Form **990**

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**2003**

**Open to Public Inspection**

**A For the 2003 calendar year, or tax year beginning , and ending**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: BETTER WORLD FUND, INC.

Number and street (or P.O. box if mail is not delivered to street address): 1225 CONNECTICUT AVENUE, N.W. Room/suite: 400

City or town: WASHINGTON State or country: DC ZIP + 4: 20036

D Employer identification number: 58-2366765

E Telephone number

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

*H and I are not applicable to section 527 organizations.*

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates N/A

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

**G Website:**

**J Organization type** (check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number N/A

M Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 25,721,313

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | Contributions, gifts, grants, and similar amounts received: | | | | |
| a | Direct public support | 1a | 25,643,156 | | |
| b | Indirect public support | 1b | | | |
| c | Government contributions (grants) | 1c | | | |
| d | **Total** (add lines 1a through 1c) (cash $ 5,778,611 noncash $ 19,864,545 ) | | | 1d | 25,643,156 |
| 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | 0 |
| 3 | Membership dues and assessments | | | 3 | 0 |
| 4 | Interest on savings and temporary cash investments | | | 4 | 78,157 |
| 5 | Dividends and interest from securities | | | 5 | 0 |
| 6 a | Gross rents | 6a | | | |
| b | Less: rental expenses | 6b | | | |
| c | Net rental income or (loss) (subtract line 6b from line 6a) | | | 6c | 0 |
| 7 | Other investment income (describe ) | | | 7 | 0 |

| | | (A) Securities | | (B) Other | | |
|---|---|---|---|---|---|---|
| 8 a | Gross amount from sales of assets other than inventory | 0 | 8a | 0 | | |
| b | Less: cost or other basis and sales expenses | 0 | 8b | 0 | | |
| c | Gain or (loss) (attach schedule) | 0 | 8c | 0 | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | | | 8d | 0 |

| | | | | | |
|---|---|---|---|---|---|
| 9 | Special events and activities (attach schedule). If any amount is from **gaming**, check here ☐ | | | | |
| a | Gross revenue (not including $ 25,643,156 of contributions reported on line 1a) | 9a | 0 | | |
| b | Less: direct expenses other than fundraising expenses | 9b | 0 | | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | | | 9c | 0 |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | |
| b | Less: cost of goods sold | 10b | | | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | 10c | 0 |
| 11 | Other revenue (from Part VII, line 103) | | | 11 | 0 |
| 12 | **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | 12 | 25,721,313 |
| 13 | Program services (from line 44, column (B)) | | | 13 | 20,828,794 |
| 14 | Management and general (from line 44, column (C)) | | | 14 | 574,047 |
| 15 | Fundraising (from line 44, column (D)) | | | 15 | 694,382 |
| 16 | Payments to affiliates (attach schedule) | | | 16 | 0 |
| 17 | **Total expenses** (add lines 16 and 44, column (A)) | | | 17 | 22,097,223 |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 3,624,090 |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | -3,025,647 |
| 20 | Other changes in net assets or fund balances (attach explanation) | | | 20 | 0 |
| 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | 21 | 598,443 |

**For Paperwork Reduction Act Notice, see the separate instructions.**



(HTA)

**Part II** **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

| | *Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.* | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|---|---|---|---|---|
| 22 | Grants and allocations (attach schedule) (cash $ 19,369,335 noncash $ 0 ) | 22 | 19,369,335 | 19,369,335 | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | 0 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | 0 | | | |
| 25 | Compensation of officers, directors, etc. | 25 | 118,388 | 45,818 | 26,753 | 45,817 |
| 26 | Other salaries and wages | 26 | 733,019 | 358,217 | 165,848 | 208,954 |
| 27 | Pension plan contributions | 27 | 43,397 | 19,388 | 12,722 | 11,287 |
| 28 | Other employee benefits | 28 | 66,082 | 28,816 | 20,069 | 17,197 |
| 29 | Payroll taxes | 29 | 52,920 | 24,632 | 13,140 | 15,148 |
| 30 | Professional fundraising fees | 30 | 0 | 0 | 0 | 0 |
| 31 | Accounting fees | 31 | 34,842 | 3,006 | 29,703 | 2,133 |
| 32 | Legal fees | 32 | 29,191 | 0 | 29,191 | 0 |
| 33 | Supplies | 33 | 19,164 | 8,660 | 5,684 | 4,820 |
| 34 | Telephone | 34 | 26,730 | 14,508 | 5,076 | 7,146 |
| 35 | Postage and shipping | 35 | 19,046 | 11,030 | 3,535 | 4,481 |
| 36 | Occupancy | 36 | 194,336 | 85,461 | 57,223 | 51,652 |
| 37 | Equipment rental and maintenance | 37 | 5,279 | 2,716 | 1,225 | 1,338 |
| 38 | Printing and publications | 38 | 118,613 | 65,380 | 16,914 | 36,319 |
| 39 | Travel | 39 | 157,289 | 92,513 | 11,005 | 53,771 |
| 40 | Conferences, conventions, and meetings | 40 | 234,172 | 149,766 | 34,914 | 49,492 |
| 41 | Interest | 41 | 0 | 0 | 0 | 0 |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | 73,704 | 34,824 | 17,832 | 21,048 |
| 43 | Other expenses not covered above (itemize): | 43a | 0 | | | |
| | a Other professional services | 43b | 748,470 | 486,505 | 112,271 | 149,694 |
| | b Information technology | 43c | 38,797 | 20,952 | 8,029 | 9,816 |
| | c Insurance | 43d | 7,791 | 3,681 | 1,885 | 2,225 |
| | d Other operating | 43e | 6,658 | 3,586 | 1,028 | 2,044 |
| | e Other program | 43f | | | | |
| 44 | **Total functional expenses** (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13-15* | 44 | 22,097,223 | 20,828,794 | 574,047 | 694,382 |

