Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	or the	e 2018 calendar year, or tax year beginning , 2	2018, and ending			, 20			
_		C Name of organization		D Employer ide	ntificatio	n number			
В	Check if ap	BETTER WORLD FUND, INC.		58-236	6765				
	Addre								
	1	e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber				
	Initial	1750 PENNSYLVANIA AVENUE, NW	STE 30	0 (202) 88	(202) 887-9040				
	Final	return/ City or town, state or province, country, and ZIP or foreign postal code							
	termin	nated WASHINGTON DC 20006		G Gross receipts	. \$	5,591,780.			
	return Applic	recation F Name and address of principal officer: KATHRYN CALVIN WA	T.TEDS	H(a) Is this a grou					
_	pendi	1750 PENNSYLVANIA AVENUE, NW, WASHINGTON		subordinates	?	H H			
_	T			H(b) Are all subord					
÷			a)(1) or 527			(see instructions)			
<u>J</u>		ite: ▶ WWW.BETTERWORLDFUND.ORG		H(c) Group exem					
1000		of organization: X Corporation Trust Association Other	L Year of	formation: 1998 M	State of	legal domicile: GA			
P	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: SEI	E SCHEDULE ()	-	The state of the s			
Governance					T)				
nar									
Ver	2	Check this box if the organization discontinued its operations or discontinued	sposed of more tha	n 25% of its net asset	s.				
	3	Number of voting members of the governing body (Part VI, line 1a)			3	5.			
~ర		Number of independent voting members of the governing body (Part VI, line			4	3.			
tie		Total number of individuals employed in calendar year 2018 (Part V, line 2a).			5	10.			
Activities &		Total number of volunteers (estimate if necessary)			6	10.			
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
		Net unrelated business taxable income from Form 990-T, line 38			7b	11,672.			
	_~	The difficulties taxable medite form 555-1, line 55		Prior Year	110	Current Year			
	8	Contributions and grants (Part VIII. line 1h)		4,967,80	15	5,432,623.			
ne		Contributions and grants (Part VIII, line 1h)		194,12		99,559.			
Revenue		Program service revenue (Part VIII, line 2g)							
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		136,97	The state of the s	58,565.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,28		1,033.			
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		5,306,18		5,591,780.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		219,48		147,697.			
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		2,693,01	.2.	3,006,424.			
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
ž	b	Total fundraising expenses (Part IX, column (D), line 25) ▶330,							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,433,78	1.	2,052,229.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,346,27	7.	5,206,350.			
		Revenue less expenses. Subtract line 18 from line 12		-40,09	3.	385,430.			
Pes				Beginning of Current	rear	End of Year			
ets	20	Total assets (Part X, line 16)		5,579,17	5.	4,921,687.			
Ass	21	Total liabilities (Part X, line 26)		1,090,96		230,293.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20.		4,488,21		4,691,394.			
1000	art II	Signature Block		1	10.00				
_		nalties of perjury, I declare that I have examined this return, including accompanying s	chedules and statem	nents and to the best of	f my knc	wledge and belief it is			
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information	of which preparer has	s any knowledge.	my kno	omougo una bonor, re is			
				Q	/19	/19			
Sig	ın	Signature of officer		Date	111	/ / /			
He				Date					
		WALTER CORTES Type or print name and title							
		1 1 1	In.i.		Low				
Pai	d	Print/Type preparer's name Preparer's signature	Date	Check	if PTII				
	parer	TRAVIS L PATTON	08/1/	7/2019 self-employ		P00369623			
	Only	Firm's name ▶PRICEWATERHOUSECOOPERS, LLP		Firm's EIN ▶ 1					
2000000		Firm's address ▶600 13TH ST NW, STE 1000 WASHINGTON,		Phone no. 2	:02-4	14-1000			
Ma	y the	IRS discuss this return with the preparer shown above? (see instruct	ions)			X Yes No			
For	Pano	rwork Reduction Act Notice see the senarate instructions				Form 990 (2018)			

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art	V Checklist of Required Schedules	r	.,	Т
	1. the control of the		Yes	╀
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
	complete Schedule A	2	X	t
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			t
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		ţ
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	***************************************
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			Ī
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			I
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			ļ
	complete Schedule D, Part III	8		1
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		+
	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0	Х	l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	71	
				Service Const
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			1
	complete Schedule D, Part VI	11a		-
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	u		-
,	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		İ
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			1
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		4
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		4
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		4
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			-
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		-
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		+
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ı	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
. С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		Х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	100000	2848/84K	YESTE TO
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	100,000,000	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			*
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		[
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		X	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	^	<u></u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
_	Finter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2000	169	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 45 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.	- 000000		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1000000		
С	reportable gaming (gambling) winnings to prize winners?		1	A street energy
	reportable gaining (gainsing) minnings to prize minists: , , , , , , , , , , , , , , , , , , ,	Form	990	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
		4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			92903
	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	J.		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6.0		X
	solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
	gifts were not tax deductible?	6b	egleteren.	400000
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- NEW 1997	\$34446.	v
	and services provided to the payor? ,	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١,,
	required to file Form 8282?	7с	14,454,555,415	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	98811111		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f.	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	.3	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	Section Section 1	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	1
1.7	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	9888	1000000	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If "Yes," complete Form 4720, Schedule O.			
	n 100, complete / one Tizo, conoccio ol		1	-

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. 3	See in	struci	tions.			
	Check if Schedule O contains a response or note to any line in this Part VI				X			
Secti	on A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with						
	any other officer, director, trustee, or key employee?		2	X				
3	Did the organization delegate control over management duties customarily performed by or un							
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X			
6	Did the organization have members or stockholders?		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint						
	one or more members of the governing body?		7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			l			
	stockholders, or persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during						
	the year by the following:							
а	The governing body?		8a	X	ļ			
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X			
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	<u>Code</u>					
			Γ.	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х	<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of			37				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b	X				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling the form?.	11a	X	1965004503			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		658668	v	Banana (
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	_			
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests	that could give	405	Х				
	rise to conflicts?		12b	- 12	<u> </u>			
C	Did the organization regularly and consistently monitor and enforce compliance with the p		40-	Х				
	describe in Schedule O how this was done		12c	X	 			
13	Did the organization have a written whistleblower policy?			X	 			
14	Did the organization have a written document retention and destruction policy?		14	Α	i sassasia)			
15	Did the process for determining compensation of the following persons include a review at							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a	X				
а	The organization's CEO, Executive Director, or top management official		·	122	X			
b	Other officers or key employees of the organization		15b	20000000000000000000000000000000000000				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		16a	1000	X			
_	with a taxable entity during the year?		IOA	5103310				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to							
	organization's exempt status with respect to such arrangements?		16b	10000000	* ** ***********			
Sect	ion C. Disclosure		1100		1			
*** *** ***	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT	2						
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable)	000 and 000.	[[Sec	tion 4	501/6\			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain in Science)	ply.	1 (000	, non	301(0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.	ts, conflict of in	terest	polic	y, and			
20	State the name, address, and telephone number of the person who possesses the organization's WALTER CORTES, CFO 1750 PENNSYLVANIA AVE, NW STE 300 WASHINGTON, DC 20006 202-887-9040	books and recor	ds ▶					

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 organization compensated any current officer, director, or trustee.

