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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Form 990 (2009)

A Fo	or the	2009 calen	dar yea			and ending 12-31-20	09	T 5 5		
B Ch	eck ıf a	applicable Ple	ease	C Name of organization Better World Fund Inc				D Employer Id	entification number	
☐ Ad	dress cl	lange	e IRS bel or	Doing Business As		58-2366765 E Telephone number				
∏ Na	me cha	nge pr i	int or pe. See	Doing Business As				E Telephone n	umber	
┌ Ini	tıal retu	ırn Sp	ecific	Number and street (o	r P O box if mail is	not delivered to street addr	ess) Room/suite	(202) 887-		
Гте	mınate	In:	struc- ons.	1800 Massachusetts A		G Gross receipts	s \$ 14,259,713 			
Г Aп	nended	return		City or town, state or	country, and ZIP +	4		1		
┌ Ap	plication	n pending		WASHINGTON, DC 20	0036					
		_	E Nam	L ne and address of pr	incinal officer		11/-3 *		_	
				YN CALVIN WALTE	•			nis a group retur ates?	n for	
				1ASSACHUSETTS A					,,	
			WASHI	NGTON, DC 20005	•			III affiliates includ		
—————————————————————————————————————	ıx-exen	nnt status 🔽	501(c)	(3) ◀ (insert no) 「		_			(see instructions)	
					4547(a)(1) 01	327	H(c) Gro	up exemption ni	ımber F	
				.DFUND ORG			<u> </u>	1		
				ion Trust Associati	on Other 🕨		L Year of fo	ormation 1998	M State of legal domicile GA	
Pa	rt I			e organization's miss	sion or most sig	nificant activities				
	*	•		_	-		TNERSHIP EF	FORTS WE SE	EK TO MAKE IT EASY	
aı			ORATI	ONS, NONGOVERN	MENTAL ORGA	ANIZATIONS, ETC , T	O ENGAGE IN	THE WORK OF	THE UNITED	
홀		NATIONS								
Ĕ										
Governance										
ĭ	2	Check this	box 🛏	fthe organization	discontinued its	operations or dispose	d of more than	25% of its net	assets	
ან <i>ა</i> ბ	3	Number of	voting n	nembers of the gove	rning body (Par	tVI, line 1a)		. 3	13	
Activities &	4	Number of	ındepen	dent voting member	s of the governi	ng body (Part VI, line 1	b)	. 4	13	
ξ	5	Total numb	perofem	nployees (Part V , lın	e 2 a)			5	11	
ą.	6	Total numb	perofvo	lunteers (estimate ii	fnecessary) .			6	14	
	7a	Total gross	s unrelat	ted business revenu	e from Part VII	I, column (C), line 12		7	a 0	
	ь	Net unrelat	ted busı	ness taxable income	from Form 990	-T, line 34		7	b	
							Prie	or Year	Current Year	
_	8	Contributi	ions and	d grants (Part VIII, I	ıne 1h)			19,538,046	14,153,012	
를	9	Program s	service i	revenue (Part VIII,	line 2g)			0	0	
Ravenue	10	Investme	nt incon	ne (Part VIII, colum	ın (A), lınes 3, 4	, and 7d)		543,458	41,512	
立	11	O ther rev	enue (P	art VIII, column (A)	, lines 5, 6d, 8c		100,700	65,189		
	12					art VIII, column (A), lu	ne	20,182,204	14,259,713	
	13			r amounts paid (Par), lines 1–3)		8,478,157	9,592,597	
	14					line 4)		8,478,137	9,392,397	
	15					rt IX, column (A), lines	5-			
\$		10)	other co	impensation, employ	ee bellelles (i a	re ix, column (A), mes		1,971,025	3,091,278	
Expenses	16a	Professio	nal fund	raısıng fees (Part IX	, column (A), lır	ne 11e)		0	0	
ŝ	ь	Total fundra	aising expe	enses (Part IX, column (I	D), line 25) 🛌 666,9	988				
ш	17	Otherexp	enses (Part IX, column (A),	lines 11a-11d	, 11f-24f)		6,204,459	5,709,461	
	18	Total exp	enses A	Add lines 13-17 (mi	ust equal Part I	X, column (A), line 25)		16,653,641	18,393,336	
	19	Revenue I	less exp	enses Subtract line	18 from line 12	2		3,528,563	-4,133,623	
<u>১ পূ</u>							_	g of Current	End of Year	
Net Assets or Fund Balances		_						Year		
88. B.a.	20			t X, line 16)				29,725,255	28,651,106	
2 2	21		-					2,470,011	5,529,485	
	22			d balances Subtract	t line 21 from lir	ne 20		27,255,244	23,121,621	
Ра	rt II	_							Al	
						eturn, including accompanyin er (other than officer) is bas				
		l								
Sign		I						-09-14		
Her	е	Signature	e of office	.r			Date			
				HIEF OF STAFF						
		ype or	ринс пат	e and title						
		Preparer's				Date	Check if self-	Preparer's ident (see instructions		
Paid		signature	7				empolyed 🕨	(100 moracions	-,	
	arer's			PRICEWATERHOUSE	ECOOPERS LLP			EIN Þ		
Use	Only	ıf self-emplo address, and		1301 K STREET NW	SUITE 800W			LIN F		
				WASHINGTON, DC	20005			Phone no 🕨 (2	202) 414-1000	
May	the IR	RS discuss tl	hıs retui			see instructions) .			⊤Yes ⊤No	

