PUBLIC DISCLOSURE COPY

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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	OI til	, 2010, and endi	ng		, 20
Во	heck if ar	C Name of organization		D Employer identific	ation number
	_	BETTER WORLD FUND, INC.		58-236676	5
	Addre	ge Doing Business As			
	Name	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	r
	Initial	return 1800 MASSACHUSETTS AVENUE, NW STE 4	00	(202) 887-9	040
	Termi	City or town, state or country, and ZIP + 4		,	
	Amen			G Gross receipts \$	10,450,964.
		F Name and address of principal officer. KATUDVN CATULN WATTED C		H(a) Is this a group retu	
		1800 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 200	05	affiliates?	100 21 100
1	Tax-ex	rempt status: Y sactives	27	H(b) Are all affiliates inc	
J	Websi	ite: WWW.BETTERWORLDFUND.ORG	21		
			nf form of	ion: 1998 M State	
Pa	NAME OF TAXABLE PARTY.	Summary	or format	ion: 1990 M State	of legal domicile: GA
_	'	Briefly describe the organization's mission or most significant activities:SEE SCHEDULE O			
Activities & Governance					
rna					
ove	2	Check this box ▶ if the organization discontinued its operations or disposed of more the			
Ü		Number of until a season of the season of th		1 1	4.0
SS	4	Number of independent veting marsh as of the second (Part VI, line 1a)		3	13.
Viti.	5	Number of independent voting members of the governing body (Part VI, line 1b)		4	12.
cti	6	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			17.
•	72	Total gross uprelated by increase and the D. A. W. B. C.		6	13.
	h	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	D	Net unrelated business taxable income from Form 990-T, line 34			
	8	Contributions and grants (Data VIII Vice 41)		Prior Year	Current Year
Revenue	9	Contributions and grants (Part VIII, line 1h)	-	14,153,012.	10,435,520.
ver	40	Program service revenue (Part VIII, line 2g)		0.	0.
æ	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,512.	15,444.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	65,189.	0.
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	14,259,713.	10,450,964.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,592,597.	2,471,478.
	15	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	16-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	3,091,278.	3,499,835.
pen	IOA	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 982,386.		0.	0.
EX	47	Other rundraising expenses (Part IX, column (D), line 25)	416.0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	5,709,461.	6,522,393.
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,393,336.	12,493,706.
- w	19	Revenue less expenses. Subtract line 18 from line 12		-4,133,623.	-2,042,742.
Net Assets or Fund Balances	20	Total county (Dat V. Box 40)		ning of Current Year	End of Year
Sala		Total assets (Part X, line 16)		28,651,106.	22,912,269.
et A		Total liabilities (Part X, line 26)		5,529,485.	1,833,390.
	The second second	Net assets or fund balances. Subtract line 21 from line 20		23,121,621.	21,078,879.
Pa		Signature Block			
cori	ect, an	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an	its, and to	the best of my knowle	dge and belief, it is true,
				1	
Sign		Janel			
п	ere	Signature of officer		Date	
		RICHARD S. PARNELL COO			
-		Type or print name and title			
Paid		Print/Type preparer's name Preparer's signature Date		Check if	PTIN
	arer		8 2011	self- employed	P00369623
	Only	Firm's name PRICEWATERHOUSECOOPERS, LLP		Firm's EIN ▶ 13-	4008324
	-	Firm's address ▶ 1301 K STREET NW, SUITE 800W WASHINGTON, DC 20005-3333	1		-414-1000
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
For JSA	Paper	work Reduction Act Notice, see the separate instructions.			Form 990 (2010)

(Rev. January 2011) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization Employer identification number print BETTER WORLD FUND, INC. 58-2366765 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 1800 MASSACHUSETTS AVENUE NW, SUITE 400 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions WASHINGTON, DC 20036 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Application Return Application Return Is For Code is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ➤ WALTER CORTES Telephone No. ► 202-887-9040 FAX No.▶ • 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) . If this is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 10 or ► tax year beginning , 20 , and ending , 20 . ☐ Change in accounting period 3a 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. 3a N/A 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. 3b N/A Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

10,847,394.

4e Total program service expenses ▶

Part IV 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,"			
2	complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
٠	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	es.		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
_	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 Proceeding 00.400 to the control of th			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
6	Part III	5		X
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	_		3.7
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
	complete Schedule D, Part III			v
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	- 8		X
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV			Х
10	Did the organization, directly or through a related organization, hold assets in term nermanent or	9		Λ
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		HERE'S TO	
	Schedule D, Part VI	11a	х	
-	bid 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
•	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
(I Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X	11e	X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
1 4 6	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
•	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
ŀ	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ē	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.		v	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	X	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4.5	Х	
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	Λ	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a2	10		
	If "Yes," complete Schedule G, Part III	19		X
0 a	bid the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	if "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note, Some Form			
_	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	Checklist of Required Schedules (continued)		F	Page 4
	- The state of the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	NO
	in the United States 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 and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	
24 a	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 24h			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ч	to defease any tax-exempt bonds?	24c		
25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.	24d		
Loa	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yea" complete Set with a disqualified person during the year?			
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
-	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	0.51		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
	disqualified person outstanding as of the end of the organization's tax year? 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,	20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	It "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 I	1000	Dist.	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	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)			
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
00	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		X
	Part I	24		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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. Parts II. III.			
	IV, and V, line 1	34	X	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Х	
а	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,			
36	Part V, line 2			
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			-
37	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
٠.	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	-		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		X
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 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 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," 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. If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," enter the name of the foreign country. 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c 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 and services provided to the payment.	Pai				i age
The Enter the number reported in Box 3 of Form 1096. Enter-0-if not applicable. b Enter the number of Forms W-2G included in line 1s. Enter-0-if not applicable. b Could the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 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 2 In 7 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 is and 2 as it greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A 1 As it is 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, scornifes account; or other financial account in a foreign country (such as a bank account, scornifes account; or other financial accounts. 5 a Was the organization have any to a prohibited tax shelter transaction at any time during the text year? 5 a Was the organization have any to a prohibited tax shelter transaction at any time during the text year? 5 a Was the organization have any any organization that it was or is a party to a prohibited tax shelter transaction at any time during the text year? 5 a Was the organization have any any organization that it was or is a party to a prohibited tax shelter transaction at any time during the text year? 5 a Was the organization have any any organization that it was or is a party to a prohibited tax shelter transaction at any time during the year organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 6 a Does the organization sell accountification of the year organization sell any organization inclu		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-26 included in line 1st. Enter -0- If not applicable, 16 c 10 dt he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 1 17 bt 41 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 2 is greater than 250, you may be required to -6/li. (see instructions) 3 Did the organization have unveilated business gross isonome of \$1,000 or more during the year? 3 Did the organization have unveilated business gross isonome of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountrial in a foreign country (such as a bank account, securities account, or other financial accountrial accountrial accountry (such as a bank account, securities account, or other financial accountrial accountrial accountrial accountrial accountrial accountrial accountrial accountrial accountrial accountry (such as a bank account, securities account, or other financial accountry). 5 If 'Yes,' enter the name of the foreign country Security (such as a bank account, securities accountry (such as a bank account, securities accountry). 5 If 'Yes,' enter the name of the foreign country Security (such as a bank account, securities accountrial accountrial accountrial accountrial accountrial				1000	No
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for a "No" response to line 8, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI	Par	for a "No" response to line 32. 2h and Olive For each "Yes" response to lines 2 through 7	b bel	ow,	and
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 14 Does the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Dother officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Did If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16a X Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
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Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official 15 Did the organization's CEO, Executive Director, or top management official 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Dif "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organizati		Does the organization base a written conflict of interest to all 10 to 1		**	
rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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? 15 Did the organization's CEO, Executive Director, or top management official 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. BWF, 1800 MASSACHUSETTS AVENUE, NW STE 400 WASHINGTON DOCUMENTS AVENUE.		Are officers, directors or trustees, and key employees required to direct to the directors of trustees, and key employees required to directors.	12a	X	
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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? The organization's CEO, Executive Director, or top management official	14	Does the organization have a written document retention and destruction policy?		1000	
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with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 4 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website	160	Did the experiential invest in a partitle to			
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	ıoa	with a tayable entity during the ward.	NESS.		
the organization's exempt status with respect to such arrangements?	h	If "Yes " has the organization adopted a written policy or precedure as a side of the control of	16a		X
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed — ATTACHMENT 4 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X	-	its participation in joint venture arrangements under applicable foderal tax law and talears the control of the			
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	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990, T (501(a)(3))			
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20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BWF, 1800 MASSACHUSETTS AVENUE, NW STE 400 WASHINGTON DC 20036		Another's website X Upon request			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BWF, 1800 MASSACHUSETTS AVENUE, NW STE 400 WASHINGTON DC 20036	19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► BWF, 1800 MASSACHUSETTS AVENUE, NW STE 400 WASHINGTON, DC 20036		policy, and illiancial statements available to the public.			
organization: Party 1000 MASACHUSETTS AVENUE, NW STE 400 WASHINGTON, DC 20036	20	State the name, physical address, and telephone number of the person who possesses the books and records of the	е		
		organization: Para respectively and STE 400 WASHINGTON, DC 20036			

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.