The state of the	Officer	Key employee	육동	- 1	compensation from the	Reportable compensation from related organizations	(F) Estimated amount of other compensation
CHAIRMAN 5.00 X	ļ	oyee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(2) FABIO C. BARBOSA 5.00 X DIRECTOR 5.00 X (3) N.R. NARAYANA MURTHY 5.00 X DIRECTOR 5.00 X (4) TIMOTHY E. WIRTH 5.00 X (5) KATHRYN CALVIN WALTERS 6.00 PRESIDENT & CEO 34.00 X (6) ELIZABETH COUSENS 6.00 CFO 34.00 (7) WALTER CORTES 6.00 CFO 34.00 (8) PETER YEO 40.00 VICE-PRESIDENT 0. (9) MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10) GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11) RICHARD PARNELL 0. FORMER COO 0.		Livo					
DIRECTOR 5.00 X	Х				0.	0.	0.
(3)N.R. NARAYANA MURTHY 5.00 DIRECTOR 5.00 (4)TIMOTHY E. WIRTH 5.00 DIRECTOR & VICE CHAIR 5.00 (5)KATHRYN CALVIN WALTERS 6.00 PRESIDENT & CEO 34.00 (6)ELIZABETH COUSENS 6.00 DEPUTY CHIEF EXECUTIVE OFFICER 34.00 (7)WALTER CORTES 6.00 CFO 34.00 (8)PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.							
DIRECTOR 5.00 X	l				0.	0.	0.
(4)TIMOTHY E. WIRTH 5.00 DIRECTOR & VICE CHAIR 5.00 (5)KATHRYN CALVIN WALTERS 6.00 PRESIDENT & CEO 34.00 (6)ELIZABETH COUSENS 6.00 DEPUTY CHIEF EXECUTIVE OFFICER 34.00 (7)WALTER CORTES 6.00 CFO 34.00 (8)PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.							
DIRECTOR & VICE CHAIR 5.00 X (5)KATHRYN CALVIN WALTERS 6.00 PRESIDENT & CEO 34.00 X (6)ELIZABETH COUSENS 6.00 DEPUTY CHIEF EXECUTIVE OFFICER 34.00 CTO 34.00 CTO 34.00 CTO 34.00 CTO 40.00 CTO 40.00		***************************************			0.	0.	0
(5)KATHRYN CALVIN WALTERS 6.00 PRESIDENT & CEO 34.00 (6)ELIZABETH COUSENS 6.00 DEPUTY CHIEF EXECUTIVE OFFICER 34.00 (7)WALTER CORTES 6.00 CFO 34.00 (8)PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.							
PRESIDENT & CEO 34.00 X (6)ELIZABETH COUSENS 6.00 DEPUTY CHIEF EXECUTIVE OFFICER 34.00 (7)WALTER CORTES 6.00 CFO 34.00 (8)PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.	X	Ш			0.	0.	0
(6)ELIZABETH COUSENS 6.00 DEPUTY CHIEF EXECUTIVE OFFICER 34.00 (7)WALTER CORTES 6.00 CFO 34.00 (8)PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.							
DEPUTY CHIEF EXECUTIVE OFFICER 34.00 (7)WALTER CORTES 6.00 CFO 34.00 (8)PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.	X			1	63,514.	390,161.	44,113
(7)WALTER CORTES 6.00 CFO 34.00 (8)PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.							
CFO 34.00 (8) PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10) GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11) RICHARD PARNELL 0. FORMER COO 0.	X				48,646.	298,819.	54,136
(8) PETER YEO 40.00 VICE-PRESIDENT 0. (9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10) GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11) RICHARD PARNELL 0. FORMER COO 0.				ļ			
VICE-PRESIDENT 0.	X				42,865.	263,315.	30,042
(9)MICHAEL BEARD 40.00 EXECUTIVE DIRECTOR 0. (10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.							
EXECUTIVE DIRECTOR 0.			Х.		313,330.	0.	49,088
(10)GEORGE HANNUM 40.00 SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.		1 1			·		
SENIOR DIRECTOR 0. (11)RICHARD PARNELL 0. FORMER COO 0.			Х		159,701.	0.	20,503
(11)RICHARD PARNELL 0. FORMER COO 0.					!		
FORMER COO 0.			Χ		151,667.	0.	46,307
(12)				Х	0.	239,065.	0
	\perp						
(13)	+						
(14)		1		ļ			

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Part VII Section A. Officers, Directors, T	rustees, Ke	y Em	plq	ye	es,	and I	ligi	nest Compensat	ed Employees	(continued)
(A) . Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation fro related	other
	hours for related organizations below dotted line)	of director	institutional trustee	d Officer	Key employee	Highest compensated	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation from the organization and related organizations
		<u> </u>		<u> </u>	ļ					
			<u> </u>							
		1								
				ļ						
						<u> </u>				
			-	ļ						
						ļ				

1b Sub-total		<u> </u>	<u> </u>	<u> </u>				779,723.		
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						>	779,723.		0. 244,18
Total number of individuals (including but no reportable compensation from the organization)	ot limited to	those					o re			
3 Did the organization list any former of employee on line 1a? If "Yes," complete School	ficer, direct edule J for su	or, o ich ind	r tr divid	uste lual	ee,	key	emp	oloyee, or highes	st compensated	Yes N
4 For any individual listed on line 1a, is the organization and related organizations individual	greater tha	n \$1	50,0	000	? I	f "Ye	s,"	complete Schedu	ıle J for sucl	h . 4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If Section B. Independent Contractors	or accrue co "Yes," comple	ompei ete Sc	nsat hed	ion lule	froi <i>J fo</i>	m any <i>r such</i>	y ur i pei	related organizat	ion or individua	al 5
Complete this table for your five highest or compensation from the organization. Report year.	ompensated t compensa	indep tion fo	end or th	ent e c	co: alen	ntracte idar ye	ors ear	that received mor ending with or wit	e than \$100,00 hin the organiz	IO of ation's tax
(A) Name and business	addrees							(B) Description of s	ervices	(C) Compensation
ATTACHMENT 3								2 3007 priori 01 0		
			· ···				+			
2 Total number of independent contractors	(including t	out no	ot li	mite	ed 1	to the	se	listed above) who	received	
more than \$100,000 in compensation from JSA	the organiza	ation	<u> </u>			4				Form 990 (2

