

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning and ending

B Check if applicable:
☒ Addressee change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
 BETTER WORLD FUND, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 1225 CONNECTICUT AVENUE, N.W. 400
 City or town State or country ZIP + 4
 WASHINGTON DC 20036

D Employer identification number
 58-2366765

E Telephone number
 202-887-9040

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

G Web site: www.betterworldfund.org

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ☐ N/A
H(c) Are all affiliates included? ☐ Yes ☐ No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit GEN ☐ N/A

J ORGANIZATION TYPE (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) OR ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ☐ 21,893,862

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:	1a	21,785,596	1b		1c		1d	21,785,596
	a	Direct public support								
	b	Indirect public support								
	c	Government contributions (grants)								
	d	TOTAL (add lines 1a through 1c) (cash \$ 21,785,596 noncash \$)								
	2	Program service revenue including government fees and contracts (from Part VII, line 93)								
	3	Membership dues and assessments								
	4	Interest on savings and temporary cash investments								108,266
	5	Dividends and interest from securities								
	6a	Gross rents								
	6b	Less: rental expenses								
	Expenses	6c	Net rental income or (loss) (subtract line 6b from line 6a)							
7		Other investment income (describe _____)								
8a		Gross amount from sales of assets other than inventory	(A) Securities		(B) Other					
8b		Less: cost or other basis and sales expenses								
8c		Gain or (loss) (attach schedule)								
8d		Net gain or (loss) (combine line 8c, columns (A) and (B))								0
9		Special events and activities (attach schedule)								
a		Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		9b					
b		Less: direct expenses other than fundraising expenses								
c		Net income or (loss) from special events (subtract line 9b from line 9a)								0
10a		Gross sales of inventory, less returns and allowances								
10b		Less: cost of goods sold								
Net Assets	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								0
	11	Other revenue (from Part VII, line 103)								
	12	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								21,893,862
	13	Program services (from line 44, column (B))								16,000,360
	14	Management and general (from line 44, column (C))								248,560
	15	Fundraising (from line 44, column (D))								243,935
	16	Payments to affiliates (attach schedule)								
	17	TOTAL EXPENSES (add lines 16 and 44, column (A))								16,492,855
	18	Excess or (deficit) for the year (subtract line 17 from line 12)								5,401,007
19	Net assets or fund balances at beginning of year (from line 73, column (A))								-8,426,654	
20	Other changes in net assets or fund balances (attach explanation)									
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)								-3,025,647	

(b)(7)(A)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

Part II**Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 15,623,634 noncash \$)	22 15,623,634	15,623,634		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25	Compensation of officers, directors, etc.	25 70,221	16,587	37,047	16,587
26	Other salaries and wages	26 345,009	166,165	75,909	102,935
27	Pension plan contributions	27 22,750	9,836	7,025	5,889
28	Other employee benefits	28 25,606	10,336	7,677	7,593
29	Payroll taxes	29 24,900	11,020	6,933	6,947
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 26,535	0	26,535	0
32	Legal fees	32 23,823	0	23,823	0
33	Supplies	33 0	0	0	0
34	Telephone	34 9,241	3,939	2,967	2,335
35	Postage and shipping	35 3,543	1,625	1,092	826
36	Occupancy	36 76,629	34,000	24,283	18,346
37	Equipment rental and maintenance	37 0	0	0	0
38	Printing and publications	38 45,256	24,407	5,528	15,321
39	Travel	39 94,346	56,282	8,834	29,230
40	Conferences, conventions, and meetings	40 0	0	0	0
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42 17,978	7,977	5,697	4,304
43	Other expenses not covered above (itemize):	43a 0			
b	Other professional services	43b 14,869	1,463	337	13,069
c	Network and website	43c 22,820	9,288	4,451	9,081
d	Insurance	43d 5,490	2,436	1,740	1,314
e	Other operating	43e 33,021	14,181	8,682	10,158
f	Other program	43f 7,184	7,184	0	0
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43). ORGANIZATIONS COMPLETING COLUMNS (B)-(D), CARRY THESE TOTALS TO LINES 13-15.	44 16,492,855	16,000,360	248,560	243,935

