

**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

**2005****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 2005 calendar year, or tax year beginning**

, and ending

**B Check if applicable:**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

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

**C Name of organization**

BETTER WORLD FUND, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1225 CONNECTICUT AVENUE, NW 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) ▶

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

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**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** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** ▶ 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

19,733,895

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	19,137,344		
	b	Indirect public support	1b	0		
	c	Government contributions (grants)	1c	0		
	d	Total (add lines 1a through 1c) (cash \$ 5,968,241 noncash \$ 13,169,103)	1d	19,137,344		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	0		
	3	Membership dues and assessments	3	0		
	4	Interest on savings and temporary cash investments	4	596,551		
	5	Dividends and interest from securities	5	0		
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0		
7	Other investment income (describe ▶ )	7	0			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	0	8a	0
	b	Less: cost or other basis and sales expenses	0	8b	0	
	c	Gain or (loss) (attach schedule)	0	8c	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	0		
	b	Less: direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0		
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0		
	11	Other revenue (from Part VII, line 103)	11	0		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	19,733,895			
Net Assets	13	Program services (from line 44, column (B))	13	12,089,497		
	14	Management and general (from line 44, column (C))	14	212,922		
	15	Fundraising (from line 44, column (D))	15	130,964		
	16	Payments to affiliates (attach schedule)	16	0		
	17	Total expenses (add lines 16 and 44, column (A))	17	12,433,383		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	7,300,512			
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,198,151			
20	Other changes in net assets or fund balances (attach explanation)	20	0			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	14,498,663			

**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 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
<b>22</b>	Grants and allocations (attach schedule) (cash \$ <u>11,858,610</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>22</b> 11,858,610	11,858,610		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0			
<b>25</b>	Compensation of officers, directors, etc.	<b>25</b> 45,589	15,915	18,158	11,516
<b>26</b>	Other salaries and wages	<b>26</b> 231,109	117,551	50,735	62,823
<b>27</b>	Pension plan contributions	<b>27</b> 10,876	4,972	2,784	3,120
<b>28</b>	Other employee benefits	<b>28</b> 29,222	13,572	7,911	7,739
<b>29</b>	Payroll taxes	<b>29</b> 17,141	8,206	4,226	4,709
<b>30</b>	Professional fundraising fees	<b>30</b> 0			
<b>31</b>	Accounting fees	<b>31</b> 58,746	17,627	33,571	7,548
<b>32</b>	Legal fees	<b>32</b> 30,534	10,441	11,616	8,477
<b>33</b>	Supplies	<b>33</b> 7,549	2,137	4,230	1,182
<b>34</b>	Telephone	<b>34</b> 7,184	3,585	1,642	1,957
<b>35</b>	Postage and shipping	<b>35</b> 2,503	1,248	603	652
<b>36</b>	Occupancy	<b>36</b> 42,432		42,432	
<b>37</b>	Equipment rental and maintenance	<b>37</b> 2,427	895	1,092	440
<b>38</b>	Printing and publications	<b>38</b> 5,894	3,814	970	1,110
<b>39</b>	Travel	<b>39</b> 47,739	23,641	8,304	15,794
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 7,616	4,183	1,530	1,903
<b>41</b>	Interest	<b>41</b> 0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 11,672		11,672	
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	INFORMATION TECHNOLOGY	<b>43a</b> 10,156	1,454	7,760	942
<b>b</b>	INSURANCE	<b>43b</b> 2,198	0	2,198	0
<b>c</b>	OTHER OPERATING	<b>43c</b> 4,186	1,646	1,488	1,052
<b>d</b>		<b>43d</b> 0	0	0	0
<b>e</b>		<b>43e</b> 0	0	0	0
<b>f</b>		<b>43f</b> 0	0	0	0
<b>g</b>		<b>43g</b> 0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b> 12,433,383	12,089,497	212,922	130,964

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

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

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

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

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.