Check if Schedule O contains a response or note to any line in this Part VIII (2) (3	Form 990 (2 Part VIII						Page 9
1		····	se or note to an	(A)	(B) Related or	(C) Unrelated	(D) Revenue
Business Code 99,559 99,					function		excluded from tax under sections 512-514
Business Code 99,559 99,	Grants mounts q p	Membership dues	219,406.				
Business Code 99,559 99,	ns, Giffs	Related organizations 1d					
Business Code 99,559 99,	tributio	All other contributions, gifts, grants,	435,995.				
3 Investment income (including dividends, interest, and other similar amounts). 51,074. 4 Income from investment of tax-exempt bond proceeds 0. 5 Royalties 0. 6a Gross rents 0. c Rental income or (loss) 0. d Net rental income or (loss) 0. 7a Gross amount from sales of assets other than inventory 0. b Less: cost or other basis and sales expenses 0. c Gain or (loss) 7,491. 0. d Net gain or (loss) 7,491. 0. 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). Sae Part IV, line 18 a 0. b Less: direct expenses b 0. c Net income or (loss) from fundraising events (soft income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: cost of goods sold b 0. c Net income or (loss) from sales of inventory, less returns and allowances 0. b Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of inventory, less 0. c Net income or (loss) from sales of los in	, ,			5,432,623.			
3 Investment income (including dividends, interest, and other similar amounts). 51,074. 4 Income from investment of tax-exempt bond proceeds 0. 5 Royalties 0. 6a Gross rents 0. c Rental income or (loss) 0. d Net rental income or (loss) 0. 7a Gross amount from sales of assets other than inventory 0. b Less: cost or other basis and sales expenses 0. c Gain or (loss) 7,491. d Net gain or (loss) 7,491. d Net gain or (loss) 7,491. d See Part IV, line 18 a 0. b Less: direct expenses b 0. c Net income or (loss) from fundraising events 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: cost of goods sold b 0. c Net income or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (lo	Revent	CONTRACT FEES		99,559.	99,559.	A	
3 Investment income (including dividends, interest, and other similar amounts). 51,074. 4 Income from investment of tax-exempt bond proceeds 0. 5 Royalties 0. 6a Gross rents 0. c Rental income or (loss) 0. d Net rental income or (loss) 0. 7a Gross amount from sales of assets other than inventory 0. b Less: cost or other basis and sales expenses 0. c Gain or (loss) 7,491. d Net gain or (loss) 7,491. d Net gain or (loss) 7,491. d See Part IV, line 18 a 0. b Less: direct expenses b 0. c Net income or (loss) from fundraising events 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: cost of goods sold b 0. c Net income or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (lo	Service p o c					Alama	
3 Investment income (including dividends, interest, and other similar amounts). 51,074. 4 Income from investment of tax-exempt bond proceeds 0. 5 Royalties 0. 6a Gross rents 0. c Rental income or (loss) 0. d Net rental income or (loss) 0. 7a Gross amount from sales of assets other than inventory 0. b Less: cost or other basis and sales expenses 0. c Gain or (loss) 7,491. d Net gain or (loss) 7,491. d Net gain or (loss) 7,491. d See Part IV, line 18 a 0. b Less: direct expenses b 0. c Net income or (loss) from fundraising events 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. b Less: cost of goods sold b 0. c Net income or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less returns and allowances 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (loss) from sales of inventory, less 0. d Net gain or (lo	Program Program		>	99,559.			
A Income from investment of tax-exempt bond proceeds		Investment income (including dividen	ds interest,	51,074.			. 51,074
Base of contributions reported on line 1c). See Part IV, line 18 b. Less: direct expenses c. Net income or (loss)	1	Income from investment of tax-exempt bond Royalties	proceeds . >				
C Rental income or (loss)		Gross rents					
assets other than inventory b Less; cost or other basis and sales expenses	d	Net rental income or (loss)		0.			
C Gain or (loss)		assets other than inventory 7,491.					
8a Gross income from fundraising events (not including \$	1	Gain or (loss)		7,491.			7,491
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19	_	Gross income from fundraising events (not including \$					
9a Gross income from gaming activities. See Part IV, line 19	-	See Part IV, line 18 a Less: direct expenses b	8.				
b Less: direct expenses b 0. c Net income or (loss) from gaming activities		Gross income from gaming activities.		U.			
returns and allowances a		Less: direct expenses b	0.	0.			
c Net income or (loss) from sales of inventory		returns and allowances a		,			
11a MISCELLANEOUS INCOME 900099 1,033.		Net income or (loss) from sales of inventory,		0.			
b			900099	1,033.			1,033

d All other revenue . .

1,033.

5,591,780.

99,559.

59,598.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising expenses (B) Program service Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations 147,697 147,697 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 39,657. 77,549. 55,779 172,985 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,307,992. 1,979,465. 153,847. 174,680. 7 Other salaries and wages Pension plan accruals and contributions (include 7,876 10,455. 95,362 113,693 section 401(k) and 403(b) employer contributions) 15,881. 248,353 209,445. 23,027. 163,401. 135,907. 13,262 14,232. 11 Fees for services (non-employees): a Management 40,385. 2,126. 42,511 650. 13,000. 12,350 132,750. 132,750 d Lobbying 0. e Professional fundraising services. See Part IV, line 17, f Investment management fees , , , , , , , g Other, (If line 11g amount exceeds 10% of fine 25, column 21,653. 960,721 900,837. 38,231. (A) amount, list line 11g expenses on Schedule O.) ATCH 4 12 Advertising and promotion 19,614 27,558. 213,813. 166,641 485. 26,414. 3,768. 30,667. Information technology........ 1,773. 19. 351. 2,143. Occupancy 13,574. 216,541. 195,415. 7,552 17 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 4,851. 9,173. 418,767 404,743 Conferences, conventions, and meetings 19 0 20 0. 0 22 Depreciation, depletion, and amortization 0. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 17,214 1,535 2,567. a COMMUNICATIONS 21,316 e All other expenses 332,137. 330,266. 5,206,350. 4,543,947. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \(\noting X \) if