	Check this box if neither	the organization nor any related org	ganization compensated any current officer, dire	ctor, or trustee
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(A) Name and Title	(B)			(C				(D)	(E)	(F)	
	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
(1) RE TURNER											
CHAIRMAN	5.00	X						0.	0.	C	
(2) HER MAJESTY QUEEN RANIA AL-A	_										
DIRECTOR	5.00	X						0.	0.	C	
(3) KOFI ANNAN											
DIRECTOR	5.00	X						0.	0.	C	
(4) GRO HARLEM BRUNDTLAND											
DIRECTOR	5.00	X						0.	0.	C	
(5) YUAN MING											
DIRECTOR	5.00	Х						0.	0.		
(6) N.R. NARAYANA MURTHY				\forall							
DIRECTOR	5.00	Х						0.	0.		
(7) HISASHI OWADA				\dashv							
DIRECTOR	5.00	Х						0.	0.	C	
(8) EMMA ROTHSCHILD	1			7				-			
DIRECTOR	5.00	Х						0.	0.		
(9) NAFIS SADIK				7					, , , , , , , , , , , , , , , , , , ,		
DIRECTOR	5.00	X						0.	0.		
(10)ANDREW YOUNG				\dashv			_				
DIRECTOR	5.00	Х						0.	0.		
(11)MUHAMMAD YUNUS				\dashv					0.		
DIRECTOR	5.00	Х						0.	0.	,	
(12)IGOR S IVANOV				\dashv				· ·	0.	(
DIRECTOR	5.00	Х						0.	0.	,	
(13)TIMOTHY E WIRTH	1			+	-			0.	0.	(
PRESIDENT	6.00	х	.	х				58,422.	300 000	17 066	
(14)RUTHERFORD SEYDEL	- 0.00		-					50,422.	390,980.	17,268	
SECRETARY OF THE BOARD	5.00			x				0.			
(15)KATHRYN CALVIN WALTERS	+ 3.00		-	**				0.	0.	(
CEO	6.00			х				38,970.	260,794.	34,908	
(16)RICHARD PARNELL										, 500	
CHIEF OPERATING OFFICER	6.00			X				28,367.	189,836	20,938	

JSA

Form 990 (2010)

Form 990 (2010)					3 A 277 - 1 (1)			58-2366765		Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ed Employees (yees (continued)						
(A) Name and title	(B) (C) Average Position (check all tha							(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(17) PETER YEO										
VICE PRESIDENT (18) ROBERT SKINNER	40.00					X		211,653.	0	. 33,252
ASSOCIATE DIRECTOR	40.00					X		152,865.	0	24,559
(19) GILLIAN SORENSEN						**		132,003.	0	. 24,559
SENIOR ADVISOR	40.00					Х		138,442.	0	6,654
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total				_				628,719.	841,610	. 137,579.
c Total from continuation sheets to Part VII, S	ection A .						>			
d Total (add lines 1b and 1c)	limited to the	hose	liste	d al	 oov	e) who	o re	628,719 ceived more than		137,579.
reportable compensation from the organization			3							Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or or	tru	ste	e, I	key e	mp	loyee, or highes	t compensated	
4 For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	table	e c	om	nensa	ation	and other com	nensation from	3 X
Individual										4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co es," comple	mpen te Sc	satio hedu	on f	fron I foi	n any r <i>such</i>	uni per	related organization	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization.	compensat	ed in	idep	enc	lent	cont	rac	tors that received	d more than \$1	00,000 of
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
ATTACHMENT 5										
2. Total number of independ										
2 Total number of independent contractors (ir more than \$100,000 in compensation from the	cluding bu	ıt not ion ►	l lim	ited		thos	e li	sted above) who	received	
ISA	- organizat					т			th Co	Form 990 (2010

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts tr	1 a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b					
am,	С	Fundraising events 1c					
igi.	d	Related organizations 1d					
ons	е	Government grants (contributions) 1e					
ber	f	All other contributions, gifts, grants,					
ot		and similar amounts not included above . 1f	10,435,520.				
Cor	g	Noncash contributions included in lines 1a-1f: \$					
200000000000000000000000000000000000000	<u>h</u>	Total. Add lines 1a-1f		10,435,520.			
enn			Business Code				
Rev	2a						
ce	b						
ezi	С						
u S	d						
Jrai	е						
Program Service Revenue	f	All other program service revenue			CANAGE S W. A. Marketter	CONTRACTOR AND TO SERVICE OF THE SER	
-	g	Total. Add lines 2a-2f		0.	(特殊) (1965年)		
	3	Investment income (including dividends, inte				-	
		other similar amounts)					15,444
	4	Income from investment of tax-exempt bond					
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(ii) Personal	0.			
	c -						
	6a	Gross Rents					
	b	Less: rental expenses					
	c d	Rental income or (loss)					
		(i) Securities	(ii) Other	0.			
	7 a	Gross amount from sales of	(.,, 5				
	b	assets other than inventory Less: cost or other basis					
	D						
	С		+				
1	d	Gain or (loss)		0.			
ne	8 a	Gross income from fundraising					
	va	events (not including \$					
) ve		of contributions reported on line 1c).					
æ		See Part IV, line 18					
er	h	Less: direct expenses					
Other Reven	c	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activities.		0.		SALES CONTRACTOR OF THE PLANE OF	
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code	4444			
	11a				200		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
80	12	Total revenue. See instructions		10,450,964.			15,444.

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) but are not required to complete columns.

	All other organizations must complete on the c	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,413,478.	2,413,478.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	58,000.	58,000.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	760,209.	654,567.	65,063.	40,579
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			20,013
7	Other salaries and wages	2,229,701.	1,604,555.	313,993.	311,153
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	146,734.	107,532.	21,274.	17,928
9	Other employee benefits	234,180.	222,170.	9,065.	2,945
10	Payroll taxes	129,011.	117,164.	4,912.	6,935
11	Fees for services (non-employees):	0.			
	Management	299,936.	204 200	14 500	
	Legal		284,202.	14,592.	1,142
	Accounting	136,092.	100,576.	33,307.	2,209
	Lobbying	589,595.	589,595.		
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.	2 22 2 2 2 2		
	Other	4,316,441.	3,884,076.	85,892.	346,473
12	Advertising and promotion	0.			
13	Office expenses	271,492.	157,584.	46,590.	67,318
14	Information technology	28,939.	11,542.	16,073.	1,324
15	Royalties	0.			
16	Occupancy	364,545.	344,792.	19,604.	149
17	Travel	380,994.	192,353.	18,761.	169,880
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	81,085.	71,800.	2,000.	7,285
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	4,511.	451.	4,060.	
23	Insurance	3,435.	2,832.	204.	399
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
	COMMUNICATIONS	45,328.	30,125.	8,536.	6,667
b					
C				`	
d					
е					
	All other expenses	10 105 = 5			
25	Total functional expenses. Add lines 1 through 24f	12,493,706.	10,847,394.	663,926.	982,386
26	Joint Costs. Check here \blacktriangleright X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·

Pa	rt X	Balance Sheet					Page 11
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			28,481,006.	2	21,792,381.
	3	Pledges and grants receivable, net	150,000.	3	1,056,269.		
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers					
		employees, and highest compensated employe					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	der sec	tion 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers					
S		section 501(c)(9) voluntary employees' beneficiary organization	s (see in	structions)		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2	9	48,030.
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D		79,468.			
	b	Less: accumulated depreciation			20,100.	10c	15,589.
	11	Investments - publicly traded securities				11	, , , , , , , , , , , , , , , , , , , ,
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	4)	28,651,106.		22,912,269.
	17	Accounts payable and accrued expenses			389,671.		429,866.
	18	Grants payable		3,691,662.		201,362.	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete	e Part	IV of Schedule D		21	
Liabilities	22	Payables to current and former officers,	direct	ors, trustees, key	Lieu et et et et et et et et et		
abi		employees, highest compensated employees,					
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelat	ed thir	d parties	***	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities. Complete Part X of Schedule D .			1,448,152.		1,202,162.
	26	Total liabilities. Add lines 17 through 25			5,529,485.		1,833,390.
ses		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	e > [X and complete			
anc	27	Unrestricted net assets			15,331,289.	27	14,930,759.
Sal	28	Temporarily restricted net assets			7,790,332.	28	6,148,120.
Б	29	Permanently restricted net assets		29	7/210/2201		
or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds .		30			
Se	31	Paid-in or capital surplus, or land, building, or equ		31			
As	32	Retained earnings, endowment, accumulated inc	or other funds		32		
Net Assets	33	Total net assets or fund balances	J.1.10, 1	5. 53101 141145 , , , ,	23,121,621.	33	21,078,879.
_	34	Total liabilities and net assets/fund balances			28,651,106.		22,912,269.
					20,001,100.	34	22,312,209.

