del>				
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of s	ervice	(c)	Compe	ensation		
None										
			•••••••	1						
						_				
				1						
d	Total	number of other independent contra	actors each receiving	over \$100,000	. •		0			_
52		ne organization complete Schedule	_	· · · · · · · · · · · · · · · · · · ·	ns and 49	47(a)(1)				_
		xempt charitable trusts must attach					▶ 🗸	Yes [	☐ No	
Under p	enalties	of perjury, I declare that I have examined this id complete. Declaration of pepting (other than	return, including accompan n officer) is based on all info	ying schedules and state rmation of which prepar	ements, and t er has any kn	o the best of my kn	owledg	e and b	elief, it is	}
	$\neg \neg$					1/202	クリン	_		
Sign Signature of officer Here Traci Rose, President						Date	<i>-</i>			
		Traci Rose, President Type or print name and title	<del></del>							
Data		Print/Type preparer's name	Preparer's signature		Date	Check	, P	TIN		_
Paid	arer	7				self-employ	yed			
Prep Use		Firm's name				Firm's EIN ▶				_
		Firm's address ▶				Phone no				
May tl	ne IRS	discuss this return with the prepare	r shown above? See	nstructions		. <del></del> )	<b>▶</b> □	Yes [	☐ No	_

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

Make	It Bett	ter Foundatio	on							27-37	34229		
Pai				r <b>ity Status</b> (All orga						instructio	ons.		
1 2 3 4 5 6 7	A A A A A A A A A A A A A A A A A A A	church, con- school desc hospital or a medical rese spital's nam n organizatio ection 170(b federal, state n organizatio escribed in s community t	vention of church ribed in section a cooperative hose earch organization ie, city, and state on operated for a (1)(1)(A)(iv). (Comple, or local governant on that normally ection 170(b)(1) trust described in	the benefit of a collect plete Part II.) nment or governmenta receives a substantia (A)(vi). (Complete Par n section 170(b)(1)(A)	churches ch Sched ation desc ction with ge or uni al unit de al part of t II.) (Cor). (Cor	s describe ule E.) cribed in s a hospit versity ov scribed ir its suppo	section and all described and described are section and art II.)	tion 170 170(b)(1) bed in se operated 170(b)(1	(b)(1)(A)(i (A)(iii). ection 17 by a go 1)(A)(v). mental ur	O(b)(1)(A)  overnment	al unit on the ge	descrit eneral	public
9	red su	ceipts from	activities related gross investme	receives: (1) more that to its exempt funct nt income and unrel fter June 30, 1975. Se	ions-sul lated bus	oject to d siness tax	certain ex xable ind	xceptions come (le:	s, and (2) ss sectio	) no more	than 3	31/3%	of its
10 11	□ Ar pu 50 a □ By oti	organization organ	on organized an one or more publick the box that one box that one box, I certify ndation manage	operated exclusively of operated exclusive of solicity supported organizations. Type II cthat the organization ers and other than one	ely for the nizations supporting. Type is not con	e benefit described og organiz III-Functi ntrolled d	t of, to point of the contraction and the contraction of the contracti	perform ion 509(a d comple tegrated r indirectl	the funct a)(1) or so ete lines 1	tions of, ection 50 11e throug d or more	9(a)(2). \$ gh 11h. ] Type l disqualıt	See <b>se</b> III–Oth fied pe	ection er ersons
f g	or Si	ganization, d	check this box . 17, 2006, has the	written determination							e III su 	pportii	ng · 🗀
	(i) (ii) (iii	A person v (iii) below, A family m i) A 35% cor	who directly or in the governing bo ember of a perso ntrolled entity of	ndirectly controls, eithody of the supported on described in (i) aboa person described in	organızat ove? ı (ı) or (ıı) a	ion?  above? .			 		11g( 11g(i 11g(i	i)	No
organization (described on lines 1–9 in c		ed organization(s).  (iv) Is the organization in col (i) listed in your governing document?  (v) Did you notify the organization in col (i) of your support?		nization in of your port?	(vi) Is the organization in col. (i) organized in the US?			Amount upport	of				
					Yes	No	Yes	No	Yes	No			
(A)													
(B)					<u> </u>								
(C) (D)		·					<u> </u>						
(U) ———			_										
(E)													