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** End of year Beginning of year 0. 1 0. 2,608,625. 2,102,513. 2 Savings and temporary cash investments 2 0. 0. 3 Pledges and grants receivable, net 0. 0. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0. Complete Part II of Schedule L Ο. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0. 0 organizations (see instructions). Complete Part II of Schedule L 0. 0. 7 0. 0. 8 25,123. 3,870. 10a Land, buildings, and equipment; cost or 10a other basis. Complete Part VI of Schedule D 0. 10c 2,966,680. 2,715,217. 11 Investments - publicly traded securities 0. 0. 12 12 Investments - other securities. See Part IV, line 11 0. 13 Investments - program-related. See Part IV, line 11 0. 0. 14 14 Intangible assets 78,834. 0. 15 Other assets. See Part IV, line 11 15 $4,921,\overline{687}$. 5,579,175. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 141,549. 145,717. 17 Accounts payable and accrued expenses 17 36,972. 18 18 Grants payable 47,604. 9,397 19 19 Ō. 0. 20 20 0. 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 0. 0. 22 disqualified persons. Complete Part II of Schedule L........ 0. 0. 23 Secured mortgages and notes payable to unrelated third parties 23 0. 24 0. Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 940,015. 0. of Schedule D 25 230,293. 1,090,961. Total liabilities. Add lines 17 through 25...... 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Fund Balances 1,910,638. Unrestricted net assets 786,778. 27 27 205,756. 1,126,436. Temporarily restricted net assets 28 28 2,575,000. 2,575,000. 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and ö complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Ret 4,691,394. 4,488,214. 33 33 Total net assets or fund balances 4,921,687. 5,579,175. Total liabilities and net assets/fund balances..... Form 990 (2018)

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Page **12** Form 990 (2018) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI. 5,591,780. 5,206,350. 2 2 385,430. 3 Revenue less expenses. Subtract line 2 from line 1................ 3 4,488,214. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) -182,250. 5 5 0. 6 6 0. 7 7 0. 8 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 4,691,394. **Financial Statements and Reporting** Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis Х 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis | X | Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Χ 2c 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. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х 3a 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.

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Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Nam	e of th	ne organization					Employer Identific	
BE	TEI	R WORLD FUND, INC.					58-236676	
Pa		Reason for Public Cha						
The	orga	anization is not a private four						
1		A church, convention of chu						
2	Ш	A school described in section		•				
3		A hospital or a cooperative						
4		A medical research organiz	•	conjunction with a hos	pital des	cribed in sec	ction 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and st					d had a serverness	atal unit dagarihad in
5	LJ	An organization operated f		a college or universit	y owned	or operate	d by a governmen	mai unit described in
		section 170(b)(1)(A)(iv). (C			d in4	470/h\/4	V(A)(c)	
6	Х	A federal, state, or local go An organization that norma						m the general nublic
7	Δ	described in section 170(b)	•		ppoit iic	a govern	illiental dilit of fio	
8		A community trust describe			Part II \			
9	Н	An agricultural research org				perated in o	conjunction with a	land-grant college
Ů	LJ	or university or a non-land-						
		university:	ygg	(+++++	, , , , , , , , , , , , , , , , , , ,		. ,,	Ü
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ent income and ur	related business tax	able inco	me (less se	ction 511 tax) from	ip fees, and gross n 331/3 %of its businesses
11		An organization organized a						
12		An organization organized	*					
		of one or more publicly su						
		Check the box in lines 12a t						
a		☐ Type I. A supporting orga						
		the supported organization				ajority of the	directors or truste	es of the
	<u></u>	supporting organization.						() to the state of
b	<u> </u>	Type II. A supporting org						
		control or management of			tne sam	e persons tr	iat control or man	age the supported
	Г	organization(s). You must Type III functionally inte			م منا اممار	annoation w	ith and functional	ly intograted with
C	L_	its supported organization						ly integrated with,
_		Type III non-functionally						ed organization(s)
C	_	that is not functionally into						
		requirement (see instruct						
e	Г	Check this box if the orga						l. Type III
•	L	functionally integrated, or						, ,,
f	En	iter the number of supported						
ç		ovide the following information						
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization			Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	,	
(A)								
(B)								
(C)								
(D)								
(E)								
To	al	· — — — — — — — — — — — — — — — — — — —						

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

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Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,847,172.	6,569,919.	4,628,126.	4,967,805.	5,432,623.	24,445,645.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0,
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,847,172.	6,569,919.	4,628,126.	4,967,805.	5,432,623.	24,445,645.
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)						1,242,348.
6	Public support. Subtract line 5 from line 4						23,203,297.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,847,172.	6,569,919.	4,628,126.	4,967,805.	5,432,623.	24,445,645.
8	3 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	95,282.	140,951.	130,571.	135,784.	51,074.	553,662.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	255,655.	47,701.	5,320.	7,284.	1,033.	316,993.
11	Total support. Add lines 7 through 10						25,316,300.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,471,956.
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li					14	91.65%
15	Public support percentage from 2017					15	86.05 %
16a	33 1/3 % support test - 2018. If the or						
	box and stop here. The organization q						▶ X
b	331/3% support test - 2017. If the org this box and stop here. The organizati						
170	10%-facts-and-circumstances test - 3						
174	10% or more, and if the organization						
	Part VI how the organization meets						
	organization						
k	10%-facts-and-circumstances test -:	2017. If the or	ganization did n	ot check a box	on line 13, 16	Sa, 16b, or 17a,	and line
	15 is 10% or more, and if the org						
	Explain in Part VI how the organization						
	supported organization						
18	Private foundation. If the organization						
	instructions					Schedule A (Form 9	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,,,,				,					
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and membership fees					·					
•	received. (Do not include any "unusual grants.")										
2	Gross receipts from admissions, merchandise										
	sold or services performed, or facilities										
	furnished in any activity that is related to the										
	organization's tax-exempt purpose										
3	Gross receipts from activities that are not an										
	unrelated trade or business under section 513 .										
4	Tax revenues levied for the										
	organization's benefit and either paid to										
	or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to the					· I					
	organization without charge										
6	Total. Add lines 1 through 5										
7 a	Amounts included on lines 1, 2, and 3										
	received from disqualified persons , , , ,										
b	Amounts included on lines 2 and 3			-							
	received from other than disqualified										
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
^	Add lines 7a and 7b										
8	Public support. (Subtract line 7c from										
~	line 6.)										
Sec	Section B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
9	Amounts from line 6										
	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				-						
	acquired after June 30, 1975										
. с	Add lines 10a and 10b										
11	Net income from unrelated business		i				,				
	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			1							
	(Explain in Part VI.)										
13	Total support. (Add lines 9, 10c, 11,										
	and 12.)										
14	First five years. If the Form 990 is f	for the organiza	ition's first, seco	ond, third, fourth	i, or fifth tax y	ear as a section	501(c)(3)				
	organization, check this box and stop here						<u></u> ▶				
Sec	tion C. Computation of Public Sup	port Percenta	ıg e								
15	Public support percentage for 2018 (line 8		•				%				
16	Public support percentage from 2017 Scho	edule A, Part III, li	ne 15			16 [,]	%				
Sec	tion D. Computation of Investmen	t Income Per	centage								
17	Investment income percentage for 2018 (li	ne 10c, column	(f), divided by line	13, column (f)),		17	%				
18	Investment income percentage from 2017						%				
19 a	331/3% support tests - 2018. If the or	ganization did n	ot check the bo	x on line 14, an	d line 15 is mo	re than 331/3%, a	and line				
	17 is not more than 331/3%, check th		and the second s								
b	331/3% support tests - 2017. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331/3	3%, and				
	line 18 is not more than 331/3%, check	this box and s	top here. The o	rganization qualif	ies as a publiciy	supported organi	zation 🕨				
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19i	b, check this b	ox and see instr	uctions 🕨				