2

4d

4e

(Expenses \$

Total program service expenses►\$

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE BETTER WORLD FUND WAS CREATED IN 1998 TO BUILD AND IMPLEMENT PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST PRESSING PROBLEMS, AND WORKS TO BROADEN SUPPORT FOR THE UNITED NATIONS (UN) THROUGH ADVOCACY AND PUBLIC OUTREACH THE BETTER WORLD FUND COORDINATES SEVERAL DOMESTIC ADVOCACY AND PARTNERSHIP EFFORTS THROUGH OUR CAMPAIGNS AND PARTNERSHIPS, WE SEEK TO MAKE IT EASY FOR CORPORATIONS, NONGOVERNMENTAL ORGANIZATIONS AND INDIVIDUALS TO ENGAGE IN THE WORK OF THE UN THE BETTER WORLD CAMPAIGN, AN INITIATIVE OF THE BETTER WORLD FUND, WORKS TO STRENGTHEN THE RELATIONSHIP BETWEEN THE UNITED STATES OF AMERICA AND THE UN THROUGH OUTREACH, COMMUNICATIONS, AND ADVOCACY WE ENCOURAGE US LEADERSHIP TO ENHANCE THE UN'S ABILITY TO CARRY OUT ITS INVALUABLE INTERNATIONAL WORK ON BEHALF OF PEACE, PROGRESS, FREEDOM, AND JUSTICE IN THESE EFFORTS, WE ENGAGE POLICY MAKERS, THE MEDIA, AND THE AMERICAN PUBLIC TO INCREASE AWARENESS OF AND SUPPORT FOR THE UN

Did the organization undertake any significant program services during the year which were not listed on

Other program services (Describe in Schedule O) See also Additional Data for Description

including grants of \$

17,081,119

3,335,375

	the prior Form 990 or 99	90-EZ?				es 🔽 No
	If "Yes," describe these	new services on Sche	dule O			
3	Did the organization ceaservices?	se conducting, or mak	e sıgnıfıcan	t changes in how it con		es 🔽 No
	If "Yes," describe these	changes on Schedule	0			
4	• •	01(c)(4) organization:	s and section	on 4947(a)(1) trusts ar	argest program services by expe e required to report the amount o ervice reported	
4a	(Code) (Expenses \$	7,009,459	including grants of \$	6,629,850) (Revenue \$	0)
	PEACE, SECURITY & HUMAN THREE AREAS SECURITY, V		RLD FUND'S P	EACE, SECURITY AND HUMA	N RIGHTS PROGRAM PROMOTES PREVEN	ITIVE ENGAGEMENT IN
4b	(Code) (Expenses \$	3,992,435	ıncludıng grants of \$	243,000) (Revenue \$	0)
		IN THESE EFFORTS, WE EN	DEAVOR TO E	NCOURAGE A COOPERATIVE	E AND VALUE OF THE UNITED NATIONS (I RELATIONSHIP BETWEEN THE UN AND U TIONS	
4c	(Code) (Expenses \$	2,743,850	including grants of \$	349,244) (Revenue \$	0)
	•	RANSITION TOWARD A CLIM	ATE-FRIENDL	Y ENERGY ECONOMY IT SER	E AND ENERGY PROGRAM WORKS WITH VES AS A NONPARTISAN FORUM, AND C 3Y THIS TRANSFORMATION	

2,370,503) (Revenue \$

0)

Part TV	Checklist	of Require	d Schedules
2:ILT 1/2	CHECKHSL	ui keyuli e	u Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		N o
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		N o
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form	Form 990 (2009)						
Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	:e					
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal						

La	of U.S. Information Returns. Enter -0- if not applicable			
	1a 21			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N o
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	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 and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		N o
•	Sponsoring organizations maintaining donor advised funds.	-		110
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
L O	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

1800 MASSACHUSETTS AVENUE NW STE 4

WASHINGTON, DC 20036

(202) 887-9040

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	processes, or changes in Schedule O. See instructions.					
Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 13					
ь	Enter the number of voting members that are independent	-				
		1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
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		Νo		
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11						
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, 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 arrangement with a taxable entity during the year?	16a		Νο		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
- Ça	ction C. Disclosure	100				
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, [OC FL	GA H	11 11		
	KS, KY, LA, ME, MD, MA, MI, MN, I NM, NY, NC, ND, OH, OK, OR, PA, VT, VA, WA, WV, WI	45 , M	, ни, с	NJ,		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of windows website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he orga	ınızatıor	n -		

Part VIII 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶3

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NATURAL RESOURCES SOLUTIONS LLC 208 MELANCHTON AVENUE LUTHERVILLE, MD 21893	DOMESTIC ENERGY SPT	1,483,140
VAN NESS FELDMAN PO BOX 79814 BALTIMORE, MD 21279	STRATEGIC COUNSEL	340,946
PUBLIC OPINION STRATEGIES 214 N FAYETTE STREET ALEXANDRIA, VA 22314	STRATEGIC COUNSEL	186,530
SMART BRIEF INC 1100 H STREET NW SUITE 1000 WASHINGTON, DC 20005	PUBLISHING SERVICES	243,360
DAVID GARDINER ASSOCIATES LLC 910 7TH STREET NW WASHINGTON, DC 20006	STRATEGIC COUNSEL	497,490
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►10	who received more than	