JOINT COSTS. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III**Statement of Program Service Accomplishments** (See page 24 of the instructions.)**Program Service
Expenses**

Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

What is the organization's primary exempt purpose? ☒ EDUCATING THE PUBLIC ON THE UNITED NATIONS AND ITS WORK ON CHARITABLE CAUSES

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

a	UNITED NATIONS PUBLIC AWARENESS INITIATIVE--INFORMS THE GENERAL PUBLIC, GOVERNMENT OFFICIALS, CIVIL SOCIETY, AND THE CORPORATE SECTOR ABOUT THE WORK OF THE UN THROUGH A WIDE VARIETY OF APPROACHES AND MEDIA. (Grants and allocations \$ 10,315,580)	10,566,755
b	UNITED NATIONS INSTITUTIONAL STRENGTHENING INITIATIVE--BUILDS THE CAPACITY OF THE UN AND ITS KEY PARTNERS TO ACCOMPLISH ADMINISTRATIVE, REFORM, AND OPERATIONAL ACTIVITIES, AS WELL AS ASSISTS THE UN AND ITS MAJOR ALLIES IN SPECIAL PROJECTS. (Grants and allocations \$ 2,317,932)	2,372,758
c	UNITED NATIONS PROGRAM-RELATED INITIATIVES--COMPLEMENTS PROGRAMMATIC WORK BEING ACCOMPLISHED BY OTHER ORGANIZATIONS SUPPORTING THE WORKS OF THE UNITED NATIONS. (Grants and allocations \$ 2,990,122)	3,060,847
d	 (Grants and allocations \$)	
e	Other program services (attach schedule) (Grants and allocations \$)	
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	16,000,360

Part IV Balance Sheets (See page 24 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	309,758	46	8,186,874
	47 a Accounts receivable	47a 334,028		
	b Less: allowance for doubtful accounts	47b 0	47c	334,028
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c	0
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments - land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	55c	0
56 Investments - other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	57a 134,490			
b Less: accumulated depreciation (attach schedule)	57b 103,770	57c	30,720	
58 Other assets (describe <input type="checkbox"/>)	0	58	0	
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)	347,536	59	8,551,622	
Liabilities	60 Accounts payable and accrued expenses	69,671	60	27,367
	61 Grants payable	5,894,037	61	5,350,855
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
65 Other liabilities (describe <input type="checkbox"/> Due to affiliate)	2,810,482	65	6,199,047	
66 TOTAL LIABILITIES (add lines 60 through 65)	8,774,190	66	11,577,269	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-8,426,654	67	-3,958,277
	68 Temporarily restricted	0	68	932,630
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72; column (A) MUST equal line 19; column (B) MUST equal line 21)	-8,426,654	73	-3,025,647
	74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)	347,536	74	8,551,622

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	21,893,862
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	21,893,862
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	21,893,862

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

a	Total expenses and losses per audited financial statements	a	16,492,855
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	16,492,855
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	16,492,855

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID, ENTER -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
R. E. TURNER	CHAIRMAN, P/T	0	0	0
TIMOTHY E. WIRTH	PRESIDENT, F/T	33,174	1,428	0
RUTH CORREA LEITE CARDOSO	DIRECTOR, P/T	0	0	0
LIANG DAN	DIRECTOR, P/T	0	0	0
GRACA MACHEL	DIRECTOR, P/T	0	0	0
HISASHI OWADA	DIRECTOR, P/T	0	0	0
EMMA ROTHSCHILD	DIRECTOR, P/T	0	0	0
NAFIS SADIK	DIRECTOR, P/T	0	0	0
ANDREW YOUNG	DIRECTOR, P/T	0	0	0
MUHAMMED YUNUS	DIRECTOR, P/T	0	0	0
J. RUTHERFORD SEYDEL	SECRETARY, P/T	0	0	0
JANE HOLL LUTE	EXEC. VICE PRES., F/T	22,838	2,078	0
DAVID CARTER	TREASURER, F/T	14,210	1,445	0
P/T=PART-TIME, AS NEEDED F/T=FULL-TIME EMPLOYEE				
ALL OFFICERS, DIRECTORS, & KEY EMPLOYEES CAN BE REACHED				
C/O BETTER WORLD FUND				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☒ Yes ☐ No