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Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations	Section A	<u> </u>	Suppor	ting Or	rganizati	ons
---	-----------	----------	--------	---------	-----------	-----

ectio	on A. All Supporting Organizations			
		, ,	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		V
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	_	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		41044155
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	y de la company	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	in this		

10b

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
	•	15.50.000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Terresia.	515314
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	116		
36011	on b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations		37	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	e vectories	NEVER NE
Socti	on D. All Type III Supporting Organizations	1		<u> </u>
Secu	Of D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			HEAT
		3	l	<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations	.44	'anal	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	trucu	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)
С	The diganization supported a governmental entity. Describe in that is now you supported a government entity too	moura		No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	450000		a celes
	trustees of each of the supported organizations? Provide details in Part VI.	3a	5/150/4	1 (1) (1) (1)
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	148500 (d) 		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Т

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	ations	must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	168.00 (48.00		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1с		
d Total (add lines 1a, 1b, and 1c)			
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	Street, St.		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		•
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	.5		E1 113
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y integ	grated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
ì	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
•	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

V 18-5.4F

Schedule A (Form 990 or 990-EZ) 2018

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

	· · · · · · · · · · · · · · · · · · ·				ATTACHMENT	1
SCHEDULE A, PART II -	OTHER INCOME	C.				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
GRANT RECOVERIES/ADJUSTMENTS	214,163.	42,916.	5,320.	5,093.		267,492.
OTHER INCOME	41,492.	4,785.		2,191.	1,033.	49,501.
TOTALS	255,655.	47,701,	5,320.	7,284.	1,033.	316,993.

Schedule B

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

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization		Employer identification number				
BETTER WORLD FUND,	INC.	58-2366765				
Organization type (check o	ne):	30-2300703				
Filers of:	Section:					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated	l as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the Ger	neral Rule and a Special Rule. See				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during t y or property) from any one contributor. Complete Parts I and I contributions.					
Special Rules						
regulations unde 13, 16a, or 16b, \$5,000; or (2) 29	on described in section 501(c)(3) filing Form 990 or 990-EZ to sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedard that received from any one contributor, during the year, to of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form	fule A (Form 990 or 990-EZ), Part II, line otal contributions of the greater of (1) 990-EZ, line 1. Complete Parts I and II.				
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, total contributions of more than \$1,000 exclusively tional purposes, or for the prevention of cruelty to children or b) instead of the contributor name and address), II, and III.	y for religious, charitable, scientific,				
contributor, durir contributions tota during the year f General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, contributions exclusively for religious, charitable, eled more than \$1,000. If this box is checked, enter here the tor an exclusively religious, charitable, etc., purpose. Don't complies to this organization because it received nonexclusively relar more during the year	etc., purposes, but no such otal contributions that were received uplete any of the parts unless the igious, charitable, etc., contributions				
	at isn't covered by the General Rule and/or the Special Rules nust answer "No" on Part IV, line 2, of its Form 990; or check					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number 58-2366765

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED NATIONS FOUNDATION 1750 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SETON HALL UNIVERSITY 400 S. ORANGE AVE SOUTH ORANGE, NJ 07079	\$ 250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	, (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

58-2366765

Part Nonca	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	A CONTRACTOR OF THE CONTRACTOR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number 58-2366765

No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
21(1						
-		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	(e) Transfer of gift					
		nd ZIP + 4	Relationship of transferor to transferee			

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

	Section 527 organizations: Com				
		on Form 990, Part IV, line 4, or For			
		•	. ,,	•	•
Tax)	(see separate instructions), then	1	(y Tax) (see separate	instructions) or Form 990-I	≝Z, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	
	TER WORLD FUND, INC.				
Pai					
1		-	t political campaign a	activities in Part IV. (see ir	structions for
	definition of "political campa	•			
2					
	Volunteer hours for political	campaign activities (see instruct	ons)		
		organization is exempt under			
	Enter the amount of any exc	cise tax incurred by the organizat	ion under section 49	55 ▶ \$	
4 a	vvas a correction made?			• • • • • • • • • • • • • • •	. Yes No
	If "Yes," describe in Part IV.			(3
				· · · · · · · · · · · · · · · · · · ·).
1					
_					
2					
3		enditures. Add lines 1 and 2. E			
А	Did the filing organization fil	o Enem 4400 DOL for this year?			
	Enter the names addresses	and employer identification num	ther (FINI) of all sact	ion 527 political organiz	Yes No
•					
	the amount of political cont	tributions received that were pro	mptly and directly d	elivered to a separate po	olitical organization, such
	as a separate segregated fur	nd or a political action committee	(PAC). If additional s	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					contributions received and
				funds. If none, enter -U	
			·		political organization. If
					none, enter -0
(1)					
, ,					
(2)					
(3)					
(4)	·				
(5)	•				
				So1(h)): Complete Part II-A. Do not complete Part II-B. ection 501(h)): Complete Part II-B. Do not complete Part II-A. separate instructions) or Form 990-EZ, Part V, line 35c (Proxy	
2 F 3 N Part 1 E 2 E 5 S 1 1 4 E 5 E 5 S 1 1 4 E 5 E 5 S 1 1 4 E 5 E 5 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
					<u> </u>