Form **990** (2010)

58-2366765

Check if Schedule O contains a response to any question in this Part XI. 1 Total revenue (must equal Part VIII, column (A), line 12). 2 12, 493, 70 2 Total expenses (must equal Part IX, column (A), line 25). 2 12, 493, 70 3 Revenue less expenses. Subtract line 2 from line 1 3 -2, 042, 74 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 23, 121, 62 5 Other changes in net assets or fund balances (explain in Schedule O) 5 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 7 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 7 7 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	P.	art XI Reconciliation of Net Assets		Pa	age 1 2
2 10tal expenses (must equal Part IX, column (A), line 25). 2 12, 493, 70 Revenue less expenses. Subtract line 2 from line 1 3 -2, 042, 74 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 23, 121, 62 Other changes in net assets or fund balances (explain in Schedule O). 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)). 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 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," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
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Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis. Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	2	Total expenses (must equal Part IX, column (A), line 25)	12,4	93,	706.
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 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," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3	Revenue less expenses. Subtract line 2 from line 1			
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Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990:	5	Other changes in net assets or fund balances (explain in Schedule O)			
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Accounting method used to prepare the Form 990:	Pa				
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the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis	b	Were the organization's financial statements audited by an independent accountant?	0.000	v	X
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis		the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If the organization changed either its oversight process or selection process during the tax year, explain in			F 1
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the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		The state of the	1000
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		the Single Audit Act and OMP Circular A 1999	3a		x
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

BETTER	R WORLD FUND,	INC.						Emplo		tification number
Part I			ıs (All organizations mu	et cor	mnlote	thic n	ort \ C	o inetr	58	-2366765
The orga	nization is not a pri	vate foundation be	cause it is: (For lines 1 th	rough	11 ob	ook only	art.) Se	e msu	uctions	
1	A church, convent	ion of churches or	association of churches	describ	n, un	cok only	470/b)	(A.) (A.) (A.) (E		
2	A school described	d in section 170(b)	(1)(A)(ii). (Attach Schedu	lo F I	Jeu III i	section	170(b)	(1)(A)(I).	
3	A hospital or a coo	pperative hospital	service organization descr	ihed in	sactio	n 170/I	h)/4)/A)	/:::\		
4	A medical research	ch organization or	perated in conjunction w	ith a l	noenite	docor	ibod in	(III).	470/	
5	An organization of	perated for the be	enefit of a college or univ	ersity	OWNE	d or on	orated.			
	section 170(b)(1)(A)(iv). (Complete I	Part II.)	Clusty	OWITE	a or opi	erateu	by a gc	vernme	ntal unit described in
6			t or governmental unit des	cribed	in sec	tion 17	0/6\/4\/	A\/\		
7 X	An organization th	at normally receive	es a substantial part of it	e ello	nort fr	non 170	VOLDW	A)(V).	ait or fra	Ala 1 . 1.11
	described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)	o supp	JOIL III	Jili a go	vernin	entai ui	iit or ire	om the general public
8	A community trust	described in secti	ion 170(b)(1)(A)(vi). (Com	nlete l	Part II	١				
9	An organization th	at normally receiv	es: (1) more than 331/3 %	of its	Sunna	ort from	contril	outions	momb	arabin face and
	receipts from activ	vities related to its	s exempt functions - sub	iect to	certa	in evce	ntione	and (2)) no mo	ership lees, and gross
	support from gros	ss investment inc	ome and unrelated busi	ness f	axable	incom	e (less	section) 110 1110 n 511	tay) from businesses
	acquired by the org	ganization after Ju	ne 30, 1975. See section	509(a	1(2). (Comple	te Part	11)	11 311	tax) Irom businesses
10	An organization or	ganized and opera	ated exclusively to test for	public	safety	See se	ction !	, 509(a)(4	I)	
11	An organization o	rganized and ope	erated exclusively for the	bene	fit of.	to perf	form th	e func	tions of	or to carry out the
	purposes of one of	or more publicly so	upported organizations de	escribe	ed in s	ection !	509(a)(1) or se	ection 5	09(a)(2) See section
	509(a)(3). Check t	he box that describ	pes the type of supporting	organ	ization	and co	mplete	lines 1	1e throi	igh 11h
	aIypeI	b Type	II c Type	III - F	unction	nally inte	egrated		d	Type III - Other
е	By checking this	box, I certify that	t the organization is not	contr	olled	directly	or ind	irectly	by one	or more disqualified
	persons other than	n foundation mana	agers and other than one	or mo	re pub	olicly su	pporte	d organ	izations	described in section
	509(a)(1) or section	n 509(a)(2).								
f	If the organization	received a writte	en determination from th	e IRS	that it	is a T	ype I,	Гуре II,	or Type	e III supportina
	organization, check	Ctris box							,,,	
g	Since August 17, 2	2006, has the orga	nization accepted any gift	t or co	ntribut	ion from	any o	f the		
	following persons?									
	(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogeth	er with	persor	s desc	ribed in	(ii) Yes No
	and (iii) below	the governing bo	dy of the supported organ	ization	?					11g(i)
	(ii) A family memi	per of a person de	scribed in (i) above?							11g(ii)
L	(III) A 33 /6 COTILI OI	led entity of a pers	son described in (i) or (ii) a	pove?						
<u>h</u>		W 500 (0.00 Negative)	out the supported organiza	ation(s).					
	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		Is the zation in		you notify		ls the	(vii) Amount of
			above or IRC section	col. (i)	listed in		anization I. (i) of		zation in organized	support
			(see instructions))	docu	overning ment?	your st	upport?		Ŭ.S.?	
				Yes	No	Yes	No	Yes	No	
(A)										
					-					
(B)										
								-		
(C)										
(D)										
(D)										
(F)										
(E)										
Total										
For Paper Form 990	work Reduction Act N	lotice, see the Instru	ctions for					Sci	hedule A	(Form 990 or 990-EZ) 2010

Form 990 or 990-EZ.

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,694,384.	24,339,435.	19,538,046.	14,153,012.	10,435,520.	88,160,397.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	19,694,384.	24,339,435.	19,538,046.	14,153,012.	10,435,520.	88,160,397.	
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)						55,505,684.	
6	Public support. Subtract line 5 from line 4.						32,654,713.	
	tion B. Total Support	4 > 0000						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7 8	Amounts from line 4	19,694,384.	24,339,435.	19,538,046.	14,153,012.	10,435,520.	88,160,397.	
0	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,171,082.	845,441.	543,458.	41,512.	15,444.	2,616,937.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1	0.	0.	0.	65,189.	0.	65,189.	
11	Total support. Add lines 7 through 10						90,842,523.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d thind formula	6:511		501(c)(3)	
	cion of computation of rubile Sup	port Percentag	ge					
14	Public support percentage for 2010 (lin	ne 6, column (f)	divided by line	11, column (f))		14	35.95%	
15	Public support percentage from 2009	Schedule A. Pa	rt II. line 14			15	34 780	
16a	331/3% support test - 2010. If the o	rganization did	not check the t	oox on line 13.	and line 14 is	331/3 % or more	check	
	this box and stop nere. The organization	on qualifies as a	publicly suppor	ted organization	n		X	
b	331/3% support test - 2009. If the o	rganization did	not check a bo	ox on line 13 o	r 16a and line	15 is 331/20/ 0	r more	
	check this box and stop here. The orga	anization qualifie	es as a publicly s	supported organ	nization			
17a	check this box and stop here. The organization qualifies as a publicly supported organization							
	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	Part IV flow the organization meets to	he "facts-and-ci	ircumstances" te	st. The organiz	ation qualifies	as a nublicly su	pported	
	organization							
D	10 %-lacts-and-circumstances test - 2	1009. If the org	anization did no	ot check a box	on line 13 16:	16h or 170	and line	
	is is 10% of more, and if the orga	inization meets	the "facts-and	-circumstances"	test check th	ie hay and ata	- b	
	Explain in Fait iv now the organization	on meets the "f	acts-and-circum	stances" test 1	The organization	qualifies as a	nublish	
18	supported organization							
10	Titato Toditation. Il the organization	n did not check	k a box on line	13. 16a 16b	17a or 17h	check this have	and see	
	instructions				<u></u>		▶	
					Sc	hedule A (Form 990	or 990-EZ) 2010	

