Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2017 calendar year, or tax year beginning , 2017, ar	nd ending		,	, 20
_		C Name of organization		D Employer iden	tification n	umber
B c	heck if ap	BETTER WORLD FUND, INC.		58-2366	765	
	Addre					
			oom/suite	E Telephone nur	nber	
	Initial	return 1750 PENNSYLVANIA AVENUE, NW	STE 300	(202) 88	7-9040	
	Final	City or town, state or province, country, and ZIP or foreign postal code	- March Self. Colombia			
	Amen	WASHINGTON, DC 20006		G Gross receipts	S	5,306,184.
	Applic	F Name and address of principal officer KATHRYN CALVIN WALTERS	5	H(a) Is this a grou	p return for	Yes X No
	_l pendir	1750 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 2		subordinates' H(b) Are all subordi		Yes No
1	Tay-ey	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		ach a list. (see	
_		te: > WWW.BETTERWORLDFUND.ORG	1 321	H(c) Group exemp	300	
		of organization: X Corporation Trust Association Other	1 Voor of forms	ation: 1998 M s		P
6	art I	Summary	L Teal of lonne	ation. 1990 W	state of lega	il domicile, OA
	-		EDITE O			
41	1	Briefly describe the organization's mission or most significant activities: SEE SCH	EDULE O			
nce						
ша	_					
Activities & Governance	4.5	Check this box if the organization discontinued its operations or disposed				_
O S		Number of voting members of the governing body (Part VI, line 1a)			3	5.
es	100	Number of independent voting members of the governing body (Part VI, line 1b)			4	3.
Viti.	100	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		Annual Control of the	5	11.
cti		Total number of volunteers (estimate if necessary)		processing the secondary and the	6	10.
d	57000AC	Total unrelated business revenue from Part VIII, column (C), line 12		10 TO 100 - 기가 시간 10 TO	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year	-	Current Year
ē		Contributions and grants (Part VIII, line 1h)		4,628,12		4,967,805.
Revenue		Program service revenue (Part VIII, line 2g)		192,29		194,125.
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d),		130,57		136,970.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-376,68	0.	7,284.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,574,31		5,306,184.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		159,75	0.	219,484.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,881,91	7.	2,693,012.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 348, 628.				# 100 E
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20200 20 20	2,250,87	5.	2,433,781.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,292,54	2.	5,346,277.
	1 2 2 2	Revenue less expenses. Subtract line 18 from line 12		-1,718,22	7.	-40,093.
or				nning of Current Y		End of Year
ets	20	Total assets (Part X, line 16)		4,811,22	8.	5,579,175.
Ass Bal	21	Total liabilities (Part X, line 26)		621,49		1,090,961.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20,		4,189,73		4,488,214.
	rt II	Signature Block		,,		
		nalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements	and to the best of	my knowle	dge and belief it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge.	my miomio	age and benefit to
				8/	21/18	
Sig	ın	Signature of officer		Date	1-0	
He	re	WALTER CORTES CFO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date	- CV	if PTIN	
Paid	d	TRAVIS L PATTON	8/21/2018	Check self-employ	-11	0369623
Рге	parer		0/21/2010			
Use	Only			Firm's EIN ▶ 1		
Ma	u tha	Firm's address ▶600 13TH STREET NW, STE 1000 WASHINGTON, DC 20005 IRS discuss this return with the preparer shown above? (see instructions).		Phone no. 2	02-414	
_					X	
FOF	Pape	rwork Reduction Act Notice, see the separate instructions.				Form 990 (2017)

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P	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly d	describe the organization's mission:		
•		CHEDULE O		
2	Did the	organization undertake any significant program services during the year which were not listed on the		
-		orm 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program _		
•		?	Yes	X No
		describe these changes on Schedule O.		
4	Describe expense	e the organization's program service accomplishments for each of its three largest program services, es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow I expenses, and revenue, if any, for each program service reported.		
	(Code:) (Expenses \$ 2,768,881. including grants of \$ 131,984.) (Revenue \$	0.)
	` _	ACY: THE BETTER WORLD FUND HAS WORKED TO EDUCATE THE PUBLIC		,
	ABOUT	THE ROLE AND VALUE OF THE UNITED NATIONS (UN) IN AN		
		DEPENDENT WORLD. IN THESE EFFORTS, WE ENDEAVOR TO ENCOURAGE A		
		RATIVE RELATIONSHIP BETWEEN THE UNITED NATIONS AND U.S.		
		NMENT. THESE EFFORTS PROMOTE PAYMENT OF U.S. DUES TO THE		
		O NATIONS ON TIME, IN FULL AND WITHOUT CONDITIONS.		
	-			
<u> </u>	(Code:) (Expenses \$ 1,724,299. including grants of \$ 87,500.) (Revenue \$ 1	04 105	`
40	` _	NATIONS STRENGTHENING: THE BETTER WORLD FUND BUILDS AND	94,125.	,
		MENTS PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST		
		ING PROBLEMS, AND ALSO WORKS TO BROADEN SUPPORT FOR THE		
		O NATIONS THROUGH ADVOCACY AND PUBLIC OUTREACH. THE BETTER		
		FUND ALSO PROVIDES OPERATIONAL GRANTS FOR UNITED		
		NS-RELATED PROGRAMS AND INITIATIVES.		
	MATION	NO-RELIATED PROGRAMS AND INITIATIVES.		
_	·- ·			
4c	(Code: _) (Expenses \$172,837. including grants of \$0.) (Revenue \$	0.)
		TE CHANGE, ENERGY & SUSTAINABLE DEVELOPMENT: THE BETTER WORLD		
		S CLIMATE AND ENERGY PROGRAM WORKS WITH THE UNITED NATIONS TO		
		LEAD THE WORLD'S TRANSITION TOWARD A CLIMATE-FRIENDLY ENERGY		
	ECONOM	MY. IT SERVES AS A NONPARTISAN FORUM, AND CONVENES COALITIONS		
	OF LEA	ADING THINKERS AND ACTORS TO SEIZE OPPORTUNITIES AND ADDRESS		
	CHALLE	ENGES POSED BY THIS TRANSFORMATION.		
4d	Other pr	rogram services (Describe in Schedule O.)		
_	(Expense			
	Total pro	ogram service expenses ► 4,666,017.		
JSA 7E1	020 1.000		Form 9	90 (2017)
!		890 U172 6/19/2018 5:16:57 PM V 17-5.2F		PAGE