What is the organization's primary exempt purpose? ► EDUCATING THE PUBLIC ON THE UNITED NATIONS	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a</b> UNITED NATIONS PUBLIC AWARENESS INITIATIVE INFORMS THE GENERAL PUBLIC, GOVERNMENT OFFICIALS, CIVIL SOCIETY, AND THE CORPORATE SECTOR ABOUT THE WORK OF THE UNITED NATIONS THROUGH A WIDE VARIETY OF APPROACHES AND MEDIA.  (Grants and allocations \$ 6,210,973 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,279,044
<b>b</b> UNITED NATIONS INSTITUTIONAL STRENGTHENING INITIATIVE BUILDS THE CAPACITY OF THE UNITED NATIONS 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 \$ 1,406,588 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,447,138
<b>c</b> UNITED NATIONS PROGRAM-RELATED INITIATIVES COMPLEMENTS PROGRAMMATIC WORK BEING ACCOMPLISHED BY OTHER ORGANIZATIONS SUPPORTING THE WORKS OF THE UNITED NATIONS.  (Grants and allocations \$ 4,241,049 ) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	4,363,315
<b>d</b>    (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	12,089,497

**Part IV Balance Sheets** (See 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
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	22,611,366	<b>46</b>	26,053,112
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 0	29,024	<b>47c</b> 0
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b> 1,500,117		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	75,117	<b>48c</b> 1,500,117
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>50</b> 0
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	0	<b>51c</b> 0
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b> 0
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 0	0	<b>55c</b> 0
<b>56</b> Investments—other (attach schedule) . . . . .		0	<b>56</b> 0	
<b>57 a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 176,123			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 107,698	70,955	<b>57c</b> 68,425	
<b>58</b> Other assets (describe . . . . . )		0	<b>58</b> 0	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		22,786,462	<b>59</b>	27,621,654
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		1,029,251	<b>60</b> 259,032
	<b>61</b> Grants payable . . . . .		2,240,530	<b>61</b> 578,277
	<b>62</b> Deferred revenue . . . . .		0	<b>62</b> 0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>63</b> 0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		0	<b>64a</b> 0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		0	<b>64b</b> 0
	<b>65</b> Other liabilities (describe . . . . . )		12,318,530	<b>65</b> 12,285,682
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		15,588,311	<b>66</b>	13,122,991
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> <b>67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .		653,475	<b>67</b> 5,536,526
	<b>68</b> Temporarily restricted . . . . .		6,544,676	<b>68</b> 8,962,137
	<b>69</b> Permanently restricted . . . . .		0	<b>69</b> 0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> <b>complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .		7,198,151	<b>73</b>
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		22,786,462	<b>74</b>	27,621,654

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	19,733,895
<b>b</b>	Amounts included on line a but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	19,733,895
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	19,733,895

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	12,433,383
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	12,433,383
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	12,433,383

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK	SEE ATTACHED SCHEDULE		
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

Yes No

**75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 12**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . . **75b****c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . . **75c****Note.** Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

**d** Does the organization have a written conflict of interest policy? . . . . . **75d****Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

**Part VI Other Information** (See 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****77** Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . **77**  
If "Yes," attach a conformed copy of the changes.**78 a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . **78a****b** If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . . **78b****79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . . **79****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****b** If "Yes," enter the name of the organization ► UNITED NATIONS FOUNDATION, INC.and check whether it is ☒ exempt or ☐ nonexempt**81 a** Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . **81a****b** Did the organization file **Form 1120-POL** for this year? . . . . . **81b**

**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	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?		X
<b>b</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.)		
	<b>82b</b> N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>84b</b> N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b> N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b> N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b> N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b> N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>h</b>	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?		
	<b>85h</b> N/A		
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12.		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86a</b> N/A		
	<b>86b</b> N/A		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87a</b> N/A		
	<b>87b</b> N/A		
<b>88</b>	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		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> N/A ; section 4912 <b>▶</b> N/A ; section 4955 <b>▶</b> N/A		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> N/A		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>▶</b> N/A		
<b>90 a</b>	List the states with which a copy of this return is filed <b>▶</b> See attached worksheet		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>	17
<b>91 a</b>	The books are in care of <b>▶</b> Name THE UNITED NATIONS FOUNDATION, INC. Telephone no. <b>▶</b> (202) 887-9040 Located at <b>▶</b> 1225 CONNECTICUT AVE City WASHINGTON ST DC ZIP + 4 <b>▶</b> 20036		
<b>b</b>	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)? If "Yes," enter the name of the foreign country <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <b>▶</b>	<b>91c</b>	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <b>▶</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>92</b> N/A		

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	596,551	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		596,551	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))					596,551

**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 the instructions.)

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

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

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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: RICHARD PARNELL Date: 9/20/06

Type or print name and title: CHIEF OF STAFF

**Paid Preparer's Use Only**

Preparer's signature:  Date:  Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4:  Preparer's SSN or PTIN (See Gen. Inst. W):

EIN:  Phone no.:



**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 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

**2005**

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
BRYAN DETCHON, C/O UN FOUNDATION WASHINGTON, DC 20036 USA	EXECUTIVE DIRECTOR FULL-TIME	175,000	26,406	0
KEVIN STARACE, C/O UN FOUNDATION WASHINGTON, DC 20036 USA	PD OFFICER FULL-TIME	102,000	12,257	0
AMY WEISS, C/O UN FOUNDATION WASHINGTON, DC 20036 USA	VP PUBLIC AFFAIRS FULL-TIME	99,797	9,921	0
GILLIAN SORENSEN, C/O UN FOUNDATION WASHINGTON, DC 20036 USA	SENIOR ADVISOR FULL-TIME	59,304	2,704	0
DIANA WALKER, C/O UN FOUNDATION WASHINGTON, DC 20036 USA	FIELD COORDINATOR FULL-TIME	51,350	8,685	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A****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
NATURAL RESOURCES SOLUTIONS, 208 MELANCHTON AVENUE LUTHERVILLE, MD 21093 USA	CONSULTING SERVICES	330,578
BARBOUR GRIFFITH & ROGERS, LLC, PO BOX 14416 WASHINGTON, DC 20044 USA	CONSULTING SERVICES	300,000
GAVIN ANDERSON & COMPANY, 220 EAST 42ND STREET NEW YORK, NY 10017 USA	CONSULTING SERVICES	250,000
WEBER MERRITT STRATEGIES, 601 13TH STREET, NW, STE 401 SO. WASHINGTON, DC 20005 USA	CONSULTING SERVICES	140,580
PUBLIC OPINION STRATEGIES, 277 S WASHINGTON STREET STE 320 ALEXANDRIA, VA 22314 USA	CONSULTING SERVICES	131,500
Total number of others receiving over \$50,000 for professional services . . . . . ▶	0	

**Part II-B****Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GOOD WORKS GROUP, 3800 ARAPAHOE, SUITE 210 BOULDER, CO 80303 USA	CONSULTING SERVICES	107,500
MOHAMED EL-ASHRY, C/O UN FOUNDATION WASHINGTON, DC 20036 USA	CONSULTING SERVICES	90,000
VAN NESS FELDMAN, 1050 THOMAS JEFFERSON ST NW STE 700 WASHINGTON, DC 20007 USA	CONSULTING SERVICES	64,621
JEROME PIASECKI, 107 NORTH BROADWAY # 216 WHITE PLAINS, NY 10603 USA	CONSULTING SERVICES	56,000
		0
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

**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 ► \$ <u>448,152</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . . \$ <u>448,152</u> . . . . .	1 X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .	2a	X
b Lending of money or other extension of credit? . . . . .	2b	X
c Furnishing of goods, services, or facilities? . . . . .	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets? . . . . .	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	3a	X
b Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

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

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

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

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

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	24,741,399	25,642,656	21,785,465	7,390,646	79,560,166
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	161,066	78,157	108,266	110,865	458,354
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	268	0	0	0	268
23 Total of lines 15 through 22	24,902,733	25,720,813	21,893,731	7,501,511	80,018,788
24 Line 23 minus line 17	24,902,733	25,720,813	21,893,731	7,501,511	80,018,788
25 Enter 1% of line 23	249,027	257,208	218,937	75,015	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 1,600,376
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 56,082,099
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 80,018,788
d Add: Amounts from column (e) for lines:					
18 458,354 19 0					
22 268 26b 56,082,099					26d 56,540,721
e Public support (line 26c minus line 26d total)					26e 23,478,067
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 29.34%
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:				
(2004) (2003) (2002) (2001)					
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 11b, 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:					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines:					
15 0 16 0					
17 0 20 0 21 0					27c 0
d Add: Line 27a total 0 and line 27b total 0					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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)**

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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.) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	<b>32d</b>	
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>33h</b>	
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**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**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b> 16,712	16,712
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b> 431,440	431,440
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b> 448,152	448,152
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b> 200,954,465	11,985,231
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b> 201,402,617	12,433,383
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . .		
	Over \$1,000,000 but not over \$1,500,000 . . . . .		
	Over \$1,500,000 but not over \$17,000,000 . . . . .		
	Over \$17,000,000 . . . . .		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40 . . . . .		
	\$100,000 plus 15% of the excess over \$500,000 . . . . .		
	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
	\$1,000,000 . . . . .		
<b>41</b>		1,000,000	771,669
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	250,000	192,917
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	0	0
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	0	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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b>	Lobbying nontaxable amount . . . . .	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>46</b>	Lobbying ceiling amount (150% of line 45(e)) . . . . .					6,000,000
<b>47</b>	Total lobbying expenditures . . . . .	448,152	362,475	427,407	422,539	1,660,573
<b>48</b>	Grassroots nontaxable amount . . . . .	250,000	250,000	250,000	250,000	1,000,000
<b>49</b>	Grassroots ceiling amount (150% of line 48(e)) . . . . .					1,500,000
<b>50</b>	Grassroots lobbying expenditures . . . . .	16,712	19,163	36,733	89,141	161,749

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(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.) . . . . .