Form 9								Page 9
Part \	VIII _	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or
2 22	1a	Federated cam	paigns 1a					514
Contributions, gifts, grants and other similar amounts	ь		es 1b					
s,g am⊄	c	Fundraising eve	ents 1c					
# <u>a</u> ≡	d		zations 1d					
a Si≘s	е	Government grant						
er.	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	14,153,012				
휼튱	g		butions included in					
S E	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	14,153,012			
				Business Code				
Program Serwce Revenue	2a							
He Se	Ь							
931	c							
Ser	d							
ᇣ	e							
Š	'	All other progra	am service revenue					
	g		s 2a-2f		0			
	3		ome (including dividender ar amounts)	F	41,512			41,512
	4		stment of tax-exempt bond	-	0			12,522
	5	Royalties		▶	0			
			(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
		expenses Rental income						
	C .	or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	(II) O ther				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	d	Gain or (loss)		▶	0			
	8a		rom fundraising		, ,			
Other Revenue		events (not inc \$ of contributions						
her	b		penses b					
ಕ	C		(loss) from fundraising	events 📴	0			
	9a		rom gaming activities ne 19 a					
	b		penses b					
	10a	Gross sales of returns and allo		vities	0			
	ь	Less cost of g	a oods sold b					
	С		(loss) from sales of inve		0			
	11a	Miscellaneous		Business Code 900,099	65,189			65,189
	b	GRANT RECONADJUSTMENT		300,039	03,109			33,107
	c							
	d	All other reven						
	e 12		s 11a-11d		65,189			
	12	iotal revenue.	See Instructions .	· · • • • • • • • • • • • • • • • • • •	14,259,713			106,701

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations m l other organizations must complete column (A) but are not required to			(D)	
			(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,664,937	2,664,937		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,927,660	6,927,660		
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	184,186	82,883	46,048	55,255
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,244,167	1,736,184	303,783	204,200
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	149,975	122,685		9,071
9	Other employee benefits	350,471	278,827	44,409	27,235
10	Payroll taxes	162,479	121,511	22,688	18,280
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	241,227	224,742	7,639	8,846
c	Accounting	37,420	13,664	22,073	1,683
d	Lobbying	380,783	380,783	' 	
e	Professional fundraising See Part IV, line 17	0	3537133		
f	Investment management fees	0			
g	Other	3,808,136	3,506,668	61,624	239,844
12	Advertising and promotion	0	3,000,000	01,011	200,011
13	Office expenses	226,671	165,039	34,578	27,054
14	Information technology	47,796	30,621	13,584	3,591
15	Royalties	0	30,021	13,304	3,331
16	Occupancy	483,331	458,884	24,447	
17	Travel	294,015	227,585	· · · · · ·	45,667
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	294,013	227,363	20,703	43,007
19	Conferences, conventions, and meetings	136,752	106,228	12,598	17,926
20	Interest	0	155,226	12,330	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,977	597	5,380	
23	Insurance	3,479	2,359	' 	758
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	3,113	2,333	302	
а	COMMUNICATIONS	43,874	29,262	7,034	7,578
b		13,074	25,252	7,054	,,570
c					
d					
e					
f	All other expenses			+	
	Total functional expenses. Add lines 1 through 24f	10 202 25-	47.004.475	645.335	
25		18,393,336	17,081,119	645,229	666,988
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A)		(B)
	Π_		Beginning of year		End of year
	1	Cash—non-interest-bearing	20.457.040	1	
	2	Savings and temporary cash investments	29,457,210		28,481,006
	3	Pledges and grants receivable, net	241,967	3	150,000
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 84,463			
	ь	Less accumulated depreciation 10b 64,363	26,078	10c	20,100
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	29,725,255	16	28,651,106
	17	Accounts payable and accrued expenses .	439,368	17	389,671
	18	Grants payable	422,002	18	3,691,662
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,608,641	25	1,448,152
	26	Total liabilities. Add lines 17 through 25	2,470,011	26	5,529,485
		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27			
У Ф		through 29, and lines 33 and 34.			
g B	27	Unrestricted net assets	17,692,058	27	15,331,289
Fund Balance	28	Temporarily restricted net assets	9,563,186	28	7,790,332
귤	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			_
2		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	27,255,244	33	23,121,621
_	34	Total liabilities and net assets/fund balances	29,725,255	34	28,651,106

Part XI Financial Statements and Reporting

			Yes	No			
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo			
b	b Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	▼ Separate basis						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b					

Form **990** (2009)

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. See separate instructions.

Inspection

		Fund Inc	Zimpioy di radiitii reaction maniber								
			58-2366765								
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa	rt.) See instruct	tions							
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)								
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).									
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	۱)(iii).								
4	Г	A medical research organization operated in conjunction with a hospital described in sect hospital's name, city, and state	on 170(b)(1)(A)(iii). Ente	r the						
5	Г	An organization operated for the benefit of a college or university owned or operated by a	jovernmental unit	describe	d ın						
	_	section 170(b)(1)(A)(iv). (Complete Part II)									
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)									
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	_	section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
8 9	<u>'</u> _	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
9	,	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	<u> </u>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
11	ı	An organization organized and operated exclusively for the benefit of, to perform the funct one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	09(a)(2) See sect n 11h		a)(3).	. Checl					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)									
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box		porting o	rganız	ation,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any offollowing persons? (i) a person who directly or indirectly controls, either alone or together with persons desc			Yes	No					
		and (III) below, the governing body of the the supported organization?	ibea iii (ii)	11g(i)	163	110					
		(ii) a family member of a person described in (i) above?		11g(ii)		 					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		_					
h		Provide the following information about the supported organization(s)		9()							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in inized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.) Part II