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		v
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13		X
13				X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 22
Ŋ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	116		Х
15	·	14b		- 22
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	21	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17		17		Х
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		Х
	11 100, complete dellecture di l'il 111111111111111111111111111111111	1.9		

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Part l	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		71
b	Is the organization 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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.5
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Х
	Part I.	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
33	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
J-T	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 35 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable........... 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a 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 X **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Х

58-2366765 BETTER WORLD FUND, INC. Page 6 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X The governing body?..... Х 8b Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Jeci	ion b. I offices (This Section & requests information about policies not required by the internal Nevenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	Х	
b				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406	X	
	rise to conflicts?	12b	Λ_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b		Х
D	o more of more of more or gameation in the contract of the con	.00		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	2 to the enganization in the transfer of the participate in a joint vertical entire community and an analysis and the participate in a joint vertical entire community and the participate in a joint vertical entire community and the participate in a joint vertical entire community and the participate in a joint vertical entire community and the participate in the participa	40.		x
	with a taxable entity during the year?	16a		Δ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
•	! O. D!			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► WALTER CORTES, CFO 1750 PENNSYLVANIA AVE, NW STE 300 WASHINGTON, DC 20006 202-887-9040

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Left Check this box if neither the organization nor any related organization compensated any current officer, directly contact the compensated and current officer.	rector, or trustee.
---	---------------------

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than of is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	5.00					a d				
(1)R.E. TURNER	5.00	3.7		3.7				0	0	0
CHAIRMAN	5.00	X		Х				0.	0.	0
(2)FABIO C. BARBOSA DIRECTOR	5.00							0.	0.	0
(3)N.R. NARAYANA MURTHY	5.00	X						0.	0.	0
DIRECTOR	5.00	X						0.	0.	0
(4)TIMOTHY E. WIRTH	5.00	Λ						0.	0.	0
DIRECTOR & VICE CHAIR	5.00	x		Х				0.	30,000.	0
(5)ARIADNE GETTY	5.00	- 1		21				0.	30,000.	0
DIRECTOR (THRU 11/17)	0.	X						0.	0.	0
(6)KATHRYN CALVIN WALTERS	6.00	21						0.	0.	0
PRESIDENT & CEO	34.00	Х		Х				57,523.	353,354.	43,338
(7)RICHARD PARNELL	6.00							3.75251	333,331.	10,000
COO (THRU 10/17)	34.00			Х				53,656.	329,596.	40,208
(8)ELIZABETH COUSENS	6.00								, , , , , , , , , , , , , , , , , , , ,	
DEPUTY CHIEF EXECUTIVE OFFICER	34.00			Х				43,617.	267,931.	56,200
(9)PETER YEO	40.00									
VICE-PRESIDENT	0.					X		299,124.	0.	48,536
(10)MICHAEL BEARD	40.00									
EXECUTIVE DIRECTOR	0.					X		145,965.	0.	19,219
(11)GEORGE HANNUM	40.00									
SENIOR DIRECTOR	0.					X		135,419.	0.	45,748
(12)										
(13)										
									ı	

	990 (2017)											P	Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es, a	and F	Higl	hest Compensat	ed Employees (c	ontinue	∍d)	
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	othe		
		hours for related organizations below dotted line)	on director	a Institutional trustee	a Officer		or/tru Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization drelated anization anization	n d
		 											
1b	Sub-total							•	735,304.	980,881.	2	53,2	
С	Total from continuation sheets to Part VII, S	ection A						>	735,304.	980,881.		53,2	0.
	Total (add lines 1b and 1c)	limited to t	hose					o re		,		33,2	<u> </u>
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	l If	"Yes	5,"	complete Schedu	le J for such	4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5		X
	ction B. Independent Contractors												
1	Complete this table for your five highest com- compensation from the organization. Report of year.												

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue

BETTER WORLD FUND, INC.