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

Yes	No	Amount
		0



**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

**2005**

Name of organization

Employer identification number

BETTER WORLD FUND, INC.

58-2366765

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 boxes 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.)

**Special Rules—**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test under Regulations sections 1.509(a)-3/1.170A-9(e) 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 2 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.)

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

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

## Name of organization

BETTER WORLD FUND, INC.

## Employer identification number

58-2366765

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

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

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

Line 1 (990) - Public Support and Contributions

		Cash	Non Cash
Line 1a - Direct public support			
1	Contributions . . . . .	5,968,241	13,169,103
2	Membership dues and assessments (contributions from the public) . . . . .		
3	Commercial co-venture . . . . .		
4	Special events contributions (Line 9 - Special Events) . . . . .	0	
5			
6			
7			
8			
9			
10	Total . . . . .	5,968,241	13,169,103
Line 1b - Indirect public support . . . . .			
Line 1c - Government contributions (grants) . . . . .		0	

Line 47 (990) - Accounts receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	ACCOUNTS RECEIVABLE . . . . .	29,024		0	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable . . . . .	29,024	0	0	0

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	CONTRIBUTIONS RECEIVABLE . . . . .	75,117	1,500,117	0	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total pledges receivable . . . . .	75,117	1,500,117	0	0

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

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

Buildings and equipment			Buildings and equipment			Accumulated depreciation		
			Beginning		End	Beginning		End
7	LEASEHOLD IMPROVEMENTS	7	76,428		78,467	31,331		37,382
8	EQUIPMENT AND SOFTWARE	8	90,284		89,785	67,859		65,215
9	FURNITURE AND FIXTURES	9	7,821		7,871	4,388		5,101
10		10						
11		11						
12		12						
13		13						
14		14						
15		15						
16		16						
17	Total buildings and equipment	17	174,533		176,123	103,578		107,698
18	Buildings and equipment (less accumulated depreciation)	18				70,955		68,425
19	Total land, buildings and equipment	19				70,955		68,425

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

Line 65 (990) - Other liabilities

		12,318,530	12,285,682
		Beginning	End
1	DUE TO AFFILIATE	12,318,530	12,285,682
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 2c for Sch A		Total:	30,534
1	LEGAL FEES PAID TO SECRETARY'S LAW FIRM	1	30,534
2		2	
3		3	
4		4	
5		5	

**BETTER WORLD FUND, INC.**  
**TAXABLE YEAR ENDING DECEMBER 31, 2005**  
**EIN: 58-2366765**  
**FORM 990, PART II LINE 22, SCHEDULE OF GRANTS AND ALLOCATIONS**