Total

18

Schedu	le A (Form 990 or 990-EZ) 2011							ge <b>2</b>
Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	•	<u> </u>
Secti	on A. Public Support					•		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				:			
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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)							
6	Public support. Subtract line 5 from line 4.							
	ion B. Total Support			,	ī	<del>,</del> ,		
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4					_		—
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	l						
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	:						
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	•	•			12	5047 1/01	
13	First five years. If the Form 990 is for the	-						
Coat	organization, check this box and stop he ion C. Computation of Public Suppor			· · · · ·	<del></del>			
14	Public support percentage for 2011 (line 6			1 column (fl)		14		%
15	Public support percentage from 2010 Sch					15		%
16a	331/3% support test-2011. If the organize	zation did not	check the box	on line 13, and	d line 14 is 33¹			_
	box and stop here. The organization qua	•		-				
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is 331/3% 	or more, . ►	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f organization	ets the "facts- acts-and-circ	-and-circumsta umstances" tes	nces" test, cho st. The organiz	eck this box ar	nd <b>stop here.</b> E	Explain in	
b		tion meets the	e "facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and <b>st</b> n qualifies as a	op here.	

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

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rails to quality	under the te	isted bei	Jw, piease co	implete Part I	<u> </u>	
	on A. Public Support	4.5					
_	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				اً ا		
2	Gross receipts from admissions, merchandise		<u> </u>		0	164,686	164,686
_	sold or services performed, or facilities						
	furnished in any activity that is related to the					- 440	
3	organization's tax-exempt purpose		ļ		0	5,440	5,440
3	unrelated trade or business under section 513						•
4	Tax revenues levied for the				0	0	0
4	organization's benefit and either paid						
	to or expended on its behalf				o	o	0
5	The value of services or facilities				<del></del>		
	furnished by a governmental unit to the				i		
	organization without charge				o	o	0
6	Total. Add lines 1 through 5				0	170,126	170,126
7a	Amounts included on lines 1, 2, and 3		<u> </u>				
	received from disqualified persons .				o	117,784	117,784
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 amount on line 13 for the year				0	0	0
	Add lines 7a and 7b				0	117,784	117,784
8	Public support (Subtract line 7c from	,		, 7,	7 -		
Socti	on B. Total Support	-	<u> </u>		<u></u>		52,342
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6	(a) 2007	(b) 2000	(6) 2009	(d) 2010 0	170,126	170,126
10a					-	.,,,,,,,	170,120
	payments received on securities loans, rents,						
	royalties and income from similar sources .				0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				0	0	0
	Add lines 10a and 10b				0	0	0
11	Net income from unrelated business				İ		
	activities not included in line 10b, whether or not the business is regularly carried on						_
12	Other income. Do not include gain or		<del> </del>		0	0	0
12	loss from the sale of capital assets					İ	
	(Explain in Part IV.)				o	0	0
13	Total support. (Add lines 9, 10c, 11,				-		
	and 12.)		<u>†</u>		О	170,126	170,126
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	
	organization, check this box and stop he		<u> </u>	<u></u>			▶ ☑
	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8					15	%_
16	Public support percentage from 2010 Sch			· · · · ·	<u> </u>	16	%
	on D. Computation of Investment In				(0)	147	
17	Investment income percentage for 2011 (					17	<u>%</u>
18 192	Investment income percentage from 2010 331/3% support tests—2011. If the organ					18   ore than 331/2%	and line
19a	17 is not more than 331/2%, check this box						·
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2010. If the organiz					-	
U	line 18 is not more than 331/3%, check this is						
20	Private foundation. If the organization du						

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

**Employer identification number** 

2011

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Make It Better Foundation		27-3734229
Part I, Line 10: Boys & Girls Club of North Portland, Oregon \$36,000		
Part I, Line 10: Self Enhancement, Inc. ("SEI") - Portland, Oregon \$75,000	Total Part I, Line	10: \$111,000
Part I, Line 16: Bank Fees \$2,284		
Part I, Line 16: Credit Card Commission Fees \$655		
Part I, Line 16: Other Fees \$390		
Part I, Line 16: Boys & Girls Club Community Open House \$8,383	Total Part I, Line	16: \$11,712
Part II, Line 24: Two (2) Brandon Roy Jerseys \$1,000		
Part II, Line 24: Miscellaneous Accounts Receivable \$700	Total Part II, Line	24: \$1,700
Part II, Line 26: Pledge Payable to SEI \$25,000		
Part II, Line 26: Miscellaneous Accounts Payable \$295	Total Part II, Line	26: \$25,295
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