		Check if Schedule O contains a respor	nse or note to an	y line in this Part VII	1		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts tr	1a	Federated campaigns 1a					
iran oun	b	Membership dues	266,755.				
S, G	c	Fundraising events 1c					
ia i	d	Related organizations 1d	2,996,400.				
ns, Simi	e	Government grants (contributions) 1e	26,417.				
e Sie	f	All other contributions, gifts, grants,					
ë f		and similar amounts not included above 1f	1,678,233.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		4,967,805.			
nu.			Business Code				
eve	2a	CONTRACT FEES	900099	194,125.	194,125.		
Program Service Revenue	b						
Ξ̈́	С						
Se	d						
ran	е						
rog	f	All other program service revenue					
	g	Total. Add lines 2a-2f		194,125.			
	3	Investment income (including divider		125 704			125 704
		and other similar amounts)		135,784.			135,784.
	4 5	Income from investment of tax-exempt bond		0.			
	3	Royalties	(ii) Personal	0.			
	_	· · ·	(", " = " = " = " = " = " = " = " = " = "				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)		0.			
	d 7a	Net rental income or (loss)	(ii) Other	0.			
	l 'a	assets other than inventory	()				
	١.	,					
	b	Less: cost or other basis					
	_	and sales expenses					
	c d	Gain or (loss)		1,186.			1,186.
		• , ,		1,100.			1,1001
nue	8a	Gross income from fundraising					
eve		events (not including \$ of contributions reported on line 1c).					
ĕ		See Part IV, line 18					
Other Revenue	h	Less: direct expenses b					
0	C	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a	GRANT RECOVERIES	900099	5,093.			5,093.
	b	MISCELLANEOUS INCOME	900099	2,191.			2,191.
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		7,284.			
	12	Total revenue. See instructions.		5,306,184.	194,125.		144,254.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)				
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	205,414.	205,414.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign	1.4.000	1.4.000						
	individuals. See Part IV, lines 15 and 16	14,070.	14,070.						
	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,	174 011	07 105	24 042	E2 264				
	trustees, and key employees	174,211.	87,105.	34,842.	52,264.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and	0.							
_	persons described in section 4958(c)(3)(B)	2,034,926.	1,722,784.	160,740.	151,402.				
	Other salaries and wages	2,034,520.	1,722,704.	100,740.	131,402.				
8	Pension plan accruals and contributions (include	99,624.	82,496.	8,010.	9,118.				
_	section 401(k) and 403(b) employer contributions)	237,906.	197,259.	22,772.	17,875.				
	Other employee benefits	146,345.	120,462.	12,615.	13,268.				
10	Payroll taxes	110,515.	120,102.	12,013.	15,200.				
	Fees for services (non-employees):	0.							
	Management	29,993.	27,575.	1,194.	1,224.				
	Legal	12,500.	11,875.	625.					
	Accounting	162,916.	162,916.						
	Lobbying Professional fundraising services. See Part IV, line 17	0.	,						
	Investment management fees	0.							
	Other. (If line 11g amount exceeds 10% of line 25, column								
9	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	1,396,285.	1,324,119.	47,903.	24,263.				
12	Advertising and promotion	0.							
13	Office expenses	322,642.	246,688.	27,024.	48,930.				
14	Information technology	3,944.	2,354.	658.	932.				
15	Royalties	0.							
16	Occupancy	1,102.	943.	21.	138.				
17	Travel	189,739.	170,477.	6,952.	12,310.				
18									
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	273,929.	256,801.	6,020.	11,108.				
20	Interest	0.							
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	0.							
23	Insurance	319.	265.	28.	26.				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	40 410	20 414	2 220	F 770				
а	COMMUNICATIONS	40,412.	32,414.	2,228.	5,770.				
b	The state of the s								
C	·								
d									
	All other expenses	5 2/6 277	4,666,017.	331,632.	348,628.				
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	5,346,277.	4,000,01/.	331,032.	370,020.				
-0	organization reported in column (B) joint costs								
	from a combined educational campaign and fundraising solicitation. Check here								
	fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)	0.							
JSA	3-2	0.			Form 990 (2017)				

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Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X							
		, ,	(A)		(B)			
			Beginning of year		End of year			
	1	Cash - non-interest-bearing	0.	1	0.			
	2	Savings and temporary cash investments	1,929,841.	2	2,608,625.			
	3	Pledges and grants receivable, net	125,000.	3	0.			
	4	Accounts receivable, net	4,145.	4	0.			
	5	Loans and other receivables from current and former officers, directors,						
		trustees, key employees, and highest compensated employees.						
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers						
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary						
Ø		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.			
Assets	7	Notes and loans receivable, net	0.	7	0.			
As	8	Inventories for sale or use	0.	8	0.			
	9	Prepaid expenses and deferred charges	11,799.	9	3,870.			
	10 a	Land, buildings, and equipment: cost or						
		other basis. Complete Part VI of Schedule D	0		0			
		Less: accumulated depreciation	2,740,443.	10c	2,966,680.			
	11	Investments - publicly traded securities	2,740,443.	11	2,966,680.			
	12	Investments - other securities. See Part IV, line 11	0.	12	0.			
	13	Investments - program-related. See Part IV, line 11	0.	13	0.			
	14	Intangible assets	0.	14	0.			
	15 16	Other assets. See Part IV, line 11	4,811,228.	15 16	5,579,175.			
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	218,712.	17	141,549.			
	18	Accounts payable and accrued expenses	0.	18	0.			
	19	Grants payable	11,014.	19	9,397.			
	20	Deferred revenue	0.	20	0.			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.			
ý	22	Loans and other payables to current and former officers, directors,						
Liabilities		trustees, key employees, highest compensated employees, and						
abil		disqualified persons. Complete Part II of Schedule L	0.	22	0.			
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.			
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.			
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X						
		of Schedule D	391,769.	25	940,015.			
	26	Total liabilities. Add lines 17 through 25	621,495.	26	1,090,961.			
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.						
auc	27	Unrestricted net assets	1,355,209.	27	786,778.			
Bal	28	Temporarily restricted net assets	259,524.	28	1,126,436.			
pu	29	Permanently restricted net assets	2,575,000.	29	2,575,000.			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.						
ts (30	Capital stock or trust principal, or current funds		30				
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32				
Ne	33	Total net assets or fund balances	4,189,733.	33	4,488,214.			
	34	Total liabilities and net assets/fund balances	4,811,228.	34	5,579,175.			

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			06,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2			46,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			40,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			89,7	
5	Net unrealized gains (losses) on investments	5		3	38,5	74.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,4	88,2	214.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

BETTER WORLD FUND, INC.