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ 0 ; (ii) the amount allocated to Program services $ ;
(iii) the amount allocated to Management and general $ ; and (iv) the amount allocated to Fundraising $

**Part III** **Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? EDUCATING THE PUBLIC ON THE UNITED NATIONS AND

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

| | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.) |
|---|---|
| a UNITED NATIONS PUBLIC AWARENESS INITIATIVE--INFORMS THE GENERAL PUBLIC, GOVERNMENT OFFICIALS, CIVIL SOCIETY, AND THE CORPORATE SECTOR ABOUT THE WORK OF THE UN THROUGH A WIDE VARIETY OF APPROACHES AND MEDIA. (Grants and allocations $ 7,267,004 ) | 7,814,565 |
| b UNITED NATIONS INSTITUTIONAL STRENGHTENING INITIATIVE--BUILDS THE CAPACITY OF THE UN AND ITS KEY PARTNERS TO ACCOMPLISH ADMINISTRATIVE, REFORM, AND OPERATIONAL ACTIVITIES, AS WELL AS ASSISTS THE UN AND ITS MAJOR ALLIES IN SPECIAL PROJECTS. (Grants and allocations $ 4,907,888 ) | 5,277,692 |
| c UNITED NATIONS PROGRAM-RELATED INITIATIVES--COMPLEMENTS PROGRAMMATIC WORK BEING ACCOMPLISHED BY OTHER ORGANIZATIONS SUPPORTING THE WORKS OF THE UNITED NATIONS. (Grants and allocations $ 7,194,443 ) | 7,736,537 |
| d (Grants and allocations $ ) | |
| e Other program services (attach schedule) (Grants and allocations $ ) | |
| f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) | 20,828,794 |

**Part IV** **Balance Sheets** (See page 25 of the instructions.)

**Note:** *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| 45 | Cash—non-interest-bearing | | | 45 | |
| 46 | Savings and temporary cash investments | | 8,186,874 | 46 | 14,558,959 |
| 47 a | Accounts receivable | 47a 26,651 | | | |
| b | Less: allowance for doubtful accounts | 47b 0 | 334,028 | 47c | 26,651 |
| 48 a | Pledges receivable | 48a 0 | | | |
| b | Less: allowance for doubtful accounts | 48b 0 | 0 | 48c | 0 |
| 49 | Grants receivable | | | 49 | |
| 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | 0 | 50 | 0 |
| 51 a | Other notes and loans receivable (attach schedule) | 51a 0 | | | |
| b | Less: allowance for doubtful accounts | 51b 0 | 0 | 51c | 0 |
| 52 | Inventories for sale or use | | | 52 | |
| 53 | Prepaid expenses and deferred charges | | | 53 | |
| 54 | Investments—securities (attach schedule) ☐ Cost ☐ FMV | | 0 | 54 | 0 |
| 55 a | Investments—land, buildings, and equipment: basis | 55a 0 | | | |
| b | Less: accumulated depreciation (attach schedule) | 55b 0 | 0 | 55c | 0 |
| 56 | Investments—other (attach schedule) | | 0 | 56 | 0 |
| 57 a | Land, buildings, and equipment: basis | 57a 208,731 | | | |
| b | Less: accumulated depreciation (attach schedule) | 57b 127,050 | 30,720 | 57c | 81,681 |
| 58 | Other assets (describe ) | | 0 | 58 | 0 |
| 59 | **Total assets** (add lines 45 through 58) (must equal line 74) | | 8,551,622 | 59 | 14,667,291 |
| 60 | Accounts payable and accrued expenses | | 27,367 | 60 | 392,916 |
| 61 | Grants payable | | 5,350,855 | 61 | 5,188,382 |
| 62 | Deferred revenue | | | 62 | |
| 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 0 | 63 | 0 |
| 64 a | Tax-exempt bond liabilities (attach schedule) | | 0 | 64a | 0 |
| b | Mortgages and other notes payable (attach schedule) | | 0 | 64b | 0 |
| 65 | Other liabilities (describe Due to affiliate ) | | 6,199,047 | 65 | 8,487,550 |
| 66 | **Total liabilities** (add lines 60 through 65) | | 11,577,269 | 66 | 14,068,848 |
| | **Organizations that follow SFAS 117, check here** ☒ and complete lines 67 through 69 and lines 73 and 74. | | | | |
| 67 | Unrestricted | | -3,958,277 | 67 | -914,921 |
| 68 | Temporarily restricted | | 932,630 | 68 | 1,513,364 |
| 69 | Permanently restricted | | | 69 | |
| | **Organizations that do not follow SFAS 117, check here** ☐ and complete lines 70 through 74. | | | | |
| 70 | Capital stock, trust principal, or current funds | | | 70 | |
| 71 | Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| 72 | Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| 73 | **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21) | | -3,025,647 | 73 | 598,443 |
| 74 | **Total liabilities and net assets / fund balances** (add lines 66 and 73) | | 8,551,622 | 74 | 14,667,291 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

| | | | |
|---|---|---|---|
| a | Total revenue, gains, and other support per audited financial statements | a | 25,721,313 |
| b | Amounts included on line **a** but not on line 12, Form 990: | | |
| (1) | Net unrealized gains on investments $ | | |
| (2) | Donated services and use of facilities $ | | |
| (3) | Recoveries of prior year grants $ | | |
| (4) | Other (specify): $ $ | | |
| | Add amounts on lines **(1)** through **(4)** | b | 0 |
| c | Line **a** minus line **b** | c | 25,721,313 |
| d | Amounts included on line 12, Form 990 but not on line **a**: | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify): $ $ | | |
| | Add amounts on lines **(1)** and **(2)** | d | 0 |
| e | Total revenue per line 12, Form 990 (line **c** plus line **d**) | e | 25,721,313 |