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

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

Sec	tion A. Public Support						
С	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees				(-,	(0) 2010	(i) Total
	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						
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified			,			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			- 0.			
	acquired after June 30, 1975						
C	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						
13	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	Ala					
	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
Sec	organization, check this box and stop here. tion C. Computation of Public Sup	nort Paraente					▶
15	Public support percentage for 2010 (line 8	column (f) divide	d by line 12 action	(5)			
16	Public support percentage for 2010 (line 8, Public support percentage from 2009 Scheo	dule A Part III lin	to 15	^{nn (ז))}		15	%_
	tion D. Computation of Investmen	t Income Por	contage			16	%
17	Investment income percentage for 2010 (lin	o 100 solumn (Centage	0 1 101			
18	Investment income percentage for 2010 (lin	chedule A. Bert	r) alviaea by line 1	3, column (f))		17	%_
	Investment income percentage from 2009 S	anization did -	iii, iine 1/			18	%
	331/3% support tests - 2010. If the org	anization did no	check the box	on line 14, and	line 15 is more	e than 331/3%, a	and line
b	17 is not more than 331/3%, check this 331/3% support tests - 2009. If the organ	, now and stob	nere ine orga	mization qualifies	as a publicly	supported organia	zation 🕨 💹
-	331/3% support tests - 2009. If the organine 18 is not more than 331/3% check	this how and -4	on hora The	me 14 or line 19	a, and line 16 is	more than 331/3	3 %, and
20	line 18 is not more than 331/3%, check Private foundation. If the organization d	id not check :	op nere. The org	janization qualifie	s as a publicly	supported organiz	zation >
	Private foundation. If the organization d	id flot clieck a	a bux on line 1	4, 19a, or 19b,	check this bo	x and see instru	uctions >

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II	- OTHER INCO	OME.			ATTACHMENT 1	
and and the comment of the comment o	0111211 11100	J11D				
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
GRANT RECOVERIES/ADJUSTMENTS	0.	0.	0.	65,189.	0.	65,189.
TOTALS		0.	0.	65,189.	0.	65,189.

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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.

If th	e organization answered "Yes,"	s that have NOT filed Form 5768 (electi " to Form 990, Part IV, line 5 (Proxy T	on under section 501(h)): Complete Part II-B. Do no	ot complete Part II-A.
_	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.		int v, line ood (i loxy lax), t	nen
	ne of organization			() () () () () () () () () ()	fication number
CONTRACTOR OF THE PARTY OF THE	rt I-A Complete if the c			58-23	66765
-	Dravide a description of	organization is exempt under	section 501(c) or i	s a section 527 orgar	nization.
1 2 3	Political expenditures	e organization's direct and indirect p in Part IV.		> \$	
Pai	rt I-B Complete if the o	rganization is exempt under s	ection 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organizatio	n under section 495	5 \$	
2	Enter the amount of any ex	cise tax incurred by organization m	anagers under secti	on 4055 🕨 \$	
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		
4a b	If "Yes," describe in Part IV.				Yes No
_					
1		organization is exempt under	section 501(c), ex	cept section 501(c)(3).
•	activities	xpended by the filing organization	for section 527 exe	mpt function	
2	Enter the amount of the filin	g organization's funds contributed t	to other organization		
	527 exempt function activiti	es	to other organization	s for section	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ente	r here and on Form	n 1120 BOI	
	line 17b	· · · · · · · · · · · · · · · · · · ·	i fiere and off For	II 1120-POL, ▶ \$	
4	Did the filing organization file	e Form 1120-POL for this year?			
5	organization made payment the amount of political cont	s and employer identification numbers. For each organization listed, entributions received that were prompted or a political action committee (F	ber (EIN) of all sec er the amount paid oth and directly deli	tion 527 political organ from the filing organiza	izations to which filing ation's funds. Also enter
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
3)					
4)					
5)					
6)					

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

Schedule C (Form 990 or 990-EZ) 2010

JSA 0E1264 0.040

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

Α	Check ▶	Χ	if the filing organization belongs to an affiliated group.
В	Check ▶		if the filing organization checked box A and "limited control" provisions apply

<u>D</u>	Check ► If the filing organization	n checked box A and "limited control" provis	ions apply.	
	Limits on Lobi (The term "expenditures" m	bying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	28,142.	28,142.
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	602,514.	602,514.
С	Total lobbying expenditures (add lines 1	a and 1b)	630,656.	630,656.
d	Other exempt purpose expenditures	19 1 2 12 12 12 12 12 12 12 12 12 12 12 12	11,511,320.	113,511,256.
е	Total exempt purpose expenditures (add	12,141,976.	114,141,912.	
f	Lobbying nontaxable amount. Enter the	amount from the following table in both		
	columns.		1,000,000.	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)	250,000.	250,000.
h	Subtract line 1g from line 1a. If zero or le		2007000.	
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	
	section 4911 tax for this year?		1 om 4720 reporting	□v _* - □
				Yes No

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 2a through 2f on page 4.)

				J	
	Lobbying Expend	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	542,807.	340,519.	489,545.	630,656.	2,003,527.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	94,816.	44,119.	39,790.	28,142.	206,867.

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(2	(a)		(b)		
		Yes	No		Amo	ount	
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:						
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
C	Media advertisemente?						
d	Mailings to members, legislators, or the public?						
e	Publications or published or broadcast statements?						
f	Grante to other organizations for labbuilty and a contract of the contract of						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-					
i	Other activities? If "Yes," describe in Part IV Total Add lines 1c through 1i						
j	Total. Add lines 1c through 1i Did the activities in line 1 cause the exception to be not described.	Je, Les	Land a				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		555		William and		
b			Alexandra (21232			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	25.7/2 y 3	ALGANI.	HELEN		A. June	-23/350
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(0)(5)		- ti-	56576	Chys. A.	
	501(c)(6).	(6)(5)	, or s	ectio	n		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	163	NO
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	_	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		• • •		2	+	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ore	ootio	3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."			inswe	red		
2	Dues, assessments and similar amounts from members			1			
_	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).	politic	al				
а	Current year						
b	Current year			2a			
C	Carryover norm last year			2b			
3	Total Aggregate amount reported in section 6033/o\/41/A) notices of residue of the section 6033/o\/41/A)			2c			
4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es		3			
•	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	е				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible loand political expenditure next year?		973				
5	Taxable amount of lobbying and political expenditures (see instructions)			4			
Pa	Supplemental Information			5			
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information.	line 5	; and	l Part	II-B, li	ne 1i.	

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

OMB No. 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to Public ► Attach to Form 990. ► See separate instructions. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BETTER WORLD FIND