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

Schedule C (Form 990 or 990-EZ) 2018

Sch	edule C (Form 990 or 990-EZ) 2018					Page 2
Pa	rt II-A Complete if the org section 501(h)).	anization is exe	mpt under section	501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ► X if the filing organiz address, EIN, exp	ation belongs to a enses, and share o	n affiliated group (and of excess lobbying expe	l list in Part IV ea enditures).	nch affiliated group mem	ber's name,
В	Check ► if the filing organiz	ation checked box	A and "limited contro	l" provisions app	ly.	
	Limits (The term "expendite	on Lobbying Expe ures" means amo	nditures unts paid or incurred.])	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to in	ıfluence public opi	nion (grass roots lobb	ying),	44,739.	44,739.
b	Total lobbying expenditures to in	nfluence a legislati	ve body (direct lobbyir	ng)	616,518.	616,518.
С	Total lobbying expenditures (ad	d lines 1a and 1b)		, [661,257.	661,257.
	Other exempt purpose expendit				4,545,093.	114,789,930.
е	Total exempt purpose expenditu	ıres (add lines 1c a	and 1d),		5,206,350.	115,451,187.
f	Lobbying nontaxable amount.	Enter the amount	from the following	table in both		
	columns.				410,318.	1,000,000.
	If the amount on line 1e, column (a)	or (b) is: The lobby	ing nontaxable amount i	s:		
	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 \$1,50	00,000 \$175,000	plus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000	plus 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,00	0.			
	Grassroots nontaxable amount				102,580.	250,000.
h	Subtract line 1g from line 1a. If	zero or less, enter -	0	[0.	0.
i	Subtract line 1f from line 1c. If z	ero or less, enter -)	[250,939.	0.
j	If there is an amount other th	an zero on either	line 1h or line 1i, d	lid the organizat	tion file Form 4720	
	reporting section 4911 tax for ti					Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations that	t made a section t	501(h) election do not	t have to comple	ete all of the five colum	nns below.
	•	See the separ	ate instructions for li	ines 2a through	2f.)	
		Lobbying Exp	enditures During 4-Ye	ar Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	585,169	. 488,727.	417,31	4. 410,318.	1,901,528.
b	Lobbying ceiling amount (150% of line 2a, column (e))					2,852,292.
C	Total lobbying expenditures	709,845	575,573.	773,49	2. 661,257.	2,720,167.
d	Grassroots nontaxable amount	146,292	. 122,182.	104,32	9. 102,580.	475,383.

Schedule C (Form 990 or 990-EZ) 2018

44,739.

713,075.

175,420.

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

40,791.

38,825.

51,065.

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).						
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		(b) Amo		
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 c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
ı	Other activities?	10000000000	erineiszon				
j	Total, Add lines 1c through 1i			nadoli intravena	-440-200-a	kest-Bevissofter	: P.O. (1925)
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	toto (selected)	0.0000				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c' d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			4.			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5), or s	section	1	T.,	ı
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		_
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		_
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro till-B Complete if the organization is exempt under section 501(c)(4), section 501				3	<u> </u>	ļ
L C	till-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amor political expenses for which the section 527(f) tax was paid).						
a	Current year			2a			
b	Carryover from last year			2b			
С	Total						
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the reasonable estimate of nondeductible leads to the organization agree to carryover to the organization agree to carryover to the organization agree to the organization agree to carryover to carryover to carryover to carryover to carryover to carryover to carry	obbyi	ng				
5	and political expenditure next year?	 	 <u></u> .	5			
Pa	rt IV Supplemental Information						
Pro 2 (s	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d gro	up lis	t); Part	II-A, I	ines 1	l an

Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:

BETTER WORLD FUND, INC.

ADDRESS:

1750 PENNSYLVANIA AVENUE NW, STE 300

WASHINGTON, DC 20006

EIN:

58-2366765

GRASSROOTS LOBBYING AMOUNT: DIRECT LOBBYING AMOUNT: TOTAL LOBBYING EXPENDITURES: OTHER EXEMPT PURPOSE EXPENDITURES:

TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT: GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

44,739.

616,518. 661,257. 4,545,093.

5,206,350.

410,318.

102,580.

250,939.

ORGANIZATION NAME:

ADDRESS:

WASHINGTON, DC 20006

EIN:

58-2368165

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT: GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT: SHARE OF EXCESS LOBBYING EXPENDITURES:

UNITED NATIONS FOUNDATION

1750 PENNSYLVANIA AVENUE NW, STE 300

110,244,837.

110,244,837. 1,000,000.

250,000.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Depa	rtment of the Treasury		► Attach to Form 990.			Open to Public
intern	al Revenue Service	► Go to www.irs.gov	/Form990 for instructions and	the latest infor	mation. Employer identifica	Inspection
	of the organization		•			
	TER WORLD FUN				58-23667	65
Pa		tions Maintaining Donor Adv			r Accounts.	
	Complete	if the organization answered			7. 3. 1 3	
•			(a) Donor advised fu	inds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2	Aggregate value of	of contributions to (during year)				
3		of grants from (during year)				
4		it end of year		I		
5		ion inform all donors and donor				
		nization's property, subject to the				∐ Yes ∐ No
6		on inform all grantees, donors,				•
	•	purposes and not for the bene				<u> </u>
		issible private benefit?				Yes No
Pa		tion Easements.	- III	N / 15 7 1		
		e if the organization answered				
1		servation easements held by the	· .			
		n of land for public use (e.g., rec	reation or education)		of a historically im	•
		of natural habitat		Preservation	of a certified histo	ric structure
		n of open space				
2		through 2d if the organization h	eld a qualified conservation	contribution ii		Servation End of the Tax Year
		last day of the tax year.				Life of the fax feat
а		onservation easements			2a	
b	-	tricted by conservation easement			2b	
С		rvation easements on a certified			2c	
d		rvation easements included in (
	historic structure	listed in the National Register			2d	
3		rvation easements modified, tra	nsterred, released, extinguis	snea, or termi	nated by the orga	nization during the
	tax year ▶			_		
4		where property subject to conse				
5		zation have a written policy re				Yes No
		forcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, inspe	cting, nandling of violations, ar	to enforcing co	riservation easement	s during the year
	^		ting bondling of violations	and anforcing	annormation occor	nonte during the year
7	· .	ses incurred in monitoring, inspec	ding, nanding of violations, a	and emorcing (Conservation easen	lettis during the year
	D	vation easement reported on line	2(d) above entirity the requir	omante of each	tion 170(h)(//\(B\/i)	
8						Ves No
		n)(4)(B)(ii)? ibe how the organization reports				
9		nd include, if applicable, the text				
		counting for conservation easeme				
P:		tions Maintaining Collection		ures, or Othe	er Similar Assets	
		e if the organization answered				·
1a	If the organization	n elected as nermitted under S	EAS 116 (ASC 958) not to	n report in its	revenue statemei	nt and balance shee
Id	works of art, his public service, pro	n elected, as permitted under S torical treasures, or other simi ovide, in Part XIII, the text of the	lar assets held for public footnote to its financial state	exhibition, ed ements that de	ucation, or resear escribes these items	ch in furtherance of
b	works of art, his public service, pro	on elected, as permitted under storical treasures, or other simi ovide the following amounts rela	lar assets held for public ting to these items:	exhibition, ed	ucation, or resear	ch in furtherance o
	(i) Revenue inclu	ided on Form 990, Part VIII, line	1		▶ 8	S
	(ii) Assets include	ed in Form 990, Part X			> §	S
2	If the organization	on received or held works of	art, historical treasures, or	other similar	assets for financ	ial gain, provide the
		s required to be reported under				
а	Revenue included	d on Form 990, Part VIII, line 1			🕨 🤋	S
b	Assets included i	n Form 990, Part X			> 🤄	ì