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

| | | | |
|---|---|---|---|
| a | Total expenses and losses per audited financial statements | a | 22,097,223 |
| b | Amounts included on line **a** but not on line 17, Form 990: | | |
| (1) | Donated services and use of facilities $ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 $ | | |
| (3) | Losses reported on line 20, Form 990 $ | | |
| (4) | Other (specify): $ $ | | |
| | Add amounts on lines **(1)** through **(4)** | b | 0 |
| c | Line **a** minus line **b** | c | 22,097,223 |
| d | Amounts included on line 17, Form 990 but not on line **a**: | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify): $ $ | | |
| | Add amounts on lines **(1)** and **(2)** | d | 0 |
| e | Total expenses per line 17, Form 990 (line **c** plus line **d**) | e | 22,097,223 |

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|---|---|---|---|
| R. E. TURNER | CHAIRMAN, P/T | 0 | 0 | 0 |
| TIMOTHY E. WIRTH | PRESIDENT, F/T | 56,940 | 2,102 | 0 |
| GRO HARLEM BRUNDTLAND | DIRECTOR, P/T | 0 | 0 | 0 |
| RUTH CORREA LEITE CARDOSO | DIRECTOR, P/T | 0 | 0 | 0 |
| LIANG DAN | DIRECTOR, P/T | 0 | 0 | 0 |
| GRACA MACHEL | DIRECTOR, P/T | 0 | 0 | 0 |
| HISASHI OWADA | DIRECTOR, P/T | 0 | 0 | 0 |
| EMMA ROTHSCHILD | DIRECTOR, P/T | 0 | 0 | 0 |
| NAFIS SADIK | DIRECTOR, P/T | 0 | 0 | 0 |
| ANDREW YOUNG | DIRECTOR, P/T | 0 | 0 | 0 |
| J. RUTHERFORD SEYDEL | SECRETARY, P/T | 0 | 0 | 0 |
| JANE HOLL LUTE | EXEC. V/P, P/T | 26,599 | 1,453 | 0 |
| KATHRYN BUSHKIN | EXEC. V/P, P/T | 8,096 | 0 | 0 |
| DAVID CARTER | TREASURER, F/T | 26,753 | 1,605 | 0 |
| | - | | | |
| P/T=PART-TIME, AS NEEDED F/T=FULL-TIME EMPLOYEE | | | | |

ALL DIRECTORS AND OFFICERS CAN BE CONTACTED C/O BETTER WORLD FUND, 1225 CONNECTICUT AVENUE, N.W., WASHINGTON, DC 20036

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule—see page 28 of the instructions. [X] Yes [ ] No

**Part VI** **Other Information** (See page 28 of the instructions.)

| | | | Yes | No |
|---|---|---|---|---|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | | X |
| 78 a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | 78a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 78b | N/A | X |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X | |
| b | If "Yes," enter the name of the organization UNITED NATIONS FOUNDATION, INC. and check whether it is [X] exempt or [ ] nonexempt. | | | |
| 81 a | Enter direct and indirect political expenditures. See line 81 instructions — 81a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 81b | | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b N/A | | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | N/A | N/A |
| 85 | *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members? | 85a | N/A | N/A |
| b | Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | 85b | N/A | N/A |
| c | Dues, assessments, and similar amounts from members — 85c N/A | | | |
| d | Section 162(e) lobbying and political expenditures — 85d N/A | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A | N/A |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A | N/A |
| 86 | *501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a N/A | | | |
| b | Gross receipts, included on line 12, for public use of club facilities — 86b N/A | | | |
| 87 | *501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders — 87a N/A | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b N/A | | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | | X |
| 89 a | *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0 | | | |
| b | *501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 0 | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | 0 | | |

90 a List the states with which a copy of this return is filed SEE LIST ATTACHED

b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 7

91 The books are in care of Name DAVID CARTER Telephone no. (202) 887-9040
Located at 1225 CONNECTICUT AVE City WASHINGTON ST DC Zip + 4 20036

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***— Check here [ ]
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII — Analysis of Income-Producing Activities** (See page 33 of the instructions.)

| Note: *Enter gross amounts unless otherwise indicated.* | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) |
|---|---|---|---|---|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | Related or exempt function income |
| 93 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 78,157 | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0 | | 78,157 | 0 |

105 **Total** (add line 104, columns (B), (D), and (E)) . . . 78,157

**Note:** *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

**Part VIII — Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|---|---|
| | |

**Part IX — Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|---|---|---|---|
| N/A | % | | 0 | 0 |
| | % | | 0 | 0 |
| | % | | 0 | 0 |
| | % | | 0 | 0 |

**Part X — Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer | Date

DAVID M. CARTER, CHIEF FINANCIAL OFFICER

Type or print name and title.

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-employed ☐ | Preparer's SSN or PTIN (See Gen. Inst. W) |
|---|---|---|---|
| Firm's name (or yours if self-employed), address, and ZIP + 4 | | EIN | |
| | | Phone no. | |

# Better World Fund, Inc.

States where registered

| |
|---|
| ALABAMA |
| ALASKA |
| ARIZONA |
| ARKANSAS |
| CALIFORNIA |
| CONNECTICUT |
| DELAWARE |
| DISTRICT OF COLUMBIA |
| FLORIDA |
| GEORGIA |
| ILLINOIS |
| KANSAS |
| KENTUCKY |
| MAINE |
| MARYLAND |
| MASSACHUSETTS |
| MICHIGAN |
| MINNESOTA |
| MISSISSIPPI |
| NEW HAMPSHIRE |
| NEW JERSEY |
| NEW MEXICO |
| NEW YORK |
| NORTH CAROLINA |
| NORTH DAKOTA |
| OHIO |
| OKLAHOMA |
| OREGON |
| PENNSYLVANIA |
| RHODE ISLAND |
| SOUTH CAROLINA |
| TENNESSEE |
| TEXAS |
| UTAH |
| VIRGINIA |
| WASHINGTON |
| WEST VIRGINIA |
| WISCONSIN |