Employer identification number

	The same of the sa	WORLD FOND, INC.		58-2366765
Pa	rt I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 9	ised Funds or Other Similar Funds or 190, Part IV, line 6.	Accounts. Complete if the
			(a) Donor advised funds	(b) Funds and other accounts
1	Total r	number at end of year		(a) i and and other accounts
2	Aggre	gate contributions to (during year)		
3	Angre	gate grants from (during year)		
4	Angre	gate value at end of year		
5	Did the	organization inform all denote and denote	1	
٠	fundo	e organization inform all donors and donor a	dvisors in writing that the assets held in do	nor advised
6	used o	are the organization's property, subject to the organization inform all grantees, donors, a only for charitable purposes and not for the b	nd donor advisors in writing that grant funds	s can be
	purpos	se conferring impermissible private benefit?	 	Yes No
	LL-LL	Conservation Lasements. Complete if	the organization answered "Yes" to Fo	rm 990, Part IV, line 7.
1		se(s) of conservation easements held by the	organization (check all that apply).	
2	Compl	Preservation of land for public use (e.g., recreated to the content of natural habitat Preservation of open space lete lines 2a through 2d if the organization habitation to the last day of the towards.	Preservation of	f an historically important land area f a certified historic structure the form of a conservation
	easem	ent on the last day of the tax year.		
				Held at the End of the Tax Year
а	Total r	number of conservation easements		2a
b	l otal a	acreage restricted by conservation easements		2 b
C	Numbe	er of conservation easements on a certified	historic structure included in (a).	2c
d	Numbe	er of conservation easements included in (c)	acquired after 8/17/06, and not on a	
	historic	structure listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2d
3	Numbe	er of conservation easements modified, tran	sferred released extinguished or termina	ted by the organization during the
	tax yea	ar ▶	a, see as a commission of termina	ned by the organization during the
4	Numbe	er of states where property subject to conse	rvation easement is located	
5	Does t	he organization have a written policy regard	ing the periodic monitoring inspection has	adling of
	violatio	ons, and enforcement of the conservation ea	sements it holds?	iding of
6	Staff a	nd volunteer hours devoted to monitoring, in	specting and enforcing concernation acces	Yes No
	•		specting, and emorcing conservation ease	ements during the year
7	Amour	at of expenses incurred in monitoring, inspec	ting and enforcing account:	
	> c		ung, and enforcing conservation easemen	ts during the year
8	Does	asch conservation accoment reported as lies	0(4)	
•	(i) and	each conservation easement reported on line	e 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)
9	(I) allu	170(h)(4)(B)(ii)?		Yes No
3	III I all	XIV, describe now the organization reports	conservation easements in its revenue and	expense statement and
	organia	e sheet, and include, if applicable, the text of zation's accounting for conservation easeme	t the footnote to the organization's financia	al statements that describes the
Pa	rt III			
		Organizations Maintaining Collections Complete if the organization answered	"Vos" to Form 000 Part IV Line 0	Similar Assets.
_				
1a	works public	organization elected, as permitted under SF of art, historical treasures, or other simila service, provide, in Part XIV, the text of the fo	AS 116 (ASC 958), not to report in its real rassets held for public exhibition, educe to its financial statements that descriptions.	evenue statement and balance sheet ation, or research in furtherance of tribes these items
b	works public	organization elected, as permitted under so of art, historical treasures, or other simila service, provide the following amounts relati	SFAS 116 (ASC 958), to report in its re- r assets held for public exhibition, educing to these items:	venue statement and balance sheet ation, or research in furtherance of
	(i) Rev	venues included in Form 990, Part VIII, line 1		▶ \$
	(II) ASS	sets included in Form 990, Part X		• •
2	n the	organization received or held works of ar	t, historical treasures, or other similar as	ssets for financial gain provide the
	IOIIOWII	ng amounts required to be reported under Si	AS 116 (ASC 958) relating to these items:	
a	Revent	les included in Form 990, Part VIII, line 1		
b	7 100010	meraded in Form 550, Fart X		· · · · · · · • • • • • • • • • • • • •
For I	Paperwor	k Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2010
JSA				201160016 D (FOIII 330) 2070

STATE OF THE PARTY.	dule D (Form 990) 2010		5	8-2366765			Page 2
Pa	rt III Organizations Maintaining Collection	s of Art, Histo	orical Treasures	, or Other Sir	milar Assets (continue	d)
3 a	Using the organization's acquisition, accession, a collection items (check all that apply): Public exhibition	and other reco	rds, check any o	f the following	that are a sig		
		d	_	change progran	าร		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's collect XIV.	tions and expl	ain how they fur	ther the organ	ization's exemp	t purpose	e in Part
5	During the year, did the organization solicit or rece	ive donations	of art. historical tre	easures or othe	er similar		
SECURIOR ACCUSA	assets to be sold to raise funds rather than to be m	aintained as pa	art of the organiza	tion's collection	n2 [
Pa	rt IV Escrow and Custodial Arrangements. line 9, or reported an amount on Form	Complete if	the organization	answered "Y	es" to Form 99	Yes 90, Part I	V,
1a	Is the organization an agent, trustee, custodian or	other intermed	iary for contribution	ons or other as	sets not		
	included on Form 990, Part X?				[Yes	No
b	If "Yes," explain the arrangement in Part XIV and co	omplete the fol	lowing table:		<u> </u>		
					Amount		
C	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			10			
f	Ending balance		[1f			
2a	Did the organization include an amount on Form 9	90, Part X, line	21?			Yes	No
b	If "Yes," explain the arrangement in Part XIV.				[165	NO
Pai	t V Endowment Funds. Complete if organ	nization answe	ered "Yes" to Fo	rm 990 Part	V line 10		
	(a) Current year	(b) Prior ye			Three years back	(a) Four	ears back
1a	Beginning of year balance			(4)	- Hoo your back	(e) roury	
b	Contributions						
C	Net investment earnings, gains,				1200		
	and losses						
d	Grants or scholarships			A CONTRACTOR			
е	Other expenditures for facilities .						
	and programs						
f	Administrative expenses						
g	End of year balance			10036348			
2	Provide the estimated percentage of the year end I	nalance held as					
а	Board designated or quasi-endowment ▶	%	•				
b	Permanent endowment ▶ %						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	of the organiza	stion that are held				
	organization by:	of the organiza	ation that are neig	and administe	red for the	_	
	,						es No
	(i) unrelated organizations					3a(i)	
b	(ii) related organizations		0-1-11 50			3a(ii)	
4	If "Yes" to 3a(ii), are the related organizations listed	as required on	Schedule R?			3 b	
Par	Describe in Part XIV the intended uses of the organitVI Land, Buildings, and Equipment. See F	Teams 000 D	wment funds.				
T GI							
		ost or other basis investment)	(b) Cost or other bas (other)	is (c) Accumu depreciati		l) Book valu	е
1 a	Land			14.67			
b	Buildings						
C	Leasehold improvements		41	9.	137.	-	282.
d	Equipment		71,17	8. 56.	,090.	1 5	0,088.
e	Other		7.87	1 7	652	4.	219.
Tota	I. Add lines 1a through 1e. (Column (d) must equal l	Form 990, Part	X, column (B) line	10(c)		1 0	5,589.
		,	, (=), 1110			10	,, 509.

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line 12).
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
(2) Closely	-held equity interests		
(3) Other_			
(A)			
(B)			
(0)			
(E) (F)			
<u>(</u> G)			
(H)			
(I)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. See Fo	orm 000 Dort V line 40	
	(a) Description of investment type		
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
(10)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X, lin		
(1)	(a) D	Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Part X	Other Liabilities. See Form 990, Part X,	line 25.	
1.	(a) Description of liability	(b) Amount	
	al income taxes		
	TO AFFILIATE	1,202,162	
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(5)			
(6) (7)			
(9)			The second of th
(10)			
(11)			
	n (b) must equal Form 990, Part X, col. (B) line 25.)	1 202 160	
2. FIN 48 (A	SC 740) Footnote In Part XIV provide the ter	1,202,162.	
organization	's liability for uncertain tax positions under FIN	At of the loothote to the o	organization's financial statements that reports the
ICA	- Facilitation and of the	(1,00 140).	

Net unrealized gains (losses) on investments	2	Total expenses (Form 900 Part IX column (A) line 35)	-	-	10/100/504
Net ultracture gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV.) 9 Total adjustments (net). Add lines 4 through 8 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 = 2, 042, 742 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants c Recoveries of prior year grants d Other (Describe in Part XIV.) Add lines 2 at hrough 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12.) 4 Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) C Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) C Other (Describe in Part XIV.) 4 Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 99		Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 3 from line 1	2		12,493,706
Solitation Sol		Net unrealized gains (losses) on investments	-		-2,042,742
7 Prior period adjustments 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 -2,042,747 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements		Donated services and use of facilities			
8		Investment expenses			
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10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		Other /Describe in Bort VIV/	7		
Excess of (dericit) for the year per audited financial statements. Combine lines 3 and 9	U0=0A	Total adjustments (not). Add lines 4 through 0	8		
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Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4a 4b	1	lotal expenses and losses per audited financial statements			12,493,706
c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4a 4b	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4a 4b	а	Donated services and use of facilities 2a			
d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4a 4b	b	Prior year adjustments			
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) Add lines 4a and 4b	-	Other losses 2c			
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) Add lines 4a and 4b		Other (Describe in Part XIV.)	20 M		
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4a 4b	е	Add lines 2a tillough 2u	2	е	
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4a 4b	3				12,493,706
b Other (Describe in Part XIV.)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1			,,
b Other (Describe in Part XIV.)	а	Investment expenses not included on Form 990, Part VIII, line 7b			
	-	Other (Describe in Part XIV.)			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	C		4	C	
	5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	: -	_	12,493,706

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

_

Schedule D (Form 990) 2010

SEE PAGE 5

PART X, FIN 48

SCHEDULE D

BWF 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 BWF HAS NO SIGNIFICANT UNRELATED BUSINESS INCOME, NO PROVISION FOR

INCOME TAX HAS BEEN RECORDED.