If "Yes," attach schedule-see page 26 of the instructions.

SEE ATTACHED STATEMENT

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	108,266	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		108,266	0
105	TOTAL (add line 104, columns (B), (D), and (E))					108,266

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.) N/A

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.) N/A

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	DAVID M. CARTER, CHIEF FINANCIAL OFFICER		11/14 Nov 03	
	Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization UNITED NATIONS FOUNDATION, INC. and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.	81a	0
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81b	N/A
b	Did the organization file FORM 1120-POL for this year?	81b	N/A
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(a) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>	89a	0
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA, NEW YORK	90b	8
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	8
91	The books are in care of DAVID CARTER Telephone no. (202) 887-9040 Located at 1225 CONNECTICUT AVENUE, N.W., SUITE 400, WASHINGTON, DC ZIP + 4 20036		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

BETTER WORLD FUND, INC.
TAXABLE YEAR ENDED DECEMBER 31, 2002
TIN: 88-2366765
FORM 990, PART II, LINE 22, SCHEDULE OF GRANTS AND ALLOCATIONS

Grant Title	Grant Recipient	2002 Expense
PROGRAM AREA: EDUCATION		
Enhancing Curricula for UN Education	United Nations Association-USA	\$835,000
Adopt-a-Minefield - Continued Development	UNDP/United Nations Association-USA	\$3,597,935
Better World Campaign	Various	\$5,417,619
Youth in Action: Global Youth Service Day	Youth Service America	\$200,000
Ralph J. Bunche Centenary Commemoration	Ralph Bunche Institute for International Studies	\$75,000
Ad Council Website Development	Ad Council	\$40,000
Discount on Future Year Payments		\$150,026
SUBTOTAL EDUCATION		\$10,315,580

PROGRAM AREA: INSTITUTIONAL STRENGTHENING		
Strengthening the Role of International Organizations in U.S. Policy Formulation	Aspen Institute	\$400,000
Peace and Civil Reconstruction Program	Center for Strategic and International Studies	\$350,000
Engaging Journalists in the United Nations	UN Department of Public Information	\$115,000
UN Fellows Program	United Nations Office of Human Resources Management	\$100,000
Millennium Development Goals Strategic Communications Project	Various	\$750,000
UNF Fellows Program (BWF Portion)	United Nations Office of Human Resources Management	\$450,000
2002 UNA Facility Support	United Nations Association-USA	\$19,226
East Timor Independence	Fund for East Timor	\$45,000
Meeting of Goodwill Ambassadors and Messengers of Peace	UNFIP	\$36,780
UNESCO 30th Anniversary Outreach	Various	\$39,000
Strategic Support for the Grameen Foundation USA	Grameen Foundation USA	\$10,000
Grameen Foundation USA Humanitarian Awards Luncheon	Grameen Foundation USA	\$10,000
Discount on Future Year Payments		(\$7,074)
SUBTOTAL INSTITUTIONAL STRENGTHENING		\$2,317,932