5	ection A. Public Support	ou checked the	DOX OII IIIC 5,	7, 01 0 01 Tale 1				
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	19,137,344	19,694,384	24,339,435	19,538,046	14,153,012	96,862,221	
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	19,137,344	19,694,384	24,339,435	19,538,046	14,153,012	96,862,221	
J	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						62,036,731	
6	(f) Public Support. Subtract line 5						34,825,490	
<u> </u>	from line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	beginning in) A mounts from line 4	19,137,344			19,538,046	14,153,012	96,862,221	
8	Gross income from interest,	, ,	, ,	24,339,435	, ,	, ,	, , , , , , , , , , , , , , , , , , ,	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	596,551	1,171,082	845,441	543,458	41,512	3,198,044	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	0	0	0	0	65,189	65,189	
11	Total support (Add lines 7 through 10)						100,125,454	
12	Gross receipts from related activit					12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ıon's fırst, second	, thırd, fourth, or f	ifth tax year as a s	501(c)(3) organı:	zation, T	
	ection C. Computation of Pu			11 1 (0)				
14	Public Support Percentage for 200	•		11 column (f))		14	34 782 %	
15 162	Public Support Percentage for 200 33 1/3% support test—2009. If the	•	•	v on line 12 and l	uno 14 io 22 1/20/	15	36 520 %	
	and stop here. The organization qu 33 1/3% support test—2008. If the	alıfıes as a public	ly supported orga	ınızatıon			► ✓	
17a	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported.							
b	organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly							
18	supported organization Private Foundation If the organiza instructions						▶□ ▶□	

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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 (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 58-2366765

Name: Better World Fund Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	ı services				
(Code WOMEN/POPULA) (Expenses \$ TION & CHILDREN HLTH	1,738,767	including grants of \$	850,541) (Revenue \$	0)
(Code UN STRENGTHEN) (Expenses \$ ING	1,596,608	including grants of\$	1,519,962) (Revenue \$	0)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours	Position ((C) osition (check all that apply)			(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	leol#O	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RE TURNER CHAIRMAN	5 0	×						0	0	0
HER MAJESTY QUEEN RANIA AL- ABDULLAH DIRECTOR	5 0	X						0	0	0
KO FI ANNAN DIRECTOR	5 0	X						0	0	0
GRO HARLEM BRUNDTLAND DIRECTOR	5 0	X						0	0	0
FERNANDO HENRIQUE CARDOSO DIRECTOR	5 0	X						0	0	0
YUAN MING DIRECTOR	5 0	Х						0	0	0
NR NARAYANA MURTHY DIRECTOR	5 0	Х						0	0	0
HISASHI O WADA DIRECTOR	5 0	Х						0	0	0
EMMA ROTHSCHILD DIRECTOR	5 0	X						0	0	0
NAFIS SADIK DIRECTOR	5 0	Х						0	0	0
ANDREW YOUNG DIRECTOR	5 0	X						0	0	0
MUHAMMAD YUNUS DIRECTOR	5 0	X						0	0	0
IGOR S IVANOV DIRECTOR	5 0	X						0	0	0
TIMOTHY E WIRTH PRESIDENT	6 0	X		X				71,838	377,147	29,506
RUTHERFORD SEYDEL SECRETARY OF THE BOARD	5 0			X				0	0	0
KATHRYN CALVIN WALTERS CEO	6 0			х				48,069	252,360	33,880
RICHARD PARNELL CHIEF OF STAFF	6 0			X				33,068	173,605	27,288
ROBERT SKINNER ASSISTANT DIRECTOR	40 0					X		152,892	0	24,603
GILLIAN SORENSON SENIOR ADVISOR	40 0					X		138,369	0	6,629
PETER YEO EXECUTIVE DIRECTOR	40 0					Х		193,631	0	19,972

DLN: 93493257014080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

> ► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

See	ction 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not com	nplete Pa	art I-B						
	ction 527 organizations Complete Part I-A only								
	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4	•			• •	า			
	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part					II A			
	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, lin				•				
	ction 501(c)(4), (5), or (6) organizations Complete Part III	e ssa (egai	unig	proxy tax,	, tile li			
Naı	Name of the organization Employer identification number								
Bett	er World Fund Inc								
Dar	: I-A Complete if the organization is exempt under section 501(c) or is a s	58-236 Actio r			anizatio	n			
			1 327	<u> </u>	amzatio				
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV							
2	Political expenditures		>	\$					
3	Volunteer hours			_					
Par	I-B Complete if the organization is exempt under section 501(c)(3).								
1	Enter the amount of any excise tax incurred by the organization under section 4955								
2	Enter the amount of any excise tax incurred by organization managers under section 4955		•	Ψ <u></u>					
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		-	₽	 ☐ Yes	Гио			
4а	Was a correction made?				, res □ Yes	, No □ No			
					1 165	, 140			
b Dar	If "Yes," describe in Part IV 1-C Complete if the organization is exempt under section 501(c) except s	ectio	n 50	1(c)	(3)				
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac				(3).				
				\$					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	2/	•	\$					
_		76	_	¥ <u> </u>					
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	. / D		\$ <u> </u>					
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes	┌ No			
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in Page 1.	Also on, suc	entert	the an	nount of po	litical			

	re promptly and directly delivered littee (PAC) If additional space i	·	,	separate segregated
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political

organization If none, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

┌ Yes ┌ No

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

A B	Check If the filing organization belongs to a Check If the filing organization checked bo	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
<u>1</u> a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	39,790	39,790
b	Total lobbying expenditures to influence a legisl	449,755	449,75!	
c	Total lobbying expenditures (add lines 1a and 1	b)	489,545	489,54!
d	Other exempt purpose expenditures	17,726,348	94,938,56	
e	Total exempt purpose expenditures (add lines 1	18,215,893	95,428,108	
f	Lobbying nontaxable amount Enter the amount to	1,000,000	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
 g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	250,000
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		

section 4911 tax for this year?