Inspection Employer identification number

58-2366765

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplete	e this pa	art.) See instructions	
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm	ted to its exempt f	functions - subject to	certain e	xception	s, and (2) no more tha	n 331/3 % of its
		acquired by the organization	n after June 30, 1	975. See section 509 ((a)(2). (C	Complete	Part III.)	
11		An organization organized	•	•	-			
12		An organization organized	•	•				• • • •
		of one or more publicly su						
		Check the box in lines 12a t	_			-	•	_
а	L	Type I. A supporting orga	•	•	,		• ,,	,, , , , ,
		the supported organization		• • • •		ajority of	the directors or truste	es of the
		supporting organization.						
b	L	Type II . A supporting org	•					
		control or management of			the sam	e persor	is that control or man	age the supported
		organization(s). You must	=				20	be the constant of the
С	L	Type III functionally integ						ly integrated with,
اہ	Г	its supported organization						tad arganization(a)
d	L	Type III non-functionally						
		that is not functionally into requirement (see instruct		= -	-		•	an allenliveness
е	Г	Check this box if the orga	•	-				I Type III
C	_	functionally integrated, or						і, туре ііі
f	Fr	nter the number of supported	71	, ,		•		
q		ovide the following information						
		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
/A\								
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Schedule A (Form 990 or 990-EZ) 2017 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,834,742.	2,847,172.	6,569,919.	4,628,126.	4,967,805.	24,847,764.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	5,834,742.	2,847,172.	6,569,919.	4,628,126.	4,967,805.	24,847,764.
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)						2,738,472.
6	Public support. Subtract line 5 from line 4						22,109,292.
Sec	tion B. Total Support		•	<u>'</u>		'	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	5,834,742.	2,847,172.	6,569,919.	4,628,126.	4,967,805.	24,847,764.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,147.	95,282.	140,951.	130,571.	135,784.	510,735.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	17,671.	255,655.	47,701.	5,320.	7,284.	333,631.
11	Total support. Add lines 7 through 10						25,692,130.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,932,625.
13	First five years. If the Form 990 is for organization, check this box and stop here.	· · · · · · · · · ·					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2017 (lin		-			14	86.05%
15	Public support percentage from 2016				· ·	15	81.53%
16a	331/3% support test - 2017. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2016. If the org						
	this box and stop here. The organization	•		_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			•	•	•	
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization	nization meets on meets the "t	the "facts-and facts-and-circum	-circumstances" stances" test.	test, check th The organizatio	nis box and sto n qualifies as a	p here.
18	supported organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	. \square
						shadula A (Farm 00	

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support		T		T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	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						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(-) 0040	(1-) 004.4	(-) 0045	(4) 0040	(-) 0047	(f) T-4-1
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6. Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
	Sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)		+				
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	,		tionlo first soos	صما المانيما المرسطاء	ar fifth toy		F04(a)(2)
14	First five years. If the Form 990 is for arganization check this box and step here.	•	•				` ` ` ` _
500	organization, check this box and stop here . tion C. Computation of Public Supp						
<u>3ec</u> 15	Public support percentage for 2017 (line 8,		•	mn (f))		45	0/
	Public support percentage from 2016 Sche					15	%
16 Sec	tion D. Computation of Investment					16	%
	•			12 column (f))		17	0/
17	Investment income percentage for 2017 (lin					17	%
18	Investment income percentage from 2016 S					18	%
19 a	331/3% support tests - 2017. If the org						. \square
	17 is not more than 331/3%, check thi		-				
b	331/3% support tests - 2016. If the orga						. \square
00	line 18 is not more than 331/3%, check			-			
20	Private foundation. If the organization	aid fiot check	a bux on line	14, 19a, or 19t	o, check this b	ux and see instr	uctions -

Schedule A (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Page 5 Schedule A (Form 990 or 990-EZ) 2017

				- 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	110		
	on 2. Type i oupperung organizatione		Yes	No
4	Did the directors tructors or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	ion C. Type II Supporting Organizations	2		
secu	on C. Type ii Supporting Organizations		Yes	No
	Many and the first of the construction to the Province of the character of the Construction of the Province		162	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		/	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Anguar (a) and (b) below		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	21-		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the arganization have the payor to regularly appoint or elect a majority of the officers directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		(Optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
· · · · · · · · · · · · · · · · · · ·	+		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
o Adjusted Net Income (Subtract lines 5, 0, and 7 from line 4).	10		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2017

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page 7 Schedule A (Form 990 or 990-EZ) 2017

Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
C	From 2014						
d	From 2015						
e	From 2016						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
h :	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from						
4							
	Section D, line 7: \$ Applied to underdistributions of prior years						
a b	Applied to 2017 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
•	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
•	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2013						
b	Excess from 2014						
С	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2016 Excess from 2017 Schedule A (Form 990 or 990-EZ) 2017 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1				
SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL			
GRANT RECOVERIES/ADJUSTMENTS	9,000.	214,163.	42,916.	5,320.	5,093.	276,492.			
OTHER INCOME	8,671.	41,492.	4,785.		2,191.	57,139.			
TOTALS	<u> 17,671.</u>	255,655.	47,701.	5,320.	7,284.	333,631.			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number Name of the organization BETTER WORLD FUND, INC. 58-2366765 Organization type (check one): Filers of: Section: X $501(c)(^3$ Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** $\lfloor X \rfloor$ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization BETTER WORLD FUND, INC.

Employer identification number 58-2366765

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_	UNITED NATIONS FOUNDATION 1750 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	THE ESTATE OF ABBY M. O'NEILL 10 ROCKEFELLER PLAZA NEW YORK, NY 10020	\$ 1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	SETON HALL UNIVERSITY 400 S. ORANGE AVE SOUTH ORANGE, NJ 07079	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll			

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(c) Total contributions

\$

(d)

Type of contribution

(a)

No.

(b)

Name, address, and ZIP + 4

Name of organization BETTER WORLD FUND, INC.

Employer identification number 58-2366765

art 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
		\$	

Scriedule D	(FOIII 990, 990-EZ, 01 990-FF) (2017)			rage -						
Name of o	organization BETTER WORLD FUND, INC	•		Employer identification number						
				58-2366765						
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this ir	one contributor. (It III, enter the total offormation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc						
(a) No. from				(d) December of how wife is held						
Part I	(b) Purpose of gift	(c) Use	or girt	(d) Description of how gift is held						
		(e) Transf	fer of gift							
		(o) Transfer of girl								
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		<u> </u>								
	(e) Transfer of gift									
	(e) Hansier or gift									
	Transferee's name, address, ar	nship 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									
	(e) Halisiei Vi giit									
	Transferee's name, address, ar	Relatio	nship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
_										
		/ > -	for of oils							
		(e) Transf	rer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(see separate instructions), ther		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	TER WORLD FUND, INC.			58-2366	
	•	organization is exempt under	. , ,		
1	•	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	•			
		xpenditures (see instructions)			
		campaign activities (see instruction			
	<u>-</u>	organization is exempt under			
1		cise tax incurred by the organization			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	expended by the filing organization	n for section 527 ex	xempt function	
	activities			▶\$	
2		ng organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. En		-	
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		 s. For each organization listed, er ributions received that were prom 			
		nd or a political action committee (
		· · · · · · · · · · · · · · · · · · ·	· ·	1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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Schedule C (Form 990 or 990-EZ) 2017

No

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A section 501(h)).