PROGRAM AREA: PROGRAM-RELATED		
Trick or Treat for Polio	US Fund to Unicef	\$850,000
Family Planning and Reproductive Health Programs Support	The Christian Mission of Pignon, Inc.	\$75,000
Support for Developing Country Journalist to Participate in the World Summit on Sustainable Development	Population Reference Bureau	\$40,000
UNFPA Family of Women	US Committee for UNFPA	\$50,000
World Summit on Sustainable Development (WSSD) Support	Various	\$47,097
Strategic Communications Support for the Microcredit Summit	The Barber Group	\$38,025
Mossic's Contribution to Mandela Foundation	Nelson Mandela Foundation	\$252,500
The Nelson Mandela Foundation Grant for AIDS Education	Nelson Mandela Foundation	\$637,500
One World, One Wish Campaign	Save the Children	\$65,000
Energy Future Campaign: Building for Tomorrow	Various	\$285,000
Energy Future Campaign: Building for Tomorrow	Various	\$500,000
Improving Global Corporate Governance	Kenan Institute	\$150,000
SUBTOTAL PROGRAM-RELATED		\$2,990,122

GRAND TOTAL ALL PROGRAM AREAS **\$15,623,634**

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

Land Only (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total land (net of any amortization)		0	0

Buildings and equipment Only		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
1	Leasehold improvements	7,837	12,215	2,996	4,925
2	Equipment and software	106,748	117,487	82,392	96,989
3	Furniture and fixtures	4,788	4,788	1,172	1,856
4					
5					
6					
7					
8					
9					
10					
Total buildings and equipment		119,373	134,490	86,560	103,770
Buildings and equipment (less accumulated depreciation)				32,813	30,720
				Beginning of Year	End of Year
Total land, buildings and equipment				32,813	30,720

BETTER WORLD FUND, INC.

TAXABLE YEAR ENDED DECEMBER 31, 2002

TIN: 58-2366765

PART V, LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

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

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

<u>Name</u>	<u>Title</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plan</u>	<u>Expense Account/Other Allowances</u>
Timothy E. Wirth	President/Director	\$293,662	\$12,643	\$0
Jane H. Lute	Executive Vice President	\$202,163	\$18,399	\$0
David M. Carter	Treasurer and CFO	\$126,700	\$12,703	\$0
TOTALS		\$621,615	\$43,835	\$0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2002

Name of the organization

BETTER WORLD FUND, INC.

Employer identification number

58-2366765

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Julie Hughes c/o Better World Fund 1225 Connecticut Ave, NW 4th Floor Washington, DC 20036	Dir. Spec. Proj., F/T	85,000	3,640	0
Phyllis Cuttino c/o Better World Fund 1225 Connecticut Ave, NW 4th Floor Washington, DC 20036	VP Pub. Affairs, F/T	77,105	9,027	0
Susan Myers c/o Better World Fund 1225 Connecticut Ave, NW 4th Floor Washington, DC 20036	Leg. Director, F/T	71,250	7,806	0
Jonathan Rich c/o Better World Fund 1225 Connecticut Ave, NW 4th Floor Washington, DC 20036	Field Director, F/T	71,250	6,506	0
Robert Norris c/o Better World Fund 1225 Connecticut Ave, NW 4th Floor Washington, DC 20036	Dir. Pub. Affairs, F/T	50,519	4,459	0
Total number of other employees paid over \$50,000	NONE			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Qorvis Communications 8484 Westpark Drive Suite 800 McLean, VA 22102	Consulting	1,087,358
Chlopak, Leonard, Schechter and Associates 1850 M Street Suite 550 Washington, DC 20036	Consulting	921,105
The Advertising Council, Inc. 261 Madison Avenue New York, NY 10016	Consulting	380,819
The Barber Group, Inc. 321 G. Washington Street Suite 200 Alexandria, VA 22314	Consulting	318,087
Barbour, Griffith & Rogers, Inc. 333 North Main Street, Suite E P.O. Box 960 Yazoo City, MS 39194	Consulting	304,783
Total number of others receiving over \$50,000 for professional services	7	

(HTA) For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities

(See page 2 of the instructions.)

Yes

No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 422,539 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below.)

4 Do you have a section 403(b) annuity plan for your employees?

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status

(See pages 3 through 5 of the instructions.)