## Line 1a (990) - Direct public support

| | | | |
|---|---|---|---|
| 1 | Contributions | 1 | 5,778,611 |
| 2 | Non Cash Contributions | 2 | 19,864,545 |
| 3 | Special events contributions (Line 9 - Special Events) | 3 | 0 |
| 4 | | 4 | |
| 5 | | 5 | |
| 6 | | 6 | |
| 7 | | 7 | |
| 8 | | 8 | |
| 9 | | 9 | |
| 10 | Total | 10 | 25,643,156 |

## Line 47 (990) - Accounts receivable

| | | Accounts receivable | | Allowance for doubtful accounts | |
|---|---|---|---|---|---|
| | | Beginning | End | Beginning | End |
| 1 Accounts Receivable | 1 | 334,028 | 26,651 | | |
| 2 | 2 | | | | |
| 3 | 3 | | | | |
| 4 | 4 | | | | |
| 5 | 5 | | | | |
| 6 | 6 | | | | |
| 7 | 7 | | | | |
| 8 | 8 | | | | |
| 9 | 9 | | | | |
| 10 | 10 | | | | |
| 11 Total accounts receivable | 11 | 334,028 | 26,651 | 0 | 0 |

## Line 57 (990) - Land, buildings, and equipment

| | Land (net of any amortization) | | Land (net of any amortization) Beginning | End |
|---|---|---|---|---|
| 1 | | 1 | | |
| 2 | | 2 | | |
| 3 | | 3 | | |
| 4 | | 4 | | |
| 5 | | 5 | | |
| 6 | Total land (net of any amortization) | 6 | 0 | 0 |

| | Buildings and equipment | | Buildings and equipment Beginning | Buildings and equipment End | Accumulated depreciation Beginning | Accumulated depreciation End |
|---|---|---|---|---|---|---|
| 7 | Leasehold improvements | 7 | 12,215 | 71,009 | 4,925 | 18,611 |
| 8 | Equipment and software | 8 | 117,487 | 131,049 | 96,989 | 105,765 |
| 9 | Furniture and fixtures | 9 | 4,788 | 6,673 | 1,856 | 2,674 |
| 10 | | 10 | | | | |
| 11 | | 11 | | | | |
| 12 | | 12 | | | | |
| 13 | | 13 | | | | |
| 14 | | 14 | | | | |
| 15 | | 15 | | | | |
| 16 | | 16 | | | | |
| 17 | Total buildings and equipment | 17 | 134,490 | 208,731 | 103,770 | 127,050 |
| 18 | Buildings and equipment (less accumulated depreciation) | 18 | | | 30,720 | 81,681 |
| 19 | Total land, buildings and equipment | 19 | | | 30,720 | 81,681 |

Property and equipment are recorded at cost and depreciated using the half-year convention and the estimated useful lives ranging from three to seven years.

| | Category or Item | | Cost/Other Basis | Accumulated Depreciation | Book Value |
|---|---|---|---|---|---|
| 1 | | 1 | | | |
| 2 | | 2 | | | |
| 3 | | 3 | | | |
| 4 | | 4 | | | |
| 5 | | 5 | | | |
| 6 | | 6 | | | |
| 7 | | 7 | | | |
| 8 | | 8 | | | |
| 9 | | 9 | | | |
| 10 | | 10 | | | |
| 11 | Total | 11 | 0 | 0 | 0 |

## Line 65 (990) - Other liabilities

| | | | Beginning | | End |
|---|---|---|---|---|---|
| 1 | Due to affiliate | 1 | 6,199,047 | | 8,487,550 |
| 2 | | 2 | | | |
| 3 | | 3 | | | |
| 4 | | 4 | | | |
| 5 | | 5 | | | |
| 6 | | 6 | | | |
| 7 | | 7 | | | |
| 8 | | 8 | | | |
| 9 | | 9 | | | |
| 10 | | 10 | | | |
| 11 | Total other liabilities | 11 | 6,199,047 | | 8,487,550 |

**Better World Fund, Inc.**
**Taxable Year Ending December 31, 2003**
**TIN: 58-2366765**
**Form 990, Part II Line 22, Schedule of Grants and Allocations**

| Grant Title | Grant Recipient | Grant Amount |
|---|---|---|
| **AMPO** | | |
| Promoting Analytical, Policy and Public Support of UN Peace Operations | The Henry L. Stimson Center | 110,000 |
| Leadership Statement on Population and Reproductive Health | Good Works Group | 85,000 |
| D.C. Program for United Nations Education - Academic Year 2004 | DC Program for UN Education | 1,075 |
| Energy Future Campaign - Public Education and Implementation | Energy Future Campaign/Coalition | 196,020 |
| Enhancing Curricula for UN Education, Phase II | United Nations Association-USA | 475,000 |
| UN Outreach to Developing World Journalists | Quest | 250,000 |
| UNA-USA Education, Advocacy, and General Support | United Nations Association-USA | 425,000 |
| Youth Outreach and Mobilization Initiative | Various | 40,000 |
| Investing in Youth: A Donor Guide | Funders Network for Reproductive Health and Rights | 16,500 |
| The People Speak: America Debates Its Role in the World | Various | 40,158 |
| UN Wire Columnist - Barbara Crossette | National Journal Group | 17,600 |
| United Nations Correspondents Association Annual Awards Dinner | United Nations Correspondents Association | 24,000 |
| Developments in Literacy (DIL) Gala Benefit | Developments in Literacy, Inc. | 10,000 |
| Fabretto Children's Foundation Annual Event | Fabretto Children's Foundation | 1,000 |
| Center for National Policy Annual Event | Center for National Policy | 2,000 |
| BWF Grant Discount Expenses | Various | 773 |
| 2004 Better World Campaign Grant | Various | 4,681,417 |
| Ralph J. Bunche Centenary Commemoration | Ralphe Bunche Institute for International Studies | 150,000 |
| D.C. Program for United Nations Education (DCP) | DC Program for UN Education | 121,027 |
| Energy Future Campaign: Phase II | Energy Future Campaign/Coalition | 430,000 |
| Improving Global Corporate Governance II | Kenan Institute | 45,000 |
| Visitation Grant to the Carter Center | The Carter Center | 25,000 |
| Improving Global Corporate Governance III | Kenan Institute | 115,000 |
| Support to the American Farmland Trust Biennial Event | American Farmland Trust | 5,000 |
| BWF Grant Discount Expenses | Various | 433 |
| **TOTAL: AMPO** | | **7,267,003** |
| **UNIS** | | |
| Peace and Civil Reconstruction Program | Center for Strategic & International Studies | 200,000 |
| UNESCO Fulbright Fellowship Program | Institute of International Education | 130,334 |
| UN Fulbright Fellows - 2004 | Institute of International Education | 250,000 |
| BWF Grant Discount Expenses | Various | 284 |
| Adopt-a-Minefield - Continued Development | United Nations Association-USA | 4,312,015 |
| BWF Grant Discount Expenses | Various | 2,107 |
| Adopt-a-Minefield -Bank Fees | Various | 13,148 |
| **TOTAL: UNIS** | | **4,907,888** |