ON JANUARY 1, 2009, BWF ADOPTED THE PROVISIONS OF ASC TOPIC 740-10-25, "INCOME TAXES RECOGNITION" (ASC TOPIC 740-10-25"). ASC TOPIC 740-10-25 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A MORE-LIKELY-THAN-NOT THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF ASC TOPIC 740-10-25 HAD NO IMPACT ON BWF'S FINANCIAL STATEMENTS. BWF DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2010

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 14b.

	Form 990, Part IV, line 14b.	
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	40
2		

3 Activities per Region. (The follow	and are in initial	s able can be	duplicated if additional s		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING	ENVIRONMENT	4,000
(2) NORTH AMERICA			GRANTMAKING	ENVIRONMENT	15,000
(3) SOUTH AMERICA			GRANTMAKING	PSHR / HUMAN RIGHTS	39,000
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)			-		
Sub-total					58,000
sheets to Part I					

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

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

58-2366765

Page 2 (i) Method of valuation (book, FMV, appraisal, other) NONE NONE Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, (h) Description of non-cash assistance NONE NONE Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 0 0 (g) Amount of non-cash assistance (f) Manner of cash disbursement WIRE WIRE 15,000. 39,000. (e) Amount of cash grant (d) Purpose of grant ENVIRONMENT PSHR (c) Region NORTH AMERICA SOUTH AMERICA Part II can be duplicated if additional space is needed. (b) IRS code section and EIN (if applicable) (a) Name of organization Part II E (4) (3) (2) (2) (9) 5 (8) (6) (10) (11) (14) (12)(13)(16) (15)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter............ Enter total number of other organizations or entities N 3

Schedule F (Form 990) 2010

5

Page 3

58-2366765

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

Part III

r art in can be uupilcated ii audiilorial space is needed.	dillorial space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							(500)
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

PAGE 30

Schedule F (Form 990) 2010

V 10-7

Part	V Foreign Forms		rage 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 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)	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, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Page 5

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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, 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.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Part | General Information on Grants and Assistance

BETTER WORLD FUND, INC.

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

1	2011 10 10 10 10 10 10 10 10 10 10 10 10
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Open to Public Inspection

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Employer identification number 58-2366765

the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s or assistance ures for moni	s? toring the use o	grant funds in the United	United States.	States.	יייייייייייייייייייייייייייייייייייייי	X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	overnments recipient that ce is needec	and Organiza	ations in the Unit ore than \$5,000.	ed States. Com Check this box	plete if the organiz if no one recipient i	ation answered "Ye	\$5,000. Part
(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	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITIZENS FOR GLOBAL SOLUTIONS EDUC. FUND	000000000000000000000000000000000000000		6				
(2) EXECUTIVE OFFICE OF THE SECRETARY GENERAL	52-6081813	501(C)(3)	70,000.	0.	NONE	NONE	ADVOCACY (BWF ONLY)
UNITED NATIONS, S-1823 NEW YORK, NY 10017		UN AGENCY	12,000.	0.	NONE	NONE	ADVOCACY (BWF ONLY)
(3) INTERNATIONAL DEBATE EDUCATION ASSOCIATION 400 W. 59TH STREET NEW YORK, NY 10019	13-4188458	501(C)(3)	89,472	C	S NO	ENCO	(PWG
(4) MCKINSEY & COMPANY							
555 CALIFORNIA ST. SAN FRANCISCO, CA 94104	13-3796161		125,000.	0.	NONE	NONE	ENVIRONMENT
(5) NATURAL REESOURCES DEFENSE COUNCIL (NRDC)							
1200 NEW YORK AVE., NW WASHINGTON, DC 20005	13-2654926	501(C)(3)	30,000.	0.	NONE	NONE	ENVIRONMENT
(6) UNITED NATIONS FOUNDATION							
1800 MASS. AVE., NW WASHINGTON, DC 20036	58-2368165	501(C)(3)	125,000.	0.	NONE	NONE	ENVIRONMENT
(7) COMMUNICATIONS CONSORTIUM MEDIA CENTER							
401 9TH ST., NW WASHINGTON, DC 20004-2142	52-1524972	501(C)(3)	10,000.	0.	NONE	NONE	UN STRENGTHENING
(8) DAG HAMMARSKJOLD SCHOL, FUND FOR JOURNALIST							
132 EAST 43RD ST NEW YORK, NY 10017	13-6122648	501(C)(3)	25,000.	0.	NONE	NONE	UN STRENGTHENING
(9) GLOBAL WATER CHALLENGE							
1001 CONN. AVE., NW WASHINGTON, DC 20036	26-1407784	501(C)(3)	262,545.	0.	NONE	NONE	UN STRENGTHENING
(10) GLOBAL WATER CHALLENGE							
1001 CONN. AVE., NW WASHINGTON, DC 20036	26-1407784	501(C)(3)	9,367.	0.	NONE	NONE	UN STRENGTHENING
(11) HUMAN RIGHTS WATCH		179325					
350 FIFTH AVE. NEW YORK, NY 10118	13-2875808	501(C)(3)	30,000.	0.	NONE	NONE	UN STRENGTHENING
(12) INSTITUTE FOR INTERNATIONAL EDUCATION (IIE)							
809 UNITED NATIONS PLAZA NEW YORK, NY 10017	13-1624046	501(C)(3)	50,000.	0.1	NONE	NONE	UN STRENGTHENING
2 Enter total number of section 501(c)(3) and government organizations	overnment or	ganizations				A	
3 Enter total number of other organizations							

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

Schedule I (Form 990) (2010)

SCHEDULE (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

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

OMB No. 1545-0047 2010

Open to Public Inspection

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

Employer identification number 58-2366765

BETTER WORLD FUND, INC.						Linguist identified	ion iiniinei
1 00	Accietanc					28-2300/03	2
1 Does the organization maintain records to	hetantiate th	ome of the		117			
the selection criteria used to award the grants or assistance?	iostantiate tri s or assistand	e amount or the	e grants or assistan	ce, the grantees	eligibility for the gran	is or assistance, and	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures for mor	itoring the use	of grant funds in the	United States.			Yes
Part II Grants and Other Assistance to Governments and Organizations in the United States Complete if the constitution of the Complete in the United States Complete in the Co	Overnment	s and Organiz	ations in the Unit	States Con	in Cara odt ti otolog	VIII Programme and the second	
_	recipient th	at received m	lore than \$5,000.	Check this box	if no one recipient	ration answered "Y received more than	es. to 1 \$5,000. Part
1 (a) Name and address of organization or government	(p) EIN	1	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant
(1) INTERACTION							
1400 16TH STREET, NW WASHINGTON, DC 20036	13-3287064	501(C)(3)	25,000.	0.	NONE	NONE	UNINGHIDUGALS NII
(2) NATIONAL COLLEGIATE CONFERENCE ASSOCIATION							
2945 44TH AVE. S. MINNEAPOLIS, MN 55406	04-6185992	501(C)(3)	15,000.	0.	NONE	NONE	UN STRENGTHENING
(3) TALKERS MAGAZINE							
650 BELMONT AVENUE SPRINGFIELD, MA 01108	26-0231814		.000,000	0.	NONE	NONE	UN STRENGTHENING
(4) THE MILLENIUM CAMPUS NETWORK, INC.							
ONE FINANCIAL CENTER BOSTON, MA 02111	26-2842331	501(C)(3)	25,000.	0.	NONE	NONE	CNINEHT-ENERTS NU
(5) UNA-USA							
801 SECOND AVENUE NEW YORK, NY 10017	13-1623884	501(C)(3)	250,000.	0.	NONE	NONE	UN STRENGTHENING
(6) GEN. BD. OF CH. & SOCUN. METHODIST CHURCH							
100 MARYLAND AVE., NE WASHINGTON, DC 20002	53-0204669	501(C)(3)	14,575.	0.	NONE	NONE	WOMEN & POPITE ATTON
(7) ISLAND PRESS - CTR, FOR RESOURCE ECONOMICS							
1718 CONN. AVE., NW WASHINGTON, DC 20009	94-2578166	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
(8) UNITED NATIONS FOUNDATION							
1800 MASS. AVE., NW WASHINGTON, DC 20036	58-2368165	501(C)(3)	105,442.	0.	NONE	NONE	WOMEN & POPULATION
(9) WORLD BANK							
1818 H STREET, NW WASHINGTON, DC 20433		UN AGENCY	1,000,000.	0.	NONE	NONE	WOMEN & POPULATION
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government or	overnment or	ganizations				•	17.
3 Enter total number of other organizations							4.
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tructions for	Form 990.				Schedu	Schedule I (Form 990) (2010)

11:43:38 A V 10-7

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

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

	. a	ce is inceded.				
	(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
-						
2						
က						
4						
22						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	s part to prov	ide the informati	on required in	Part I, line 2, and any	other additional information.