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendi	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_c	Total lobbying expenditures	490,043	542,807	340,519	489,545	1,862,914
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	28,913	94,816	44,119	39,790	207,638

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2611	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493257014080

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

·	to Form 330. F See separate instructions.	<u> </u>	шэрс	edivil.
Name of the organization Better World Fund Inc		Empl	oyer identification num	ber
			366765	
Part I Organizations Maintaining Dono organization answered "Yes" to Form	or Advised Funds or Other Similar	Funds	or Accounts. Compl	ete ıf the
organization answered res to ron	(a) Donor advised funds	(1	b) Funds and other acco	unts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor funds are the organization's property, subject to			sed Yes	┌ No
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit		•		┌ No
art III Conservation Easements. Comp	lete if the organization answered "Yes	s" to Form	990, Part IV, line 7.	
Preservation of land for public use (e g , red Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	Preservation of	f a certified	cally importantly land and historic structure	ea
			Held at the End of th	e Year
a Total number of conservation easements		2a		
b Total acreage restricted by conservation easen		2b		
c Number of conservation easements on a certific	• •	2c		
d Number of conservation easements included in	(c) acquired after 8/17/06	2d		
Number of conservation easements modified, tr the taxable year ▶			e organization during	
Number of states where property subject to con				
Does the organization have a written policy regard enforcement of the conservation easements it h		andling of	violations, and Yes	┌ No
Staff and volunteer hours devoted to monitoring				
A mount of expenses incurred in monitoring, ins			the year 🕶 \$	
Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			☐ Yes	┌ No
In Part XIV, describe how the organization repo balance sheet, and include, if applicable, the te the organization's accounting for conservation of	ct of the footnote to the organization's finan			
	ections of Art, Historical Treasure red "Yes" to Form 990, Part IV, line 8.		er Similar Assets.	
If the organization elected, as permitted under s art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to	held for public exhibition, education or rese	earch in fur		ce,
b If the organization elected, as permitted under shistorical treasures, or other similar assets help provide the following amounts relating to these	d for public exhibition, education, or researc		•	
(i) Revenues included in Form 990, Part VIII, I	ine 1		► \$	
(ii) Assets included in Form 990, Part X			► \$	
If the organization received or held works of art following amounts required to be reported under		s for financ		
a Revenues included in Form 990. Part VIII. line	1		▶ - \$	

b Assets included in Form 990, Part X

Palit	Organizations Maintaining Co	llections of Ar	t, His	<u>stori</u>	<u>cal T</u>	<u>reasur</u>	es, or Ot	nei	Similar Asse	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	he fol	lowing	that are	a sıgnıfıcar	nt us	e of its collection	l	
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ms			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furth	er the or	ganızatıon's	sex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Ye	es" to Form 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontrib	utions or	other asse	ts n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		A mou	nt	
c	Beginning balance							lc			
d	Additions during the year						-	Ld			
e	Distributions during the year							le			
f	Ending balance							lf			
2a	Did the organization include an amount on Fo	orm 990 Part Y lin	ie 212	,						Yes	
	If "Yes," explain the arrangement in Part XIV		21.						,		, 110
	rt V Endowment Funds. Complete		n ans	swer	ed "Ye	es" to F	orm 990	Parl	IV. line 10		
	Endownient i andor complete	(a)Current Year)Prior						Four Y	ears Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment 🕨 %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and ad	lmınıstered	for t	he		
	organization by								[_ (I)	Yes	No
	(i) unrelated organizations		•					•	3a(i)		
L	(ii) related organizations			- a b a d	 Wa Da			•	3a(ii)		<u> </u>
ь 4	Describe in Part XIV the intended uses of th	•						•	30		<u> </u>
	t VI Investments—Land, Buildings					990. Pa	rt X. line 1	0.			
	<u> </u>	o, una Equipina				or other	(b)Cost or o		(c) Accumulated		
	Description of investment					estment)	basis (othe		depreciation	(d) B	ook value
	Land		•								
b I	Buildings		•								
c I	Leasehold improvements		•					419	137		282
d I	Equipment		•				76,	173	56,880		19,293
	Other						7,	871	7,346		525
	I. A dd lines 1a-1e <i>(Column (d) should equal Fo</i>										20,100

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)		
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,259,713
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,393,336
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,133,623
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,133,623
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	14,259,713
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
ь	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	14,259,713
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,259,713
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	eturn
1	Total expenses and losses per audited financial	.	18,393,336
	statements	1	
2			
a b	Donated services and use of facilities	1	
6	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	18,393,336
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 	10,393,330
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	18,393,336
	t XIV Supplemental Information	<u> </u>	= = , = = , = = 0

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

Ident if ier	Return Reference	Explanation
Identifier PART X, FIN 48	Return Reference SCHEDULE D	Explanation BWF HAS RECEIVED A RULING FROM THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY, OTHER THAN UNRELATED BUSINESS INCOME SINCE BWF HAS NO SIGNIFICANT UNRELATED BUSINESS INCOME, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED ON JANUARY 1, 2009, BWF ADOPTED THE PROVISIONS OF ASC TOPIC 740-10-25, "INCOME TAXES RECOGNITION" (ASC TOPIC 740-10-25") ASC TOPIC 740-10-25 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A MORE-LIKELY-THAN-NOT THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR
		EXPECTED TO BE TAKEN IN A TAX RETURN THE IMPLEMENTATION OF ASC TOPIC 740-10-25 HAD NO IMPACT ON BWF'S FINANCIAL STATEMENTS BWF DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS

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DLN: 93493257014080

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2009

Department of the Treasury Internal Revenue Service

Totals .