**Better World Fund, Inc.**
**Taxable Year Ending December 31, 2003**
**TIN: 58-2366765**
**Form 990, Part II Line 22, Schedule of Grants and Allocations**

| | | |
|---|---|---|
| **UNPR** | | |
| Monitoring, Evaluation, and Knowledge Management Initiative: Staff Support | Various | 8,107 |
| Monitoring, Evaluation, and Knowledge Management Initiative: Participation of Board Program Committee | Various | 34,226 |
| Monitoring, Evaluation, and Knowledge Management Initiative: Internet Platform | Various | 1,875 |
| Monitoring, Evaluation, and Knowledge Management Initiative: Engagement of Global South Consultants | Various | 6,889 |
| Monitoring, Evaluation, and Knowledge Management Initiative: Baseline on Behavior for SAY Initiative | Various | 65,000 |
| Monitoring, Evaluation, and Knowledge Management Initiative: World Heritage | UNESCO | 150,000 |
| Population Fellowship at UNF | Population Fellows Program: University of Michigan | 187,500 |
| Response to the Secretary-General's Call to Action on HIV/AIDS: Creating Awareness and Mobilizing Private Sector Funds | Ad Council | 500,000 |
| Supplemental Funding for the Promoting Analytical, Policy and Public Support of UN Peace Operations | The Henry L. Stimson Center | 10,000 |
| Nuclear Threat Initiative | Nuclear Threat Initiative | 5,704,362 |
| Energy Future Campaign: Building for Tomorrow-Phase III | Energy Future Campaign/Coalition | 405,000 |
| Multilateral Initiative on Malaria: Supplement in the American Journal of Tropical Medicine and Hygiene "The Intolerable Burden of Malaria: What's New, What's Needed" | Foundation for the National Institutes of Health | 40,000 |
| Grameen Foundation USA's 2003 Awards Luncheon and Ceremony | Grameen Foundation USA | 30,000 |
| Indian Diaspora Partnership Initiative | Various | 48,008 |
| BWF Grant Discount Expenses | Various | 3,476 |
| **TOTAL: UNPR** | | **7,194,443** |
| **TOTAL: 2003 BWF GRANTS** | | **19,369,334** |

BETTER WORLD FUND, INC.
TAXABLE YEAR ENDED DECEMBER 31, 2003
TIN: 58-2366765
PART V, LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

Line 75 - Officers, Directors, Trustee, or key employee receiving aggregate compensation of more than $100,000 from Better World Fund, Inc. of which more than $10,000 was provided by a related organization.

Compensation provided by United Nations Foundation, Inc. EIN: 58-2368165

| Name | Title | Compensation | Contributions to Employee Benefit Plan | Expense Account/Other Allowances |
|---|---|---|---|---|
| Timothy E. Wirth | President/Director | $268,060 | $9,898 | $0 |
| Kathryn Bushkin | Executive Vice President | $38,116 | $0 | $0 |
| Jane H. Lute | Executive Vice President | $125,220 | $6,842 | $0 |
| David M. Carter | Treasurer and CFO | $125,947 | $7,557 | $0 |
| TOTALS | | $557,343 | $24,297 | $0 |

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

Department of the Treasury
Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

**Supplementary Information—(See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2003**

Name of the organization: BETTER WORLD FUND, INC.

**Employer identification number:** 58-2366765

## Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than $50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| Name PHYLLIS CUTTINO<br>Str C/O UN FOUNDATION, 1225 CONN AVE<br>City WASHINGTON ST DC<br>Zip 20036 Country | VP PUBLIC AFFAIRS<br>FULL-TIME | 76,350 | 4,581 | 0 |
| Name JULIE HUGHES<br>Str C/O UN FOUNDATION, 1225 CONN AVE<br>City WASHINGTON ST DC<br>Zip 20036 Country USA | DIR SPECIAL PROJECTS<br>FULL-TIME | 95,000 | 0 | 0 |
| Name SUSAN MYERS<br>Str C/O UN FOUNDATION, 1225 CONN AVE<br>City WASHINGTON ST DC<br>Zip 20036 Country USA | LEGISLATIVE DIRECTOR<br>FULL-TIME | 90,000 | 5,400 | 0 |
| Name JONATHAN RICH<br>Str C/O UN FOUNDATION, 1225 CONN AVE<br>City WASHINGTON ST DC<br>Zip 20036 Country USA | FIELD DIRECTOR<br>FULL-TIME | 90,000 | 5,400 | 0 |
| Name<br>Str<br>City ST<br>Zip Country | Title<br>Avg hr/wk | | | |
| Total number of other employees paid over $50,000 | 0 | | | |

## Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| Name CHLOPAK, LEONARD, SCHECTER — Check here if a business [X]<br>Str 1850 M STREET, N.W., SUITE 550<br>City WASHINGTON<br>ST DC ZIP 20036 Country USA | CONSULTING | 1,953,972 |
| Name WEBER MERRITT STRATEGIES — Check here if a business [X]<br>Str C/O CLARK & WEINSTOCK, 52 VANDERBILT AVENUE<br>City NEW YORK<br>ST NY ZIP 10017 Country USA | CONSULTING | 1,559,956 |
| Name NATIONAL JOURNAL GROUP — Check here if a business [X]<br>Str 1501 M STREET, N.W., SUITE 300<br>City WASHINGTON<br>ST DC ZIP 20005 Country USA | PUBLISHING | 1,046,425 |
| Name THE ADVERTISING COUNCIL, INC. — Check here if a business [X]<br>Str 261 MADISON AVENUE<br>City NEW YORK<br>ST NY ZIP 10016 Country USA | CONSULTING | 612,996 |
| Name GOOD WORKS GROUP — Check here if a business [X]<br>Str 3800 ARAPAHOE, SUITE 210<br>City BOULDER<br>ST CO ZIP 80303 Country USA | FUNDRAISING | 399,801 |
| Total number of others receiving over $50,000 for professional services | 12 | |

## Part III Statements About Activities (See page 2 of the instructions.)

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities $ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | 1 | | X |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)* | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| b | Lending of money or other extension of credit? | 2b | | X |
| c | Furnishing of goods, services, or facilities? LEGAL FEES OF $30,014 PAID TO SECRETARY'S LAW FIRM* | 2c | X | |
| d | Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? PART V, FORM 990 | 2d | X | |
| | **If the only compensation/repayment relates to amounts the organization reported in Part V of Form 990, or Part IV of Form 990-EZ, check Yes and write "See Part V, Form 990," or "See Part IV of Form 990-EZ,".** | | | |
| e | Transfer of any part of its income or assets? | 2e | | X |
| 3 a | Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) | 3a | | X |
| b | Do you have a section 403(b) annuity plan for your employees? | 3b | | X |
| 4 | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4 | | X |

## Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** City ST Country

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11 b ☒ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| **(a)** Name(s) of supported organization(s) | **(b)** Line number from above |
|---|---|
| | |
| | |
| | |

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

*LAWSON, DAVIS, PICKERIN, & SEYDEL, 285 PEACHTREE CTR AVE, NE, ATLANTA, GA 30303

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

**Note:** *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

| | Calendar year (or fiscal year beginning in) | (a) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total |
|---|---|---|---|---|---|---|
| 15 | Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 21,785,465 | 7,390,646 | 5,950,349 | 11,906,909 | 47,033,369 |
| 16 | Membership fees received | | | | | 0 |
| 17 | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0 |
| 18 | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 108,266 | 110,865 | 184,343 | 339,576 | 743,050 |
| 19 | Net income from unrelated business activities not included in line 18 | | | | | 0 |
| 20 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 21 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | 12,221 | 12,221 |
| 22 | Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0 |
| 23 | Total of lines 15 through 22 | 21,893,731 | 7,501,511 | 6,134,692 | 12,258,706 | 47,788,640 |
| 24 | Line 23 minus line 17 | 21,893,731 | 7,501,511 | 6,134,692 | 12,258,706 | 47,788,640 |
| 25 | Enter 1% of line 23 | 218,937 | 75,015 | 61,347 | 122,587 | |

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 — **26a** 955,773

**b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts — **26b** 36,618,344

**c** Total support for section 509(a)(1) test: Enter line 24, column (e) — **26c** 47,788,640

**d** Add: Amounts from column (e) for lines: 18 743,050 19 0 22 0 26b 36,618,344 — **26d** 37,361,394

**e** Public support (line 26c minus line 26d total) — **26e** 10,427,246

**f** **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** — **26f** 21.82%

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2002) ________ (2001) ________ (2000) ________ (1999) ________

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2002) ________ (2001) ________ (2000) ________ (1999) ________

**c** Add: Amounts from column (e) for lines: 15 0 16 0 17 0 20 0 21 0 — **27c** 0

**d** Add: Line 27a total 0 and line 27b total 0 — **27d** 0

**e** Public support (line 27c total minus line 27d total) — **27e** 0

**f** Total support for section 509(a)(2) test: Enter amount from line 23, column (e) — **27f** 0

**g** **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** — **27g** 0.00%

**h** **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** — **27h** 0.00%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V** **Private School Questionnaire** (See page 7 of the instructions.) N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | | |
| 32 | Does the organization maintain the following: | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | | |
| a | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check a [X] if the organization belongs to an affiliated group. Check b [ ] if you checked "a" and "limited control" provisions apply.

| | **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|---|---|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | 36,733 | 36,733 |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | 390,674 | 390,674 |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | 427,407 | 427,407 |
| 39 | Other exempt purpose expenditures | 39 | 21,669,816 | 100,153,767 |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | 22,097,223 | 100,581,174 |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table— | 41 | 1,000,000 | 1,000,000 |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | 250,000 | 250,000 |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | 0 | 0 |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | 0 | 0 |

| **If the amount on line 40 is—** | **The lobbying nontaxable amount is—** |
|---|---|
| Not over $500,000 | 20% of the amount on line 40 |
| 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 |

**Caution:** *If there is an amount on either line 43 or line 44, you must 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 instructions for lines 45 through 50 on page 11 of the instructions.)

| | Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|---|---|---|---|---|---|---|
| 45 | Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | | 6,000,000 |
| 47 | Total lobbying expenditures | 427,407 | 422,539 | 321,753 | 447,188 | 1,618,887 |
| 48 | Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | 1,500,000 |
| 50 | Grassroots lobbying expenditures | 36,733 | 89,141 | 62,482 | 139,846 | 328,202 |

**Part VI-B** **Lobbying Activity by Nonelecting Public Charities** N/A
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|---|---|---|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e 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 other means | | | |
| i Total lobbying expenditures (Add lines c through h.) | | | 0 |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | Yes | No |
|---|---|---|---|
| a Transfers from the reporting organization to a noncharitable exempt organization of: | | | |
| (i) Cash | 51a(i) | | X |
| (ii) Other assets | a(ii) | | X |
| b Other transactions: | | | |
| (i) Sales or exchanges of assets with a noncharitable exempt organization | b(i) | | X |
| (ii) Purchases of assets from a noncharitable exempt organization | b(ii) | | X |
| (iii) Rental of facilities, equipment, or other assets | b(iii) | | X |
| (iv) Reimbursement arrangements | b(iv) | | X |
| (v) Loans or loan guarantees | b(v) | | X |
| (vi) Performance of services or membership or fundraising solicitations | b(vi) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | | |

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| | | |

**Schedule B**
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

**2003**

Name of organization: BETTER WORLD FUND, INC.