2 LINE SCHEDULE I, 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,

FROM SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. THE BETTER WORLD FUND ALSO CONDUCTS SITE VISITS TO MONITOR TIME TO TIME,

DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND

PROGRESS OF GRANT ACTIVITIES.

SCHEDULE J (Form 990)

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BETTER WORLD FUND, INC.

Questions Regarding Compensation

Employer identification number 58-2366765

1a	Check the appropriate boy(op) if the organization provided and fill of the control of the contro		Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Housing allowance or residence for personal use			
	Payments for business use of personal residence	10		
	B: "			
	value in the second control of the se			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
2	explain	1 b	X	
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
		2	X	No. of Artist
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			Ser. v
	organization's CEO/Executive Director. Check all that apply.			
	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	The search of compensation committee			
•	During the year, did any person listed in 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 from the organization or a related expenients.	4a	D. 200	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		X
C	rancipate iii, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		202
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
D	They related organization?	5b		X
	ii 100 to line od of ob, describe iii Fait III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	compensation contingent on the net earnings of:			
1000	The organization?	6a		X
D	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		X
7	ii 100 to line od of ob, describe iii Fait III.			
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III			
8	Were any amounts reported in Form 000. Best VIII and the Part III	7		X
•	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Paralletina Contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
9	If "Yes" to line 8 did the organization also follow the rebuttle by	8		X
-	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
For Pa	Regulations section 53.4958-6(c)?	9		
	Schedul	e J (Fo	rm 990	2010

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) B	reakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	olderstan (d)	Total of Jan	i i
(A) Name	(i) Base compensation	ation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(E)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) 55	55,554.	0	2,868.	1,911.	334.	60,667.	0
1 TIMOTHY E WIRTH	(ii) 371	.,786.		19,194.	12,789.	2,234.	406,003.	0
		36,723.	0.	2,247.	1,911.	2,628.	43,509.	0
2 KATHRYN CALVIN WALTERS	(ii) 245	245,760.	0.	15,034.	12,789.	17,580.	291,163.	0.
	(i) 26	26, 185.	0.	2,182.	1,706.	1,016.	31,089.	0.
3 RICHARD PARNELL	(ii) 175	175,235.	.0	14,601.	11,419.	6,797.	208,052	0
	(i) 204	204,147.	0.	7,506.	13,200.	20,052.	244,905.	0.0
4 PETER YEO	(II)	0.	0.	.0	0	0		0
	(I)152	152,676.	0	189.	9,199.	15,360.	177,424.	0.
5 KOBERT SKINNER	(ii)	0	.0	0	0	0.	0.	0.
	(i)							
9	(ii)							
	(i)							
7	(ii)		 					
	(i)							
8	(ii)							
	(1)							
9	(ii)							
(1)	(
10 (ii)	0							
0								
11 (ii)	0							
12 (ii)	0							
(5)								
13 (ii)								
(i)								
14 (ii)								
<u> </u>	1							
15 (ii)								1
	1							
16 (ii)		1						

Schedule J (Form 990) 2010

V 10-7

Part III Supplemental Information Schedule J (Form 990) 2010

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

SCHEDULE J, LINE 1A:

THE TRAVEL EXPENSES OF THE PRESIDENT'S SPOUSE WERE COVERED WHEN ATTENDING

OFFICIAL BUSINESS/FUNCTIONS.

BOARD MEMBERS AND THEIR SPOUSES WERE REIMBURSED FOR AIRFARE (INCLUDING

FIRST-CLASS ACCOMMODATION WHENEVER REQUESTED), HOTEL, MEALS, AND

INCIDENTAL TAXIS OR OTHER TRANSPORTATION WHEN ATTENDING BOARD MEETINGS OR

TRAVELING ON BEHALF OF THE FOUNDATION, 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.

SCHEDULE L (Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BETTER WORLD FUND, INC.

Employer identification number

GOOD WHITE THE	TER WORLD FUND, INC.							58	-236	6765	5		
Par	Excess Benefit Transactions (sec Complete if the organization answere	tion 50 d "Ye:	01(c) s" on	(3) an Form	d section 501(c)(4) 990, Part IV, line 2	organiza 25a or 25b	tions only)). 990-E	Z. Pa	rt V li	ne 40	——— h	
1	(a) Name of disqualified person					b) Descript				, ,	110 10		Corrected
(1)				_		Descrip	iion oi tran	Saction					es No
(2)				-									
(3)				-									
(4)				-								_	
(5)				_									+
(6)						100						_	+
2	Enter the amount of tax imposed on the o	rganiz	ation	mana	gers or disqualified	nersons	during the	Voor					
	under section 4958									. •			
3	Enter the amount of tax, if any, on line 2, a	above	, reim	burse	ed by the organization	n				φ_ s			-
										Ψ_			-
Par		Pers	sons								-		
	Complete if the organization answere	ed "Ye	es" or	1 Form	990, Part IV, line	26, or For	m 990-EZ	, Part	V, line	38a.			
	(a) Name of interested person and purpose		(b) Load	n to or from	(c) Original	(d) Bala	ance due	(e) In	default?	(f) Api	proved	(g) W	ritten
			the orga	anization?	principal amount			1			ard or	agreer	
			T-	T _E						comm	ittee?		
(1)			То	From				Yes	No	Yes	No	Yes	No
(2)													
(3)		-	-					-	-				
(4)													
(5)													
(6)					-							-	
(7)							-						
(8)													
(9)													
(10)													
Total													
Part	Grants or Assistance Benefiting Complete if the organization answers	Intered "Ye	e ste c s" on	d Pers	sons. 990, Part IV, line 2	7.	la de la composição de la						
	(a) Name of interested person	(b)	Relation	onship l	between interested perso organization	n and the	(c)	Amour	nt and	type o	f assis	tance	
(1)													
(2)													
(3)													-
(4)													
(5)													
(6)													
(7)													
(8)													
(9) (10)													
	anarwork Poduction A-4 N-41												
Or P	aperwork Reduction Act Notice, see the Ir	ıstruc	tions	for F	orm 990 or 990-EZ			Sche	dule L	(Form	990 or	990-EZ	2010

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) Amount of transaction	(d) Description of transaction	0.550	naring of ization's nues?
(4)				Yes	No
(1) DAVIS, PICKREN, SEYDEL & SNEED, LLP	OFFICER IS 5%+ OWNER	243,912.	LEGAL SERVICES		х
(2)					
(3)				_	
(4)				+	
(5)				-	_
(6)				-	-
(7)				+	
(8)				-	
(9)				-	
10)				-	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV:

MR. SEYDEL IS A PARTNER WITH THE LEGAL COUNSEL FIRM OF DAVIS, PICKREN, SEYDEL & SNEED, LLP WHICH PROVIDES LEGAL SERVICES TO 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

2010

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 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.

PART III, LINE 4D:

UNITED NATIONS STRENGTHENING: THE BETTER WORLD FUND BUILDS AND

IMPLEMENTS PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST

PRESSING PROBLEMS, AND ALSO WORKS TO BROADEN SUPPORT FOR THE UNITED

NATIONS THROUGH ADVOCACY AND PUBLIC OUTREACH. THE BETTER WORLD FUND ALSO

PROVIDES OPERATIONAL GRANTS FOR UN-RELATED PROGRAMS AND INITIATIVES.

PEACE, SECURITY & HUMAN RIGHTS: THE BETTER WORLD FUND'S PEACE, SECURITY AND HUMAN RIGHTS PROGRAM PROMOTES PREVENTIVE ENGAGEMENT IN THREE AREAS: SECURITY, WELL-BEING AND JUSTICE.

PART VI, LINE 2:

MR. R.E. TURNER, CHAIRMAN OF THE BOARD OF DIRECTORS OF THE BETTER WORLD FUND.