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	ne of the organization					Employer ide	ntification number
Bett	er World Fund Inc					58-2366765	5
Pa	General Infor "Yes" to Form 9			ide the United States	. Complete	e if the organ	nization answered
1	For grantmakers. Doe assistance, the grante	es the organiza es' eligibility fo	ition maintain i or the grants oi	records to substantiate rassistance, and the se	lection crite	rıa used to a	ward
2	United States			rocedures for monitoring th	ne use of grai	nt funds outsıd	e the
3	Activites per Region (U	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region
Car	tral America and the ibbean	0	0	Grantmaking	UN STRENG	·	200,000
	ope (Including Iceland and enland)	0	0	Grantmaking	PSHR/WOM ADVOCACY	•	6,694,700
Sou	th America	0	0	Grantmakıng	PSHR/HUM	AN RIGHTS	29,250
Sub	-Saharan Africa	0	0	Grantmaking	CHILDREN'	S HEALTH	3,710

0

6,927,660

	Use Sch	nedule F-1 (Fo	rm 990) if additional sp	ace is needed.					
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Cent A merica/Caribbean	UN Strength	200,000	WIRE	C	NONE	NONE
			Europe/Iceland/Greenland	PSHR	6,600,000	WIRE	C	NONE	NONE
			Europe/Iceland/Greenland	Women	89,100	WIRE	C	NONE	NONE
			South America	PSHR	29,250	WIRE	C	NONE	NONE
2			pient organizations listed for which the grantee of						1
3	Enter total nu	umber of othe	r organizations or entiti	es				>	3

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to	provide the information required	ın Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
SCHEDULE F, LINE 2		THE BETTER WORLD FUND PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS RELATED/AFFILIATED AGENCIES MONITORING OF FUNDS GRANTED TO THOSE AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY, SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS FROM TIME TO TIME, THE BETTER WORLD FUND ALSO CONDUCTS SITE VISITS TO MONITOR DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND PROGRESS OF GRANT ACTIVITIES

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493257014080 OMB No 1545-0047

Employer identification number

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

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

Inspection

Better World Fund Inc 58-2366765 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash (book, FMV, or government ıf applıcable assistance appraisal, other) See Additional Data Table

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV,	line 22
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanat ion
SCHEDULE I, LINE 2		THE BETTER WORLD FUND PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS RELATED/AFFILIATED AGENCIES MONITORING OF FUNDS GRANTED TO THOSE AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY, SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS FROM TIME TO TIME, THE BETTER WORLD FUND ALSO CONDUCTS SITE VISITS TO MONITOR DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND PROGRESS OF GRANT ACTIVITIES

Software ID:

Software Version:

EIN: 58-2366765

Name: Better World Fund Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of (h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for US Global Engagement1220 19th St NW Washington, DC 20036	74-3093659	501(c)(3)	20,000	0	NONE	NONE	Advocacy (BWF Only)
Citizens for Global Solutions Edu Fund418 7th St SE Washington, DC 20003	52-6081813	501(c)(3)	100,000	0	NONE	NONE	Advocacy (BWF Only)
Congressional Black Caucus Foundation Inc1720 Mass Ave NW Washington, DC 20036	52-1160561	501(c)(3)	10,000	0	NONE	NONE	Advocacy (BWF Only)
Culture Project49 Bleecker St Ste 602 New York, NY 10012	13-3898892	501(c)(3)	14,915	0	NONE	NONE	UN Strengthening
Dag Hammarskjold Scholarship Fund132 East 43rd St No 457 New York, NY 10017	13-6122648	501(c)(3)	25,000	0	NONE	NONE	UN Strengthening
Executive Office of the Secretary GeneralUnited Nations S-1823 New York, NY 10017		UN Agency	5,210	0	NONE	NONE	UN Strengthening
Global Water Challenge1001 Connecticut Ave Washington, DC 20036	26-1407784	501(c)(3)	764,179	0	NONE	NONE	UN Strengthening
Global Water Challenge1001 Connecticut Ave Washington, DC 20036	26-1407784	501(c)(3)	140,463	0	NONE	NONE	UN Strengthening
Guttmacher Institute120 Maiden Lane 7th Flr New York, NY 10038	13-2890727	501(c)(3)	50,000	0	NONE	NONE	Women & Population
Institute of International Education809 UN Plaza New York, NY 10017	13-1624046	501(c)(3)	50,000	0	NONE	NONE	UN Strengthening

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) International Center for 52-1081455 0 NONE NONE Women & Population Research on Women1120 7,290 20th St NW Washington, DC 20036 International Center for 52-1081455 501(c)(3) 0 NONE NONE Women & Population Research on Women1120 000,08 20th St NW Washington, DC 20036 501(c)(3) International Women's Health 23-7378153 NONE NONE Women & Population Coalition333 Seventh Ave 200,000 6th Flr New York, NY 10001 National Council of Churches 501(c)(3) 0 NONE NONE Women & Population of Christ USA 475 Riverside 33,440 Dr Ste 800 New York, NY 10115 National Forensics League 39-0840589 501(c)(3) 0 NONE NONE Advocacy (BWF Only) 125 Watson St PO Box 38 80,000 Ripon, WI 54971 501(c)(3) 0 Pathfinder InternationalNine 53-0235320 NONE NONE Women & Population Galen St Ste 217 25,000 Watertown, MA 02472 Planned Parenthood 13-1644147 501(c)(3) NONE NONE Women & Population Federation of America 434 50,000 West 33rd St New York, NY 10001 Public Health Institute 555 94-1646278 501(c)(3) 0 NONE NONE Women & Population 12th St 10th Floor 250,000 Oakland, CA 94607 0 NONERefugees International 2001 52-1224516 501(c)(3) NONE UN Strengthening S St NW Ste 700 75,000 Washington, DC 20009 TALKERS Magazine650 26-0231814 0 NONE NONE UN Strengthening Belmont Ave 60,000 Springfield, MA 01108