Α	Check ► X	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name,
		address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ if the filing organization checked box A and "limited control" provisions apply.

	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)	51,065.	51,065.
	a legislative body (direct lobbying)	722,427.	722,427.
	a and 1b)	773,492.	773,492.
		4,572,785.	117,303,076.
	d lines 1c and 1d)	5,346,277.	118,076,568.
	e amount from the following table in both		
columns.	-	417,314.	1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25	5% of line 1f)	104,329.	250,000.
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-	356,178.	0.
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount	739,085.	585,169.	488,727.	417,314.	2,230,295.				
b Lobbying ceiling amount (150% of line 2a, column (e))					3,345,443.				
c Total lobbying expenditures	721,807.	709,845.	575,573.	773,492.	2,780,717.				
d Grassroots nontaxable amount	184,771.	146,292.	122,182.	104,329.	557,574.				
e Grassroots ceiling amount (150% of line 2d, column (e))					836,361.				
f Grassroots lobbying expenditures	53,161.	38,825.	40,791.	51,065.	183,842.				

Schedule C (Form 990 or 990-EZ) 2017

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		
					(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amour	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
İ	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection			
	501(c)(6).	(0)(0)	, 0. 0	,001.01	•		
					1	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	า		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b) Pa	rt III-A	, line 3	, is	
1	answered "Yes." Dues, assessments and similar amounts from members			1			
				•			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	ints (ΟT				
а	Current year			2a			
b	Carryover from last year			2b			
C	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	29		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
	and political expenditure next year?	,		4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information						
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	up list); Part	II-A, line	es 1	and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
SEI	PAGE 4						

Schedule C (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-A, SECTION A:

AFFILIATED GROUP MEMBER 1

NAME: BETTER WORLD FUND, INC.

ADDRESS: 1750 PENNSYLVANIA AVENUE NW, STE 300, WASHINGTON, DC 20006

EIN: 58-2366765

LOBBYING EXPENSES: \$773,492

OTHER EXEMPT PURPOSE EXPENDITURES: \$4,572,785

SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

AFFILIATED GROUP MEMBER 2

NAME: UNITED NATIONS FOUNDATION

ADDRESS: 1750 PENNSYLVANIA AVENUE NW, STE 300, WASHINGTON, DC 20006

EIN: 58-2368165

LOBBYING EXPENSES: NONE

OTHER EXEMPT PURPOSE EXPENDITURES: \$117,303,076

SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number BETTER WORLD FUND, INC. 58-2366765 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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Assets included in Form 990, Part X....

Schedule D (Form 990) 2017

▶ \$

Schedule D (Form 990) 2017 Page **2**

Par	t Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or O	ther Similar Asse	ets (contin	ued)		
3	Using the organization's acquisition	on, accession, and o	ther records, check	any of the follo	wing that are a sig	nificant use	of its		
	collection items (check all that app	ly):							
а	Public exhibition			or exchange progi	rams				
b	Scholarly research		e Other						
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	and explain how t	hey further the	organization's exemp	t purpose i	n Part		
	XIII.								
5	During the year, did the organization				-		_		
	assets to be sold to raise funds rath		nined as part of the o	organization's coll	ection?	Yes	No		
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1 a	Is the organization an agent, truste								
	included on Form 990, Part X?					Yes	No		
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	ole:					
					Amount				
	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an am					Yes	No		
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been provide	d on Part XIII				
Par	t V Endowment Funds.	ion on accord "Voo	" an Farma 000 Da						
	Complete if the organizat				(n=	1 () =			
		(a) Current year	(b) Prior year	(c) Two years back		(e) Four year			
1 a	Beginning of year balance	2,575,000.	2,575,000.	2,575,000	. 2,575,000.	2,62	5,000.		
b	Contributions								
С	Net investment earnings, gains,	460 E00	160 E74	127 002	01 010				
	and losses	468,509.	168,574.	137,892	. 91,019.				
	Grants or scholarships								
е	Other expenditures for facilities	468,509.	168,574.	137,892	. 91,019.		0,000.		
	and programs	400,309.	100,374.	137,092	91,019.	3,	,,,,,, .		
f	Administrative expenses	2,575,000.	2,575,000.	2,575,000	. 2,575,000.	2 57	5,000.		
g	End of year balance					2,37.	,,,,,,,		
2	Provide the estimated percentage		end balance (line 1g, %	column (a)) held a	as:				
	Board designated or quasi-endown Permanent endowment ▶ 100.0		_ ^0						
	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, a		00%						
32	Are there endowment funds not in			are held and adm	ninistered for the				
Ju	organization by:	the possession of th	organization that	are nota and adm	inistered for the	Yes	s No		
	(i) unrelated organizations					3a(i)	X		
	(ii) related organizations					3a(ii)	X		
b	If "Yes" on line 3a(ii), are the relate					3b			
4	Describe in Part XIII the intended u	•	•						
	Complete if the organiza	tion answered "Ye	s" on Form 990, P	art IV, line 11a.	See Form 990, Pa	rt X, line 10	0		
	Description of property	(a) Cost or (invest			ccumulated (d) Book value			
1a	Land	,	,	,					
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, columi	n (B), line 10c.)					