Employer identification number: 58-2366765

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (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 box(es) for both the General rule and a Special rule—see instructions.)*

**General Rule—**

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . $ ____________

**Caution:** *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

| Name of organization | Employer identification number |
|---|---|
| BETTER WORLD FUND, INC. | 58-2366765 |

**Part I** **Contributors** (See Specific Instructions.) SEE DETAIL ATTACHED

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| ____ | ☐ Check if above is a business<br>Foreign State or Provence:<br>Foreign Country: | $ ______ | Person ☐<br>Payroll ☐<br>Noncash ☐<br>(Complete Part II if there is a noncash contribution.) |
| ____ | ☐ Check if above is a business<br>Foreign State or Provence:<br>Foreign Country: | $ ______ | Person ☐<br>Payroll ☐<br>Noncash ☐<br>(Complete Part II if there is a noncash contribution.) |
| ____ | ☐ Check if above is a business<br>Foreign State or Provence:<br>Foreign Country: | $ ______ | Person ☐<br>Payroll ☐<br>Noncash ☐<br>(Complete Part II if there is a noncash contribution.) |
| ____ | ☐ Check if above is a business<br>Foreign State or Provence<br>Foreign Country: | $ ______ | Person ☐<br>Payroll ☐<br>Noncash ☐<br>(Complete Part II if there is a noncash contribution.) |
| ____ | ☐ Check if above is a business<br>Foreign State or Provence:<br>Foreign Country: | $ ______ | Person ☐<br>Payroll ☐<br>Noncash ☐<br>(Complete Part II if there is a noncash contribution.) |
| ____ | ☐ Check if above is a business<br>Foreign State or Provence:<br>Foreign Country: | $ ______ | Person ☐<br>Payroll ☐<br>Noncash ☐<br>(Complete Part II if there is a noncash contribution.) |

Name of organization: BETTER WORLD FUND, INC.

Employer identification number: 58-2366765

**Part II** **Noncash Property** (See Specific Instructions.) SEE DETAIL ATTACHED

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

Name of organization: BETTER WORLD FUND, INC.

Employer identification number: 58-2366765

**Part III** *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete columns **(a)** through **(e)** and the following line entry.)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year (Enter this information once—see instructions.) $ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| For. Prov. Country | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| For. Prov. Country | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| For. Prov. Country | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| For. Prov. Country | |

**Better World Fund, Inc.**
**Taxable Year Ended December 31, 2003**
**TIN: 58-2366765**
**Form 990, Part I, Schedule B, List of Contributors of $5,000 or More**

| Donor Name | Cash | Non-Cash | Total |
|---|---|---|---|
| | | $19,864,545 | $19,864,545 |
| | $3,682,388 | | $3,682,388 |
| | $1,000,000 | | $1,000,000 |
| | $250,000 | | $250,000 |
| | $220,000 | | $220,000 |
| | $150,000 | | $150,000 |
| | $100,000 | | $100,000 |
| | $100,000 | | $100,000 |
| | $50,000 | | $50,000 |
| | $40,000 | | $40,000 |
| | $40,000 | | $40,000 |
| | $35,000 | | $35,000 |
| | $25,000 | | $25,000 |
| | $25,000 | | $25,000 |
| | $20,000 | | $20,000 |
| | $15,000 | | $15,000 |
| | $9,092 | | $9,092 |
| | $5,000 | | $5,000 |
| | $5,000 | | $5,000 |
| | $5,771,480 | $19,864,545 | $25,636,025 |
| Aggregate Contributions < $5,000 | $7,131 | | $7,131 |
| **Total Contributions per form 990, Line 1** | **$5,778,611** | **$19,864,545** | **$25,643,156** |

ALL CONTRIBUTORS MAY BE CONTACTED CARE OF BETTER WORLD FUND, INC.

***THIS SCHEDULE IS NOT OPEN TO PUBLIC INSPECTION***

**Better World Fund, Inc.**
**Taxable Year Ended December 31, 2003**
**TIN: 58-2366765**
**Form 990, Schedule B, Part II, List of Contributors of $5,000 or More**
**Detail of Non-Cash Contributions**

| Donor Name | Stock | Date | No. of Shares | Price per Share | FMV at Date of Sale |
|---|---|---|---|---|---|
| Turner, R.E. | $19,864,545 | 7/14/2003 | 1,195,815 | $16.6117 | 19,864,520 |

***THIS SCHEDULE IS NOT OPEN TO PUBLIC INSPECTION***

Form **8868** (December 2000) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Note:** ***Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

**PART I** **Automatic 3-Month Extension of Time**-Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only** ► [ ]

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

| Type or print | Name of Exempt Organization | Employer identification number |
|---|---|---|
| | BETTER WORLD FUND, INC. | 58-2366765 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. | |
| | 1225 CONNECTICUT AVENUE, N.W., Room No. 400 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | WASHINGTON, DC 20036 | |

**Check type of return to be filed** (file a separate application for each return):

| | | |
|---|---|---|
| [X] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (sec. 401(a) or 408(a) trust) | [ ] Form 5227 |
| [ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . . . . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the **whole** group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► [X] calendar year 2003 or
► [ ] tax year beginning ______________ , and ending ______________

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . . . . . . . . . . . . . . . . $ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . . . . . $ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . . . . . . . . . . . . . . . . . . . . $ 0

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► [illegible] Title ► CHIEF FINANCIAL OFFICER Date ► [illegible]

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0437837415
Aug. 30, 2004 LTR 400C
58-2366765 200312 67 000
04284
BODC: TE

BETTER WORLD FUND
% ROBERT I BIEBEL PRICE WATERHOUSE
1225 CONNECTICUT AVE NW STE 400
WASHINGTON DC 20036-2604999

Taxpayer Identification Number: 58-2366765
Tax Period(s): Dec. 31, 2003

Form: 990

Dear Taxpayer:

Thank you for the inquiry dated July 06, 2004.