Schedule D (Form 990) 2018

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

Part VII	Investments - Other Securities,	"Ves" on Form 990	o, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book Value	Cost or end-of-year market value
	ial derivatives		
	-held equity interests		
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
	Investments - Program Related.		
		"Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Seconposition	(2) 20011 101100	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets.		
	Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)	-		
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	lumn (b) must equal Form 990, Part X, col. (B) li	ine 15)	.
Part X	Other Liabilities.		
II COLON		d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		-,,
1.	(a) Description of liability	(b) Book vale	ve .
	eral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
.(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	>	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 8E1270 1.000 670890 U172

Schedule E Part XI		n.	Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	5,409,530.
	otal revenue, gains, and other support per audited financial statements		
	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
	et diffealized galifs (losses) of filvestifierts		
	office services and use of facilities		
	decoveries of prior year grants		
d O	dd lines 2a through 2d	2e	-182,250.
	subtract line 2e from line 1	3	5,591,780.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:		
	estment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	dd lines 4a and 4b	4c	
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,591,780.
Part XI	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 T	otal expenses and losses per audited financial statements	1	5,206,350.
	mounts included on line 1 but not on Form 990, Part IX, line 25:	100 miles	
	Onated services and use of facilities		
	Prior year adjustments		•
	Other losses		
d C	Other (Describe in Part XIII.)		
	add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	5,206,350.
	mounts included on Form 990, Part IX, line 25, but not on line 1:		
	nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
с А	Add lines 4a and 4b	4c	
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,206,350.
Provide 2; Part X	Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor PAGE 5	art V, lir mation.	ne 4; Part X, line
	·		
	·		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

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

SCHEDULE D, PART X, LINE 2:

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

FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES
THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE
DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE
FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS
SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES
GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN
POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON BETTER
WORLD FUND'S FINANCIAL STATEMENTS DURING THE YEARS ENDED DECEMBER 31,
2018 AND 2017 RESULTING FROM THIS GUIDANCE.

SCHEDULE 1 (Form 990)

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

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

► Attach to Form 990.

OMB No. 1545-0047	2018
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Employer identification number

58-2366765

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

Department of the Treasury Internal Revenue Service Name of the organization

X Yes 1 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? General Information on Grants and Assistance BETTER WORLD FUND, INC. Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	NIE (a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR US GLOBAL LEADERSHIP 1129 20TH ST, NW, STE 600, WASHINGTON, DC	74-3093659	501(C)(3)	12,000.		N/A	N/A	UN STRENGTHENING
ASSC	52-1662800	501(C)(3)	105,697.		N/A	N/A	ADVOCACY
AL LEAL	52-2024493	501(C)(4)	30,000.		N/A	N/A	ON STRENGTHENING
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 Enter total number of section 501(c)(3) and government organiza Enter total number of other organizations listed in the line 1 table 	government ted in the line	organizations lis	organizations listed in the line 1 table a 1 table	je			2 -
For Paperwork Reduction Act Notice, see the Instructions for Form	ions for Form 9	.080				Sch	Schedule I (Form 990) (2018)

JSA 8E1288 1.000 670890 U172

35

PAGE

Schedule I (Form 990) (2018)

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

	מין ואלים כו פופווי כי פריפופיוי	recipients	Cash grant	non-rach accietanre	EMV appraisal other)	
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information. SCHEDULE I, PART I, LINE 2: THE BETTER WORLD FUND PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND

ITS RELATED/AFFILIATED AGENCIES AS WELL AS OTHER ORGANIZATIONS IN SUPPORT

OF OUR MISSION. MONITORING OF FUNDS GRANTED TO THOSE AGENCIES CONSISTS

PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY, SEMIANNUALLY OR ANNUALLY

AS STIPULATED IN THE GRANT AGREEMENTS. FROM TIME TO TIME, THE BETTER

WORLD FUND ALSO CONDUCTS SITE VISITS TO MONITOR DISTRIBUTION OF

GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND PROGRESS OF

GRANT ACTIVITIES.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part	Questions Regarding Compensation			
4	Check the appropriate heavier) if the appropriation manifold any of the following to or for a person listed on Form		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	— That state of charter that			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b	Х	
2	explain	12		
Z	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
_	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	0.50000		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			١.,
а	The organization?	5a		X
b	Any related organization?	5b		I A
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			X
a	The organization?	6a 6b		X
b	Any related organization?	90		71
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
ρ	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		 	† <u> </u>
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
٠	Regulations section 53,4958-6(c)?	9		T

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

individual.

- Particular Addition		(B) Breakdown of W-2	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
KATHRYN CALVIN WALTERS	€	60,591.	0	2,923.	2,310.	3,866.	-	0
-	: @	372,202.	0	17,959.	14,190.	23,747.	4	.0
ELIZABETH COUSENS	: ∈	48,483.	0	163.	2,310.	5,269.	56,225.	0.
	. @	297,821.	0	.866	14,190.	32,367.	345,376.	0.
PETER YEO	(8	304,969.	0	8,361.	16,500.	32,588.	362,418.	0
3VICE-PRESIDENT	: €	0	0	0	0	0	0	0.
MICHAEL BEARD	`∈	159,580.	0	121.	9,720.	10,783.	180,204.	0.
EXECUTIVE DIRECTOR	€	0	0	0	0	.0	0.	0
GEORGE HANNUM	E	151,533.	0	T34.	9,720.	36,587.	197,974.	0.
SENIOR DIRECTOR	: 🗉	0.	0	.0	0	.0	0	0
WALTER CORTES	(2)	42,778.	0	87.	2,310.	1,896.	47,071.	.0
CEO	: 🗉	262,781.	0	534.	14,190.	11,646.	289,151.	.0
RICHARD PARNELL	(0	0	0	0	0	0	.0
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Part III Supplemental Information

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

SCHEDULE J, LINE 1A:

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

OFFICIAL BUSINESS/FUNCTIONS.

THE FUND, AS MAY BE REQUESTED BY THE CHAIRMAN OR PRESIDENT FROM TIME TO BOARD MEMBERS AND THEIR SPOUSES WERE REIMBURSED FOR AIRFARE (INCLUDING TRANSPORTATION WHEN ATTENDING BOARD MEETINGS OR TRAVELING ON BEHALF OF FIRST CLASS IF REQUESTED), HOTEL, MEALS, AND INCIDENTAL TAXIS OR OTHER TIME. Schedule J (Form 990) 2018

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.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
BETTER WORLD FUND, INC.

Employer identification number

58-2366765

FORM 990, PART I, LINE 1:

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

FORM 990, PART III, LINE 1:

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

THE BETTER WORLD FUND COORDINATES SEVERAL DOMESTIC ADVOCACY AND PARTNERSHIP EFFORTS. THROUGH OUR CAMPAIGNS AND PARTNERSHIPS, WE SEEK TO MAKE IT EASY FOR CORPORATIONS, NONGOVERNMENTAL ORGANIZATIONS AND INDIVIDUALS TO ENGAGE IN THE WORK OF THE UNITED NATIONS.