Schedule D (Form 990) 2017 Page 3

(a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (N) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VII Investments - Other Securities. Complete if the organization answered "	Yes" on Form 990, I	Part IV, line 11b. See Form 990, Part X, line 12.
(2) Closely-held equity interests	(a) Description of security or category (including name of security)	(b) Book value	
(2) Closely-held equity interests	(1) Financial derivatives		
(3) Other (A) (B) (C) (C) (D) (E) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			
(E) (C) (D) (E) (F) (G) (F) (G) (H) Total, (Column (b) most equal Form 990, Part X, oil, (B) line 12.) ▶ Total, (Column (b) most equal Form 990, Part X, oil, (B) line 13.) ▶ (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-d-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) most equal Form 990, Part X, oil, (B) line 13.) ▶ (a) Description (b) most equal Form 990, Part X, oil, (B) line 13.) ▶ (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) mast equal Form 990, Part X, oil, (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Form 990, Part X, line 15. (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9)			
(C) (D) (E) (F) (G) (H) (F) (F) (G) (H) (F) (G) (F) (G) (F) (G) (G) (G) (A) (A) (B) (Book value (B) (Book value (Cost or end of-year market value (B) (Book value (Cost or end of-year market value (Cost or end of-year market value (B) (Book value (Cost or end of-year market value (D) (E) (E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G			
(b) (c) (c) (d) (d) (e) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(B)		
(E) (F) (G) (H) (Columna (in) must equal Form 990, Part X, col. (iii) line 12.) ▶ Part VIII	(C)		
(F) (G) (G) (H) (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	(D)		
(G) (H) (Text) (Coburns (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	(E)		
Total. (Columno (b) must equal Form 990, Part X, col. (8) line 12.) Part VIII Investments - Program Related.	(F)		
Total. (Column (b) must equal From 990, Part X, col. (B) line 12.) Part X Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f)	(G)		
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Book value (1) Federal income taxes (2) DUE "TO AFFILIATE (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE "TO AFFILIATE (3) (4) (5) (6) (7) (8) (9)		Yes" on Form 990, I	Part IV, line 11c. See Form 990, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO AFFILIATE 940, 015. (3) (4) (5) (6) (7) (8) (9)	(a) Description of investment	(b) Book value	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO AFFILIATE 940,015. (3) (4) (5) (6) (7) (8) (9)			Cost or end-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO AFFILIATE 940,015. (3) (4) (5) (6) (7) (8) (9)	(1)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 940,015. (3) (4) (5) (6) (7) (8) (9)	(2)		
(5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO AFFILIATE 940, 015. (3) (4) (5) (6) (7) (8) (9)			
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(8) (9) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(6)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.)▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO AFFILIATE 940,015. (3) (4) (5) (6) (7) (8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX			
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.			
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
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1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO AFFILIATE 940,015. (3) (4) (5) (6) (7) (8) (9)	Part X Other Liabilities. Complete if the organization answered "		
(1) Federal income taxes (2) DUE TO AFFILIATE 940,015. (3) (4) (5) (6) (7) (8) (9)		(b) Book value	
(2) DUE TO AFFILIATE 940,015. (3) (4) (5) (6) (7) (8) (9)		(4) 2000 1000	
(3) (4) (5) (6) (7) (8) (9)		940,01	.5.
(4) (5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9)			
(6) (7) (8) (9)			
(7) (8) (9)			
(8) (9)			
(9)			
		940,01	5.

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^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,644,758.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	338,574.
3	Subtract line 2e from line 1	3	5,306,184.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,306,184.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	5,346,277.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,346,277.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,346,277.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and 2b and 2b; Part III, lines 1b and 2b and	t \ / 1	no 4. Dont V. line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informable 5		

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

INTENDED USES OF BETTER WORLD FUND'S ENDOWMENT FUND INCLUDE MAINTENANCE
AND OPERATION OF A CONFERENCE ROOM AND FOR GENERAL OPERATIONS OF BETTER
WORLD FUND PROGRAMS.

SCHEDULE D, PART X, LINE 2:

BETTER WORLD FUND HAS RECEIVED A RULING FROM THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY, OTHER THAN UNRELATED BUSINESS INCOME. SINCE BETTER WORLD FUND HAS NO SIGNIFICANT UNRELATED BUSINESS INCOME, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED.

FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES
THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE
DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE
FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS
SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES
GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN
POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON BETTER
WORLD FUND'S FINANCIAL STATEMENTS DURING THE YEARS ENDED DECEMBER 31,
2017 AND 2016 RESULTING FROM THIS GUIDANCE.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

58-2366765

Employer identification number

BETTER WORLD FUND, INC.				58-236676	55
Part I General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete i	f the organization answer	ed "Yes" on
1 For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	ts or assistanc	e, and the selection criteri	a used to award the	X Yes No
2 For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its grants a	and other
3 Activities per Region. (The follow	ving Part I. line	3 table can be	e duplicated if additional sp	ace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		14,070.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					14,070.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					14,070.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA

7E1274 1.000 670890 U172 6/19/2018 5:16:57 PM V 17-5.2F Schedule F (Form 990) 2017

BETTER WORLD FUND, INC. 58-2366765

Schedule F (Form 990) 2017

Part II	Grants and Other Assist Part IV, line 15, for any r							ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	ADVOCACY	14,070.	CASH		N/A	N/A
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	er total number of recipient or	ganizations listed abo	ve that are recognized as	charities by the	foreign country, re	cognized as tax	x-exempt		
by t	the IRS, or for which the grante	ee or counsel has prov	vided a section 501(c)(3) e	quivalency lette	er		· ·		1.
<u>J</u> ⊑∏	er total number of other orgar	nzanono or ennues.					🚩		

BETTER WORLD FUND, INC. 58-2366765

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13) (14)(15)(16)(17)

Schedule F (Form 990) 2017

(18)

Schedule F (Form 990) 2017

Part IV Foreign Forms Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Page 5

Schedule 1 (1 ohli 990) 201

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2:

THE BETTER WORLD FUND PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS RELATED/AFFILIATED AGENCIES. MONITORING OF FUNDS GRANTED TO THOSE AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY, SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. FROM TIME TO TIME, THE BETTER WORLD FUND ALSO CONDUCTS SITE VISITS TO MONITOR DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND PROGRESS OF GRANT ACTIVITIES.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