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

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). ENTER THE HOSPITAL'S NAME, CITY, AND STATE
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) MORE THAN 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) NO MORE THAN 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **USE CASH METHOD OF ACCOUNTING.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,390,646	5,950,349	11,919,130	4,854,081	30,114,206
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	110,865	184,343	339,576	123,575	758,359
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge			12,221	5,886	18,107
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	7,501,511	6,134,692	12,270,927	4,983,542	30,890,672
24 Line 23 minus line 17	7,501,511	6,134,692	12,270,927	4,983,542	30,890,672
25 Enter 1% of line 23	75,015	61,347	122,709	49,835	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11: a Enter 2% of amount in column (e), line 24					26a 617,813
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts					26b 25,810,385
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 30,890,672
d Add: Amounts from column (e) for lines: 18 <u>758,359</u> 19 <u>0</u>					26d 26,568,744
22 <u>0</u> 26b <u>25,810,385</u>					26e 4,321,928
e Public support (line 26c minus line 26d total)					26f 13.99%
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					
27 ORGANIZATIONS DESCRIBED ON LINE 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year:					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) DO NOT FILE THIS LIST WITH YOUR RETURN. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 <u>0</u> 16 <u>0</u>					27c 0
17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					27d 0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 0.00%
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					
28 UNUSUAL GRANTS: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.					

Part V**Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

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

 Check ☒ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	89,141
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	333,398
38	Total lobbying expenditures (add lines 36 and 37)	38	422,539
39	Other exempt purpose expenditures	39	114,083,663
40	Total exempt purpose expenditures (add lines 38 and 39)	40	114,506,202
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -			
The lobbying nontaxable amount is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)		(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46	Lobbying ceiling amount (150% of line 45(e))					6,000,000
47	Total lobbying expenditures	422,539	321,753	447,188	790,332	1,981,812
48	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49	Grassroots ceiling amount (150% of line 48(e))					1,500,000
50	Grassroots lobbying expenditures	89,141	62,482	139,846	236,099	527,568

Part VI-B Lobbying Activity by Nontelecting Public Charities N/A
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
 b Paid staff or management (Include compensation in expenses reported on lines c through h.)
 c Media advertisements
 d Mailings to members, legislators, or the public
 e Publications, or published or broadcast statements
 f Grants to other organizations for lobbying purposes
 g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
 i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2002

Name of organization

BETTER WORLD FUND, INC.

Employer identification number

59-2366765

ORGANIZATION TYPE (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust NOT treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the GENERAL RULE or a SPECIAL RULE. (NOTE: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions.)

General Rule -

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

Special Rules -

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 500(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the GENERAL RULE applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) \$ _____

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

Name of organization
BETTER WORLD FUND, INC.

Employer identification number
58-2366765

Part I Contributors (See Specific Instructions.) SEE STATEMENT ATTACHED

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

BETTER WORLD FUND, INC.

Employer identification number

58-2366765

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

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

Name of organization
BETTER WORLD FUND, INC.

Employer identification number
58-2366765

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

Better World Fund, Inc.

Taxable Year Ended December 31, 2002

TIN: 58-2366765

Form 990, Schedule B, List of Contributors of \$5,000 or More

Donor Name	Cash	Non-Cash	Total
	\$16,000,000		\$16,000,000
	\$3,154,993		\$3,154,993
	\$1,555,235		\$1,555,235
	\$300,000		\$300,000
	\$250,000		\$250,000
	\$200,000		\$200,000
	\$100,000		\$100,000
	\$100,000		\$100,000
	\$40,000		\$40,000
	\$40,000		\$40,000
	\$30,000		\$30,000
	\$15,000		\$15,000
	\$21,785,228	\$0	\$21,785,228
Aggregate Contributions < \$5,000	\$369		\$369
Total Contributions per Form 990, Line 1	\$21,785,596	\$0	\$21,785,596

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

THIS SCHEDULE IS NOT OPEN TO PUBLIC INSPECTION

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

OMB No. 1545-1709

File a separate application for each return.