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Brookings Institution 1775 Mass Ave NW Washington, DC 20036	53-0196577	501(c)(3)	50,000	0	NONE	NONE	UN Strengthening
The Genesis Center Inc639 Amity Road Woodbridge, CT 06525	98-0143524	501(c)(3)	25,000	0	NONE	NONE	Advocacy (BWF Only)
United Methodist Church- Gen Board Church100 Maryland Ave NE Washington, DC 20002	53-0204669	501(c)(3)	62,000	0	NONE	NONE	Women & Population
United Nations Correspondents Association Box 613 132 E 43rd St New York, NY 10017	13-4009667	501(c)(3)	20,000	0	NONE	NONE	UN Strengthening
United Nations Development Program304 East 45th St New York, NY 10017	58-2366765	501(c)(3)	78,195	0	NONE	NONE	UN Strengthening
United Nations Foundation 1800 Mass Ave NW Washington, DC 20036	58-2368165	501(c)(3)	132,188	0	NONE	: NONE	Environment
United Nations Foundation 1800 Mass Ave NW Washington, DC 20036	58-2368165	501(c)(3)	210,557	0	NONE	NONE	Environment
US Global Leadership Campaign1220 19th St NW Washington, DC 20036	52-2024493	501(c)(4)	25,000	0	NONE	NONE	UN Strengthening

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DLN: 93493257014080

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Bet	er World Fund Inc						
			58-236676	5			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel		Housing allowance or residence for personal use				
	▼ Travel for companions		Payments for business use of personal residence				
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha		•				
	Compensation committee		Written employment contract				
	Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation committee	ee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VI	I, Section A, line 1a with respect to the filing orga	nızatıon			
а	Receive a severance payment or change-of-control p	aymer	nt?		4a		Νo
b	Participate in, or receive payment from, a supplement	al nor	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must	t com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any				
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any				
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de				7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in I		·	ļ			
	in Part III	.cgs	Total Control (GA) Transaction		8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulati	ons	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
KATHRYN CALVIN WALTERS	(1) (11)	48,069 252,360			0 2,892 0 15,180			
RICHARD PARNELL	(I) (II)	33,068 173,605			0 1,988 0 10,432			
TIMOTHY E WIRTH	(I) (II)	71,838 377,147			0 4,322 0 22,691			
ROBERT SKINNER	(I) (II)	152,892 0		1	0 9,315 0 0	· ·	177,495 0 0	0 0
PETER YEO	(I) (II)	193,631 0	- 1	_	0 0	,		0 0
		1	1	<u> </u>		1		
		1	1					
			[
						1		
			1				7	

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SCHEDULE J, LINE 1A		THE TRAVEL EXPENSES OF THE PRESIDENT'S SPOUSE WERE COVERED WHEN ATTENDING OFFICIAL BUSINESS/FUNCTIONS BOARD MEMBERS AND THEIR SPOUSES WERE REIMBURSED FOR AIRFARE (INCLUDING FIRST-CLASS ACCOMMODATION WHENEVER REQUESTED), HOTEL, MEALS, AND INCIDENTAL TAXIS OR OTHER TRANSPORTATION WHEN ATTENDING BOARD MEETINGS OR TRAVELING ON BEHALF OF THE FOUNDATION, AS MAY BE REQUESTED BY THE CHAIRMAN OR PRESIDENT FROM TIME TO TIME THE BETTER WORLD FUND'S POLICY IS NOT TO PAY FOR FIRST CLASS TRAVEL OR ACCOMMODATIONS FOR ITS STAFF MEMBERS

Schedule J (Form 990) 2009

OMB No 1545-0047

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990

► Attach to Form 990.