BETTER WORLD FUND, INC.						58-236676	55
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		-					es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED STATES ASSOCIATION FOR UNHCR							
1775 K ST NW, STE 580 WASHINGTON, DC 20006	52-166280	501(C)(3)	107,914.		N/A	N/A	ADVOCACY
(2) NATIONAL DEMOCRATIC INSTITUTE FOR INTL AFFA							
455 MASS. AVE, 8TH FL WASHINGTON, DC 20001	52-1338892	501(C)(3)	10,000.		N/A	N/A	ADVOCACY
(3) ONE ACTION							
1299 PENN AVE NW WASHINGTON, DC 20004	02-0544768	501(C)(4)	10,000.		N/A	N/A	UN STRENGTHENING
(4) US GLOBAL LEADERSHIP CAMPAIGN							
1129 20TH ST NW WASHINGTON, DC 20036	52-2024493	501(C)(4)	75,000.		N/A	N/A	UN STRENGTHENING
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	government	⊥ organizations lis	ted in the line 1 tal	ıle ole		<u> </u>	2.
3 Enter total number of other organizations list	-	-					2.
- Enter total number of other organizations iis		, idolo				· · · · · · · · · · · · · · · · · · ·	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

BETTER WORLD FUND, INC. 58-2366765

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_2					
_3					
_4					
_5					
_6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

THE BETTER WORLD FUND PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS RELATED/AFFILIATED AGENCIES AS WELL AS OTHER ORGANIZATION IN SUPPORT OF OUR MISSION. MONITORING OF FUNDS GRANTED TO THOSE AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY, SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. FROM TIME TO TIME, THE BETTER WORLD FUND ALSO CONDUCTS SITE VISITS TO MONITOR DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND PROGRESS OF GRANT ACTIVITIES.

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BETTER WORLD FUND, INC.

Employer identification number

58-2366765

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	X Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b	Х				
2	explain	10					
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
	1a?	2	X				
•							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		Х			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х			
С							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		Х			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed						
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

BETTER WORLD FUND, INC. 58-2366765

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KATHRYN CALVIN WALTERS	(i)	54,596.	0.	2,927.	2,430.	3,799.	63,752.	0.
1 PRESIDENT & CEO	(ii)	335,375.	0.	17,979.		23,339.	390,463.	0.
RICHARD PARNELL	(i)	51,592.	0.	2,064.		3,812.	59,414.	0.
2 ^{COO} (THRU 10/17)	(ii)	316,919.	0.	12,677.		23,421.	364,046.	0.
ELIZABETH COUSENS	(i)	43,530.	0.	87.	2,430.	4,998.	51,045.	0.
3 DEPUTY CHIEF EXECUTIVE OFFICER	(ii)	267,397.	0.	534.	13,770.	35,002.	316,703.	0.
PETER YEO	(i)	291,303.	0.	7,821.	16,200.	32,336.	347,660.	0.
4 ^{VICE-PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL BEARD	(i)	145,859.	0.	106.	8,868.	10,351.	165,184.	0.
5 ^{EXECUTIVE} DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE HANNUM	(i)	135,301.	0.	118.	8,887.	36,861.	181,167.	0.
6 SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

BETTER WORLD FUND, INC. 58-2366765

Schedule J (Form 990) 2017

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, LINE 1A:

THE TRAVEL EXPENSES OF THE CEO'S SPOUSE WERE COVERED WHEN ATTENDING OFFICIAL BUSINESS/FUNCTIONS.

BOARD MEMBERS AND THEIR SPOUSES WERE REIMBURSED FOR AIRFARE, HOTEL,

MEALS, AND INCIDENTAL TAXIS OR OTHER TRANSPORTATION WHEN ATTENDING BOARD

MEETINGS OR TRAVELING ON BEHALF OF THE FUND, AS MAY BE REQUESTED BY THE

CHAIRMAN OR PRESIDENT FROM TIME TO TIME.

THE BETTER WORLD FUND'S POLICY IS NOT TO PAY FOR FIRST CLASS TRAVEL OR ACCOMMODATIONS FOR ITS STAFF MEMBERS.

NONE OF THE TRAVEL EXPENSES ARE TREATED AS TAXABALE COMPENSATION.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number Name of the organization BETTER WORLD FUND, INC. 58-2366765 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4) (5) (6)(7) (8)(9)(10)Total Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7) (8) (9) (10)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 Page **2**

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amore transaction				naring of ization's nues?	
				Yes	No	
(1) THE LAW FIRM OF DAVIS, PICKREN,	SECRETARY OF THE BOARD	13,321.	LEGAL SERVICES		Х	
(2) SEYDEL & SNEED LLP.						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV, LINE 28C

MR. SEYDEL, SECRETARY TO THE BOARD FOR UNITED NATIONS FOUNDATION, IS A
PARTNER WITH THE LEGAL COUNSEL FIRM OF DAVIS, PICKREN, SEYDEL & SNEED
WHICH PROVIDES LEGAL SERVICES TO THE BETTER WORLD FUND.

MR. SEYDEL IS ALSO A SON-IN-LAW TO MR. R.E. TURNER, CHAIRMAN OF THE BOARD OF DIRECTORS OF THE BETTER WORLD FUND.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

58-2366765

BETTER WORLD FUND, INC.

FORM 990, PART I, LINE 1:

THE BETTER WORLD FUND WAS CREATED IN 1998 TO BUILD AND IMPLEMENT PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST PRESSING PROBLEMS, AND WORKS TO BROADEN SUPPORT FOR THE UNITED NATIONS (UN) THROUGH ADVOCACY AND PUBLIC OUTREACH.

FORM 990, PART III, LINE 1:

THE BETTER WORLD FUND WAS CREATED IN 1998 TO BUILD AND IMPLEMENT PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST PRESSING PROBLEMS, AND WORKS TO BROADEN SUPPORT FOR THE UNITED NATIONS (UN) THROUGH ADVOCACY AND PUBLIC OUTREACH.

THE BETTER WORLD FUND COORDINATES SEVERAL DOMESTIC ADVOCACY AND

PARTNERSHIP EFFORTS. THROUGH OUR CAMPAIGNS AND PARTNERSHIPS, WE SEEK TO

MAKE IT EASY FOR CORPORATIONS, NONGOVERNMENTAL ORGANIZATIONS AND

INDIVIDUALS TO ENGAGE IN THE WORK OF THE UNITED NATIONS.