PART VI, LINE 11:

THE DRAFT FORM IS REVIEWED BY THE FINANCE DEPARTMENT AND CHIEF OPERATING

OFFICER. SUBSEQUENTLY, THE DRAFT IS REVIEWED BY THE ORGANIZATION'S LEGAL COUNSEL. FINALLY, THE DRAFT FORM IS DISTRIBUTED TO ALL BOARD MEMBERS. THE DRAFT IS DISCUSSED BY THE EXECUTIVE COMMITTEE WHICH IS OPEN TO ALL BOARD MEMBERS. THE EXECUTIVE COMMITTEE IS EMPOWERED TO REPLY ON BEHALF OF ANY BOARD MEMBERS WITH QUESTIONS AND CONCERNS. THE DRAFT IS THEN FINALIZED, INCORPORATING ANY CHANGES OR COMMENTS BY THE BOARD MEMBERS AND THE EXECUTIVE COMMITTEE. THE FINAL APPROVED VERSION IS FILED WITH THE IRS.

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 REQUESTED. THERE WERE NO SUCH
CIRCUMSTANCES IN THE PERIOD COVERED BY THIS REPORT.

PART VI, LINES 15A AND 15B:

ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL. THE BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY. 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 KEY EMPLOYEES LISTED, ONLY OFFICERS. FOR OFFICERS,

COMPENSATION IS DETERMINED BASED ON QUALIFICATIONS, DUTIES AND SALARIES PAID BY PEER ORGANIZATIONS.

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 III, LINE 1 - ORGANIZATION'S MISSION

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 UN.

THE BETTER WORLD CAMPAIGN, AN INITIATIVE OF THE BETTER WORLD FUND,
WORKS TO STRENGTHEN THE RELATIONSHIP BETWEEN THE UNITED STATES OF
AMERICA AND THE UN THROUGH OUTREACH, COMMUNICATIONS, AND ADVOCACY. WE
ENCOURAGE U.S. LEADERSHIP TO ENHANCE THE UN'S 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 OF AND SUPPORT
FOR THE UN.

Employer identification number 58-2366765

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

WOMEN & POPULATION AND CHILDREN'S HEALTH: THE BETTER WORLD FUND'S WOMEN AND POPULATION PROGRAM WORKS WITH THE UN FOUNDATION, UNITED NATIONS (UN) AND CIVIL SOCIETY TO SUPPORT ACHIEVEMENT OF "UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH SERVICES AND SUPPLIES BY 2015" -- THE CENTRAL GOAL ESTABLISHED AT THE UN INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD), ADOPTED IN 1994. TO ADVANCE THIS GOAL, THE BETTER WORLD FUND'S WOMEN AND POPULATION PROGRAM IS INVOLVED IN: SUPPORTING AND STRENGTHENING UN AGENCIES; ADVANCING THE EDUCATIONAL, ECONOMIC AND SOCIAL SERVICES AND OPPORTUNITIES AVAILABLE TO ADOLESCENT GIRLS; ENSURING AVAILABILITY OF REPRODUCTIVE HEALTH SUPPLIES; AND ADVOCATING FOR EMPIRICALLY-BASED STRATEGIES THAT ADDRESS THE CHALLENGES POSED BY DEMOGRAPHIC CHANGE AND INSUFFICIENT AVAILABILITY OF REPRODUCTIVE HEALTH AND RIGHTS AROUND THE WORLD. THE BETTER WORLD FUND'S CHILDREN'S HEALTH PROGRAM ASSISTS THE UN FOUNDATION AND UNITED NATIONS IN THEIR EFFORTS TO ENSURE THAT ALL CHILDREN HAVE THE MEANS AND THE OPPORTUNITY TO DEVELOP TO THEIR FULL POTENTIAL. OUR MAJOR PRIORITIES ARE DECREASING CHILDHOOD MORTALITY THROUGH COMMUNITY-BASED PROGRAMS AND UTILIZING PUBLIC-PRIVATE PARTNERSHIPS

Name of the organization
BETTER WORLD FUND, INC.

Employer identification number 58-2366765

ATTACHMENT 2 (CONT'D)

TO STRENGTHEN THE PUBLIC HEALTH INFRASTRUCTURE TO CONTROL INFECTIOUS DISEASES SUCH AS POLIO, MEASLES AND MALARIA.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	CES	ATTACHMENT	3
DESCRIPTION	GRANTS	EXPENSES	REVENUE
UNITED NATIONS STRENGTHENING	788,739.	953,511.	0.
PEACE, SECURITY & HUMAN RIGHTS	39,000.	47,157.	0.
TOTALS	827,739.	1,000,668.	0.

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TX, UT, VT, VA, WA, WV, WI,

ATTACHMENT	5	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NATURAL RESOURCES SOLUTIONS, LLC 208 MELANCHTON AVENUE LUTHERVILLE, MD 21893	DOMESTIC ENERGY SPT	1,012,994.
DAVID GARDINER & ASSOCIATES, LLC 910 7TH STREET, NW WASHINGTON, DC 20006	STRATEGIC COUNSEL	435,323.
THE GLOVER PARK GROUP 1025 F STREET, NW	CONSULTING SVCS	360,049.

Name of the organization
BETTER WORLD FUND, INC.

Employer identification number 58-2366765

ATTACHMENT 5 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

WASHINGTON, DC 20004

DAVIS, PICKREN, SEYDEL & SNEED, LLP 285 PEACHTREE CENTER AVENUE, NE ATLANTA, GA 30303

LEGAL SVCS

243,912.

VANNESS FELDMAN P.O. BOX 79814

STRATEGIC COUNSEL

202,287.

BALTIMORE, MD 21279

TOTAL COMPENSATION

2,254,565.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

BETTER WORLD FUND, INC.

Part I

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2010

Open to Public Inspection

Employer identification number

58-2366765

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
AINIT AND			or foreign country)			entity
1800 MZ	1800 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	SUPPORTS UN	DE	0	C	4/N
_(2)	(2)					

(3)						
(5)						
(9)						
Part	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.)	ne organization ans	wered "Yes" on Fo	orm 990, Part IV	, line 34 becaus	e it had

and variety of the control of the car year.	יום ומא ליחום ו						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) (a) Exempt Code section	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	Z(b)(13) led ?
						Yes	No
(1) UNITED MAILTONS FOUNDATION 58-2368165 1800 MASSACHUSETTS AVENUE NW, WASHINGTON, DC 20036	SUPPORTS UN	NY	501(C)(3)	7	N/A	×	
(2)							
<u>(3)</u>							

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

0E13071.000 670890 U172 7/19/2011

Schedule R (Form 990) 2010

58-2366765

Page 2

Schedule R (Form 990) 2010

(k) Percentage ownership Percentage ownership Ξ (i) General or managing Yes No Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) partner? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, (g) Share of end-of-year assets (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate No Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) (f) Share of total (d) Direct controlling income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)
Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN
of related organization Part III Part IV E (2) (3) (4) (5) (9) E

 Ξ

(2)

3

(4

(5)

9

5

Schedule R (Form 990) 2010

V 10-7

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			N Sex	Z
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?	e or more related organization	s listed in Parts II–IV2	25.53	
			- Ta	×
b GIπ, grant, or capital contribution to other organization(s)			1b X	
			1c	×
			1d	×
e Loans or loan guarantees by other organization(s)			1e	×
f Sale of assets to other organization(s)				
			1f 2	×
9 Fulcitase of assets from other organization(s)			1g	×
			1h	×
Lease of Tacilities, equipment, or other assets to other organization(s)			1i	×
			1j	×
K Performance of services or membership or fundraising solicitations for other organization(s)			1k	×
			11 X	×
-			1m X	
II Straining of paid employees			1n X	
				*
Reimbursement paid by other pressing for pressing fo			×	1:
			1p	×
			10 X	×
2 Letth consider of cash or property from other organization(s)				×
If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including	covered relationships and transaction thresholds.	action thresholds.	
(a) Name of other organization		(9)	(p)	
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved	
(1) UNITED NATIONS FOUNDATION	В	230,442.	GAAP	1
(2) UNITED NATIONS FOUNDATION	0	1,286,593.	GAAP	1
(3)				1
(4)				1
(5)				Ĭ
(6)				I
A C.I.				1

V 10-7

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	(c) Legal domicile	(d) Are all partners		(f) Disproportionate		
			section 501(c)(3) organizations?	end-of-year assets	allocations?	of Schedule K-1	managing partner?
(1)			Yes No		Yes No	(1000)	Yes No
(2)							
(3)							
<u>(4)</u>							
<u>(5)</u>							
<u></u>							-
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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Schedule R (Form 990) 2010

Schedule R (Form 990) 2010

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Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see