Open to Public Inspection

Name of the organization Better World Fund Inc

Employer identification number

58-2366765

	ference	Explanation
PART III, LINE 4D		WOMEN & POPULATION AND CHILDREN'S HEALTH THE BETTER WORLD FUND'S WOMEN AND POPULATION PROGRAM WORKS WITH THE UN FOUNDATION, UNITED NATIONS (UN) AND CIVIL SOCIETY TO SUPPORT A CHIEVEMENT OF "UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH SERVICES AND SUPPLIES BY 2015" THE CENTRAL GOAL ESTABLISHED AT THE UN INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD), ADOPTED IN 1994 TO ADVANCE THIS GOAL, THE BETTER WORLD FUND'S WOMEN AND POPULATION PROGRAM IS INVOLVED IN SUPPORTING AND STRENGTHENING UN AGENCIES, ADVANCING THE EDUCATIONAL, ECONOMIC AND SOCIAL SERVICES AND OPPORTUNITIES AVAILABLE TO ADOLESCENT GIRLS, ENSURING AVAILABILITY OF REPRODUCTIVE HEALTH SUPPLIES, AND ADVOCATING FOR EMPIRICALLY-BASED STRATEGIES THAT ADDRESS THE CHALLENGES POSED BY DEMOGRAPHIC CHANGE AND INSUFFICIENT AVAILABILITY OF REPRODUCTIVE HEALTH AND RIGHTS AROUND THE WORLD THE BETTER WORLD FUND'S CHILDREN'S HEALTH PROGRAM ASSISTS THE UN FOUNDATION AND UNITED NATIONS IN THEIR EFFORTS TO ENSURE THAT ALL CHILDEN HAVE THE MEANS AND THE OPPORTUNITY TO DEVELOP TO THEIR FULL POTENTIAL OUR MAJOR PRIORITIES ARE DECREASING CHILDHOOD MORTALITY THROUGH COMMUNITY-BASED PROGRAMS AND UTILIZING PUBLIC-PRIVATE PARTNERSHIPS TO STRENGTHEN THE PUBLIC HEALTH INFRASTRUCTURE TO CONTROL INFECTIOUS DISEASES SUCH AS POLIO, MEASLES AND MALARIA UNITED NATIONS STRENGTHENING THE BETTER WORLD FUND BUILDS AND IMPLEMENTS PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST PRESSING PROBLEMS, AND ALSO WORKS TO BROADEN SUPPORT FOR THE UNITED NATIONS THROUGH ADVOCACY AND PUBLIC OUTREACH THE BETTER WORLD FUND ALSO PROVIDES OPERATIONAL GRANTS FOR UN-RELATED PROGRAMS AND INITIATIVES
PART VI, LINE 2		MR RUTHERFORD SEYDEL, SECRETARY OF THE BOARD, IS ALSO A SON-IN-LAW TO MR RE TURNER, CHAIRMAN OF THE BOARD OF DIRECTORS OF THE BETTER WORLD FUND
PART VI, LINE 11		THE DRAFT FORM IS REVIEWED BY THE FINANCE & GRANTS TEAM AND DEPUTY CHIEF OPERATING OFFICER AND CHIEF OF STAFF SUBSEQUENTLY, THE DRAFT IS REVIEWED BY THE ORGANIZATION'S LEGAL COUNSEL FINALLY, THE DRAFT FORM IS DISTRIBUTED TO ALL BOARD MEMBERS. THE DRAFT IS DISCUSSED BY THE EXECUTIVE COMMITTEE WHICH IS OPEN TO ALL BOARD MEMBERS. THE EXECUTIVE COMMITTEE IS EMPOWERED TO REPLY ON BEHALF OF ANY BOARD MEMBERS WITH QUESTIONS AND CONCERNS. THE DRAFT IS THEN FINALIZED, INCORPORATING ANY CHANGES OR COMMENTS BY BOARD MEMBERS OF THE EXECUTIVE COMMITTEE. THE FINAL APPROVED VERSION IS FILED WITH THE IRS.
PART VI, LINE 12C		OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE IN WRITING INTERESTS THAT COULD GIVE RISE TO CONFLICTS ANNUALLY OR WHEN CIRCUMSTANCES CHANGE
PART VI, LINE 15A AND 15B		ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL THE BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY, AND THIS TASK WAS LAST UNDERTAKEN IN 2009 COMPARABLE DATA FROM PEER ORGANIZATIONS IS USED IN DETERMINING THE PRESIDENT'S COMPENSATION THE MINUTES TO BOARD MEETINGS DOCUMENT SUCH DECISIONS THERE ARE NO KEY EMPLOYEES LISTED, ONLY OFFICERS FOR OFFICERS, COMPENSATION IS DETERMINED BASED ON QUALIFICATIONS, DUTIES AND SALARIES PAID BY PEER ORGANIZATIONS
PART VI, LINE 19		THE GOVERNING DOCUMENTS ARE PROVIDED UPON WRITTEN REQUEST THE CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE

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DLN: 93493257014080

SCHEDULE R (Form 990)

Name of the organization

Better World Fund Inc

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Employer identification number

58-2366765

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

Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets (f) Direct controlling entity

Part II

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f) Direct controlling entity

UNITED NATIONS FOUNDATION

WASHINGTON, DC 20036

1800 MASSACHUSETTS AVENUE NW SUITE

SUPPORTS UN

NY

501(C)(3)

, NA

58-2368165

(j)

General or

managing

Part III	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.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(4)

(5)

(6)

Schedule R (Form 990) 2009			Pag	je.
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form	m 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	N
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations lis	ısted ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	Ī	La		N
b Gift, grant, or capital contribution to other organization(s)	Į	Lb		N
c Gift, grant, or capital contribution from other organization(s)	Į	Lc		N
d Loans or loan guarantees to or for other organization(s)	Į	Ld		N
e Loans or loan guarantees by other organization(s)	1	le		N
f Sale of assets to other organization(s)	1	Lf		N
g Purchase of assets from other organization(s)	<u> </u>	Lg		N
h Exchange of assets	_1	Lh		N
i Lease of facilities, equipment, or other assets to other organization(s)	1 	1.i		N
j Lease of facilities, equipment, or other assets from other organization(s)	<u>-</u>	1.j		N
k Performance of services or membership or fundraising solicitations for other organization(s)		Lk		N
l Performance of services or membership or fundraising solicitations by other organization(s)	<u>[</u> :	11		N
m Sharing of facilities, equipment, mailing lists, or other assets	_1	lm	Yes	
n Sharing of paid employees		Ln	Yes	
Reimbursement paid to other organization for expenses	1	Lo	Yes	
p Reimbursement paid by other organization for expenses	1	Lр		N
q Other transfer of cash or property to other organization(s)	1	Lq		N
r Other transfer of cash or property from other organization(s)	_1	1r		N
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including co	overed relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction Amo type(a-r)	(c ount	c) involve	ed
(1) (2)				
(3)				

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No