- * If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box ☒ **X**
- * If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form).
- NOTE: DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868.

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE: FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

TYPE OR PRINT	Name of Exempt Organization	EMPLOYER IDENTIFICATION NUMBER
	BETTER WORLD FUND, INC.	58-2366765
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1225 CONNECTICUT AVENUE, N.W., Room No. 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20036	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- * If the organization does NOT have an office or place of business in the United States, check this box ☐
- * If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) _____, If this is for the WHOLE group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/15/2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 2002 or

☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0
- c BALANCE DUE. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

SIGNATURE AND VERIFICATION

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

Signature [Signature] Title CEO Date 5/2/03

For Paperwork Reduction Act Notice, see Instruction (HTA) Form **8868** (12-2000)

* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II and check this box ☒ **X**
 NOTE: ONLY COMPLETE PART II IF YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3 MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868.

* If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I (on page 1).

PART II ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION OF TIME - MUST FILE ORIGINAL AND ONE COPY.

TYPE OR PRINT	Name of Exempt Organization BETTER WORLD FUND, INC.	EMPLOYER IDENTIFICATION NUMBER 58-2366765
	Number, street, and room or suite no. If a P.O. box, see instructions. 1225 CONNECTICUT AVENUE, N.W. SUITE 400	For IRS use only
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

CHECK TYPE OF RETURN TO BE FILED (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: DO NOT COMPLETE PART II IF YOU WERE NOT ALREADY GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868.

* If the organization does NOT have an office or place of business in the United States, check this box ☐
 * If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the WHOLE group, check this box ☐. If it is for PART of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2003

5 For calendar year 2002, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension TAXPAYER'S ACCOUNTANT HAS BEEN UNABLE TO ACCUMULATE SUFFICIENT INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. EVERY EFFORT WILL BE MADE TO ENSURE THE RETURN'S TIMELY FILING.

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

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

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

SIGNATURE AND VERIFICATION

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

Signature [Signature] Title CHIEF FINANCIAL OFFICER Date 8/1/2003

NOTICE TO APPLICANT-TO BE COMPLETED BY THE IRS

- ☐ We HAVE approved this application. Please attach this form to the organization's return.
- ☐ We HAVE NOT approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We HAVE NOT approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We CANNOT CONSIDER this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

ALTERNATE MAILING ADDRESS - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

TYPE OR PRINT	NAME
	NUMBER AND STREET (INCLUDE SUITE, ROOM, OR APT. NO.) OR A P.O. BOX NUMBER
	CITY OR TOWN, PROVINCE OR STATE, AND COUNTRY (INCLUDING POSTAL OR ZIP CODE)

* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II and check this box ☒ X

NOTE: ONLY COMPLETE PART II IF YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868.

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TYPE OR PRINT	Name of Exempt Organization BETTER WORLD FUND, INC.	EMPLOYER IDENTIFICATION NUMBER 58-2366765
	Number, street, and room or suite no. If a P.O. box, see instructions. 1225 CONNECTICUT AVENUE, N.W., SUITE 400	For IRS use only
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

CHECK TYPE OF RETURN TO BE FILED (File a separate application for each return):

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<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

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- 7 State in detail why you need the extension TAXPAYER'S ACCOUNTANT HAS BEEN UNABLE TO ACCUMULATE SUFFICIENT INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. EVERY EFFORT WILL BE MADE TO ENSURE THE RETURN'S TIMELY FILING.
- 8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- c BALANCE DUE. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). \$ _____
- See instructions

SIGNATURE AND VERIFICATION

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

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- ☐ Other _____

Director _____ By: _____ Date: _____

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TYPE OR PRINT	NAME
	NUMBER AND STREET (INCLUDE SUITE, ROOM, OR APT. NO.) OR A P.O. BOX NUMBER
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