The date to file your return for the tax period identified above has been extended to Aug. 15, 2004.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number (    )______________________ Hours__________________

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

**Note:** *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

## PART II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

| | | |
|---|---|---|
| **Type or print** | Name of Exempt Organization<br>BETTER WORLD FUND, INC. | **Employer identification number**<br>58-2366765 |
| File by the extended due date for filing the return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1225 CONNECTICUT AVENUE, N.W., Room No. 400 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>WASHINGTON, DC 20036 | |

**Check type of return to be filed** (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the **whole** group, check this box ▶ [ ]. If it is for **part** of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2004.

5 For calendar year 2003, or other tax year beginning ________ and ending ________.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return. The annual audit of the organization is not yet complete. Once the audit has been completed the return will be promptly filed.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . $ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . $ 0

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . $ 0

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Chief Financial Officer Date ▶ 11 Aug 04

### Notice to Applicant-To Be Completed by the IRS

[✓] We **have** approved this application. Please attach this form to the organization's return.

[ ] We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

[ ] We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.

[ ] Other ________

EXTENSION APPROVED
AUG 13 2004
FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Director By: ________ Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

| | |
|---|---|
| **Type or print** | **Name** |
| | **Number and street (include suite, room, or apt. no.) Or a P.O. box number** |
| | **City or town, province or state, and country (including postal or ZIP code)** |

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0437837415
Aug. 30, 2004 LTR 400C
58-2366765 200312 67 000
04284
BODC: TE

BETTER WORLD FUND
% ROBERT I BIEBEL PRICE WATERHOUSE
1225 CONNECTICUT AVE NW STE 400
WASHINGTON DC 20036-2604999

Taxpayer Identification Number: 58-2366765
Tax Period(s): Dec. 31, 2003

Form: 990

Dear Taxpayer:

Thank you for the inquiry dated July 06, 2004.

The date to file your return for the tax period identified above has been extended to Aug. 15, 2004.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number (    )________________________ Hours________________

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

BETTER WORLD FUND
% ROBERT I BIEBEL PRICE WATERHOUSE
1225 CONNECTICUT AVE NW STE 400
WASHINGTON DC 20036-2604999

The IRS address must appear in the window.
0437837415

BODCD-TE

Letter Number: LTR0400C
Letter Date : 2004-08-30
Tax Period : 200312

*582366765*

BETTER WORLD FUND
% ROBERT I BIEBEL PRICE WATERHOUSE
1225 CONNECTICUT AVE NW STE 400
WASHINGTON DC 20036-2604999

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0038

582366765 XY 67 2 200312 000 00000000000

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

**Note:** *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

**PART II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

| | | |
|---|---|---|
| **Type or print**<br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br>BETTER WORLD FUND, INC. | **Employer identification number**<br>58-2366765 |
| | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1225 CONNECTICUT AVENUE, N.W., Room No. 400 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>WASHINGTON, DC 20036 | |

**Check type of return to be filed** (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does **not** have an office or place of business in the United States, check this box . . . . . . . . . . . . ► [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the **whole** group, check this box ► [ ]. If it is for **part** of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until 11/15/2004.

**5** For calendar year 2003, or other tax year beginning ______ and ending ______.

**6** If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

**7** State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return. The annual audit of the organization is not yet complete. Once the audit has been completed the return will be promptly filed.

**8 a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ 0

**b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . $ 0

**c** **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . $ 0

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► [signature] Title ► Chief Financial Officer Date ► [handwritten date]

## Notice to Applicant-To Be Completed by the IRS

[X] We **have** approved this application. Please attach this form to the organization's return.

[ ] We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

[ ] We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.

[ ] Other ______

______ By: ______ ______
Director Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

| | |
|---|---|
| **Type or print** | **Name** |
| | **Number and street (include suite, room, or apt. no.) Or a P.O. box number** |
| | **City or town, province or state, and country (including postal or ZIP code)** |

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

**Note:** ***Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

## PART II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

| Type or print | Name of Exempt Organization | Employer identification number |
|---|---|---|
| | UNITED NATIONS FOUNDATION, INC. | 58-2368165 |
| File by the extended due date for filing the return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. | For IRS use only |
| | 1225 CONNECTICUT AVENUE, N.W., Room No. 400 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | WASHINGTON, DC 20036 | |

**Check type of return to be filed** (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does **not** have an office or place of business in the United States, check this box . . . ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the **whole** group, check this box ▶ [ ]. If it is for **part** of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until 11/15/2004.

**5** For calendar year 2003, or other tax year beginning ________ and ending ________.

**6** If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

**7** State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return. The annual audit of the organization is not yet complete. Once the audit has been completed the return will be promptly filed.

**8 a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . $ 0

**b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . $ 0

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### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ Chief Financial Officer Date ▶ 6 Aug 04

### Notice to Applicant-To Be Completed by the IRS

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[ ] Other ________

________ By: ________ ________

Director Date

**Alternate Mailing Address -** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

| Type or print | |
|---|---|
| | **Name** |
| | **Number and street (include suite, room, or apt. no.) Or a P.O. box number** |
| | **City or town, province or state, and country (including postal or ZIP code)** |