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

Name of the organization
BETTER WORLD FUND, INC.

Employer identification number 58-2366765

UNITED NATIONS.

FORM 990, PART VI, LINE 2:

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

FORM 990, PART VI, LINE 11B:

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

FORM 990, PART VI, LINE 12C:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO
DISCLOSE IN WRITING INTERESTS THAT COULD GIVE RISE TO CONFLICTS ANNUALLY
OR WHEN CIRCUMSTANCES CHANGE. THESE CIRCUMSTANCES ARE REVIEWED BY
MANAGEMENT ON AN ON-GOING BASIS IN THE COURSE OF OUR DAY-TO-DAY
OPERATIONS. WHEN A CONFLICT OF INTEREST DOES ARISE, RECUSAL FROM THE
DECISIONS AND DELIBERATIONS IS REQUIRED. THERE WERE NO SUCH CIRCUMSTANCES
IN THE PERIOD COVERED BY THIS REPORT.

FORM 990, PART VI, LINES 15A & 15B

ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL. THE
BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY, AND IT WAS LAST

UNDERTAKEN IN OCTOBER 2018. 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

Name of the organization
BETTER WORLD FUND, INC.

Employer Identification number 58-2366765

NO KEY EMPLOYEES LISTED, ONLY OFFICERS. FOR OFFICERS, COMPENSATION IS DETERMINED BASED ON QUALIFICATIONS, DUTIES AND SALARIES PAID BY PEER ORGANIZATIONS.

FORM 990, PART VI, LINE 19:

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

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES		·	ATTACHMENT 1	
DESCRIPTION	GRANTS		EXPENSES	REVENUE
WOMEN & POPULATION AND CHILDREN'S HEALTH		0.	1,902.	0.
TOTALS		0.	1,902.	0.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 3

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

BGR GOVERNMENT AFFAIRS P.O. BOX 14416 WASHINGTON, DC 20044

CONSULTING SERVICES

173,777.

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization
BETTER WORLD FUND, INC.

Employer Identification number 58–2366765

ATTACHMENT 3 (CONT'D)

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

MARK L. GOLDBERG, LLC
1438 SOUTH VINE STREET

CONSULTING SERVICES

DESCRIPTION OF SERVICES

176,587.

COMPENSATION

1438 SOUTH VINE STREET DENVER, CO 80210

KYLE HOUSE GROUP 888 17TH STREET, NW - STE 620 WASHINGTON, DC 20006 CONSULTING SERVICES

172,347.

WASHINGTON, DC 20006

CORNERSTONE GOVT AFFAIRS 300 INDEPENDENCE AVENUE SE WASHINGTON, DC 20003 CONSULTING SERVICES

144,500.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

(A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING AND GENERAL EXPENSES FEES SERVICE EXP. DESCRIPTION 38,231. 960,721. 900,837. 21,653. CONSULTING FEES 900,837. 38,231. 21,653. TOTALS 960,721.

ATTACHMENT 5

FORM 990, PART X - DEFERRED REVENUE

DEFERRED GOVERNMENT GRANTS

DESCRIPTION

ENDING BOOK VALUE

47,604.

TOTALS

47,604.

SCHEDULE R (Form 990)

INC.

BETTER WORLD FUND,

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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2018

OMB No. 1545-0047

58-2366765

(f)
Direct controlling
entity

BWF 0

Open to Public Employer identification number

(e) End-of-year assets · (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) E (b) Primary activity S SUPPORTS 27-4464952 20006 20 (a)Name, address, and EIN (if applicable) of disregarded entity WASHINGTON, 1750 PENNSYLVANIA AVENUE NW (1) UNA-USA LLC Partl

<u>ල</u>

(2)

3

(5)

9

(g) Section 512(b)(13) controlled entity? Ŷ Yes . 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. × (f) Direct controlling entify BWF Public charity status (if section 501(c)(3)) <u>(a)</u> **[**~ (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) ΣŃ SUPPORTS UN Primary activity 58-2368165 WASHINGTON, DC 20006 Name, address, and EIN of related organization 1750 PENNSYLVANIA AVENUE NW UNITED NATIONS FOUNDATION Part II E (4) (5) 9 3 (3)

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

6

Schedule R (Form 990) 2018

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. Part III

-	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legai domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate altocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) r Percentage r ownership
		*	(Kanaa)					Yes No		Yes No	
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(9)											
(7)											
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answers	ted Organization	s Taxable	as a Corporati	e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, anizations treated as a composition of frust during the fax year.	ete if the orgar	ization answere	"sə,, pə	on Form 990,	Part I	۷,

Part IV	Identitication of Related Organizations Taxable as a Corporation of Trust. Complete it me organization answered Test on Form 350, Part 19, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	as a corporation or I rust. Complete II the organization ans nizations treated as a corporation or trust during the tax year.	a corporatic	npiete ir tne or on or trust durii	ganization arisw ng the tax year.	ered res or	roin 990, ra	۱۲ ۱۷ ،	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity (C	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) (i) Percentage Section ownership 512(b)(13)	Section Section 512(b)(13) controlled
	- Contract of Cont								Yes No
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Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes NO
Visit to the second of the following transporting with one or more related organizations listed in Darts ILIV	lated organizations lister	Hin Parts ILIV2	
During the tax year, and the olganization engage in any of the			X
			× ×
b Giff, grant, or capital contribution to related organization(s)		* * * * * * * * * * * * * * * * * * * *	×
c Gift, grant, or capital contribution from related organization(s)			47
d Loans or loan quarantees to or for related organization(s)			10 ^
			1e X
			7t X
† Dividends from related organization(s)			×
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)		# # # # # # # # # # # # # # # # # # #	
i Exchange of assets with related organization(s)			
i Lease of facilities, equipment, or other assets to related organization(s)			×
			WILLIAM TO THE TOTAL TO THE TOT
V 10000 of familiae agrifoment or other secets from related organization(s)			7k ×
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Performance of services or membership or fundralshing souch			× 4.
			\downarrow
o Sharing of paid employees with related organization(s)			100
			× **
p Reimbursement paid to related organization(s) for expenses			4
q Reimbursement paid by related organization(s) for expenses			77 J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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S Other transfer of cash of property from related organization(s)	line, including	covered relationships and transaction thresholds	action thresholds.
II III CAISWEI IV AIIJ OI III CAOVE IS 103, SOO III III CAISWEI IV AIIJ	(q)	(2)	(d)
Name of related organization	Transaction	Amount involved	Method of determining
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(2) UNITED NATIONS FOUNDATION	Ωι	543,682.	GAAP
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ARU.			,

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

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.

V 18-5.4F

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.