THE BETTER WORLD CAMPAIGN, AN INITIATIVE OF THE BETTER WORLD FUND, WORKS
TO STRENGTHEN THE RELATIONSHIP BETWEEN TEH UNITED STATES OF AMERICA AND
THE UNITED NATIONS THROUGH OUTREACH, COMMUNICATIONS, AND ADVOCACY. WE
ENCOURAGE U.S. LEADERSHIP TO ENANCE THE UNITED NATIONS' ABILITY TO CARRY
OUT ITS INVALUABLE INTERNATIONAL WORK ON BEHALF OF PEACE, PROGRESS,
FREEDOM, AND JUSTICE. IN THESE EFFORTS, WE ENGAGE POLICY MAKERS, THE
MEDIA, AND THE AMERICAN PUBLIC TO INCREASE AWARENESS AND SUPPORT FOR THE

Name of the organization

BETTER WORLD FUND, INC.

Employer identification number

58-2366765

UNITED NATIONS.

FORM 990, PART VI, LINE 2:

MR. RUTHERFORD SEYDEL, SECRETARY, IS ALSO A SON-IN-LAW TO MR. R.E. TURNER, CHAIRMAN OF THE BOARD OF DIRECTORS OF THE BETTER WORLD FUND.

FORM 990, PART VI, LINE 11B:

THE DRAFT FORM IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, THE
ORGANIZATION'S LEGAL COUNSEL, AND THE BOARD OF DIRECTORS. THE DRAFT IS
THEN FINALIZED, INCORPORATING ANY CHANGES OR COMMENTS, AND THE FINAL
APPROVED VERSION IS FILED WITH THE IRS AND POSTED ON OUR WEBSITE.

FORM 990, PART VI, LINE 12C:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO

DISCLOSE IN WRITING INTERESTS THAT COULD GIVE RISE TO CONFLICTS ANNUALLY

OR WHEN CIRCUMSTANCES CHANGE. THESE CIRCUMSTANCES ARE REVIEWED BY

MANAGEMENT ON AN ON-GOING BASIS IN THE COURSE OF OUR DAY-TO-DAY

OPERATIONS. WHEN A CONFLICT OF INTEREST DOES ARISE, RECUSAL FROM THE

DECISIONS AND DELIBERATIONS IS REQUIRED. THERE WERE NO SUCH CIRCUMSTANCES

IN THE PERIOD COVERED BY THIS REPORT.

FORM 990, PART VI, LINES 15A

ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL. THE BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY AND IT WAS LAST UNDERTAKEN IN NOVEMBER 2017. COMPARABLE DATA FROM PEER ORGANIZATIONS IS USED IN DETERMINING THE PRESIDENT'S COMPENSATION. ANY CHANGES TO THE PRESIDENT'S COMPENSATION ARE DOCUMENTED BY THE ORGANIZATION. THERE ARE NO

Name of the organization

BETTER WORLD FUND, INC.

Employer identification number
58-2366765

KEY EMPLOYEES LISTED, ONLY OFFICERS. FOR OFFICERS, COMPENSATION IS

DETERMINED BASED ON QUALIFICATIONS, DUTIES AND SALARIES PAID BY PEER

ORGANIZATIONS.

FORM 990, PART VI, LINE 19:

THE GOVERNING DOCUMENTS ARE PROVIDED UPON WRITTEN REQUEST. THE CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AZ, AR, CA, CO, CT,

FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

 \mathtt{MN} , \mathtt{MS} , \mathtt{MO} , \mathtt{MT} , \mathtt{NE} , \mathtt{NV} , \mathtt{NH} , \mathtt{NJ} , \mathtt{NM} , \mathtt{NY} , \mathtt{NC} , \mathtt{ND} , \mathtt{OH} , \mathtt{OK} , \mathtt{OR} , \mathtt{PA} ,

RI, SC, TN, UT, VA, WA, WV, WI, WY

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SE	RVICES COMPENSATION
BGR GOVERNMENT AFFAIRS P.O. BOX 14416 WASHINGTON, DC 20044	CONSULTING SERVI	CES 257,105.
270 STRATEGIES, INC. 722 12TH STREET, NW WASHINGTON, DC 20005	CONSULTING SERVI	CES 245,000.
KYLE HOUSE GROUP 888 17TH STREET, NW - STE 620 WASHINGTON, DC 20006	CONSULTING SERVI	CES 205,826.
CORNERSTONE GOVT AFFAIRS 300 INDEPENDENCE AVENUE SE WASHINGTON, DC 20003	CONSULTING SERVI	CES 145,000.

Schedule O (Form 990 or 990-EZ) 2017

Name of the organization

BETTER WORLD FUND, INC.

Employer identification number

58-2366765

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

MARK L. GOLDBERG, LLC 1438 SOUTH VINE STREET DENVER, CO 80210 CONSULTING SERVICES 133,262.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES_	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANT FEES	1,396,285.	1,324,119.	47,903.	24,263.
TOTALS	1,396,285.	1,324,119.	47,903.	24,263.

SCHEDULE R (Form 990)

Department of the Treasury

BETTER WORLD FUND, INC.

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

Employer identification number 58-2366765

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNA-USA LLC 27-4464952					
1750 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20006	SUPPORTS UN	DE	0.	0.	BWF
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
						Yes	No
(1) UNITED NATIONS FOUNDATION 58-2368165 1750 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20006	SUPPORTS UN	NY	501(C)(3)	7	BWF	Х	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	eral or aging tner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)							Yes No
(2)							
(3)							
(4) (5)							
(6)							
(7)							

JSA

7E1308 1.000

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017								
Par	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.					
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х		
	Sharing of paid employees with related organization(s)				10	Х		
·	ondring of paid employees with related organization(e), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
q	Reimbursement paid by related organization(s) for expenses				1q	Х		
•								
r	Other transfer of cash or property to related organization(s)				1r	X		
s	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cover	ered relationships and transa	action thre	shold	s.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining amount involved			
(1)	UNITED NATIONS FOUNDATION	С	2,996,400.	GAAP				
(2)	UNITED NATIONS FOUNDATION	P	584,499.	GAAP				
(3)								
(4)								

(5)

(6)

58-2366765

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity Legal (state of course	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Page 4

Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.