<b>Grant Title</b>	<b>Grant Recipient</b>	<b>Grant Amount*</b>
<b><u>Advocacy, Media and Public Outreach</u></b>		
UN Forum for Electronic Journalists Program	The Radio and Television News Directors Foundation	\$131,549
Child Marriage Advocacy	International Center for Research on Women	\$60,241
Partnership for Effective Peacekeeping	Refugees International	\$12,500
United Nations Correspondents Association Annual Awards Dinner	United Nations Correspondents Association	\$16,000
Youth Outreach and Mobilization Initiative	various	\$5,625
Youth Outreach and Mobilization Initiative	various	\$235
D.C. Program for United Nations Education - Academic Year 2004	DC Program for UN Education	\$42,978
Energy Future Campaign - Public Education and Implementation	Energy Future Campaign/Coalition	\$58,544
Energy Future Campaign - 2005	Energy Future Campaign/Coalition	\$1,755,088
UN Wire: Keeping the World Informed	National Journal Group	\$74,503
Missing the Mark: Bringing Attention to the Girls' Education Millennium Development Goal in 2005 - Additional Funds	Center for Global Development	\$30,000
Chat the Planet - Baghdad 2-Way	NextNext Entertainment	\$100,000
Energy Future Campaign - 2005 European Institute	The European Institute	\$37,500
Better World Campaign 2005	various	\$3,849,783
The Makgatho Mandela Fund	Nelson Mandela Foundation	\$10,000
NWF Media Tour: Florida, Hurricanes and Global Warming	National Wildlife Federation	\$7,000
2005 Congressional Black Caucus Foundation Annual Legislative Conference Awards Dinner	Congressional Black Caucus Foundation, Inc.	\$10,000
Senator Jesse Helms Book Release	The Jesse Helms Foundation Center	\$3,000
U.S. Global Leadership Campaign Gala Honoring Secretary of State Condoleezza Rice	US Global Leadership Campaign	\$5,000
BWF Grant Discount Adjustment		\$3,518
Adjustment for completed and closed grants		(\$2,091)
<b>TOTAL: Advocacy, Media and Public Outreach</b>		<b>\$6,210,973</b>
<b><u>United Nations Institutional Strengthening</u></b>		
Building a New Consensus for the UN	various	\$307,803
UN-Fulbright Fellowship Program 2005	Institute of International Education	\$69,300
Support for the UN Millennium Campaign in the United States	various	\$441,845
UNA-USA Advocacy and General Support	UNA-USA	\$425,000
UN Minutes - Radio Reports from the United Nations	United Nations Department of Public Information	\$21,000
60th Anniversary UN Tours	United Nations Guided Tours	\$69,724
Congressional Visits to the United Nations Headquarters	Humpty Dumpty Institute	\$70,000
BWF Grant Discount Adjustment		\$1,916
<b>TOTAL: United Nations Institutional Strengthening</b>		<b>\$1,406,588</b>
<b><u>United Nations Program Related</u></b>		
Support for Roll Back Malaria Advocacy & Marketing Campaign	Xippi	\$10,000
Support for Roll Back Malaria Advocacy & Marketing Campaign	La Foundation Youssou N'Dour	\$20,000
Adopt-A-Minefield 2005	UNA-USA	\$3,133,668
Support for Special Envoy Information Portal (tsunami)	Center for Corporate Citizenship	\$50,000
Hurricane Wilma Relief in Quintana Roo, Mexico	The City of Joy Foundation	\$25,000
DC Program for United Nations Education - 2005	DC Program for UN Education	\$91,867
Congressional Tour to Ethiopia - Child Marriage	International Center for Research on Women	
Journey to Africa: Getting Engaged with Your Philanthropy Program - Part D	Escola Sem HIV, Fundacao para o	\$100,000
Escola Sem HIV, Fundacao para o Desenvolvimento da Comunidade	Desenvolvimento da Comunidade	\$20,000
Strengthening the Friends of the Global Fund Japan	Japan Center for International Exchange	\$170,000
ImagineNations Blueprint	The ImagineNations Group	\$150,000
Building Stronger Health Systems & Coalitions In Support of UN Causes: The Malaria Opportunity	various	\$603,122
The Rick Hooper Memorial Fund-Phase II	various	\$38,680
Formation of a Rule of Law Executive Corps	Foundation for a Civil Society	\$100,000
Enhancing Curricula for UN Education - Phase III	UNA-USA	\$475,000
Monitoring, Evaluation, and Knowledge Management Initiative: Staff Support	various	\$27,601
Women With 20/20 Vision	Women With 20/20 Vision Foundation	\$302
Strategic Communications Program for sub-Saharan Africa	United Nations Department of Public Information	\$69,993
The People Speak: America Debates Its Role in the World	various	\$200
NARAL Challenge 2005	NARAL Pro-Choice America	\$30,000
Program on Global Development and Ecosystem Health: Outreach for the Millennium	Island Press	\$50,000
Indian Diaspora Partnership Initiative	various	\$60,863
Support to the European Institute's Transatlantic Programming for 2005	The European Institute	\$37,500

BETTER WORLD FUND, INC.  
TAXABLE YEAR ENDING DECEMBER 31, 2005  
EIN: 58-2366765  
FORM 990, PART II LINE 22, SCHEDULE OF GRANTS AND ALLOCATIONS

Grant Title	Grant Recipient	Grant Amount*
Support for Tostan	Tostan	\$50,000
First Annual Madeleine K. Albright Luncheon	National Democratic Institute Win with Women Initiative	\$1,000
Developments in Literacy (DIL) Gala Benefit	Developments in Literacy, Inc.	\$10,000
BWF Grant Discount Adjustment		\$6,054
Adjustment for completed and closed grants		(\$1,089,801)
<b>TOTAL: United Nations Program Related</b>		<b>\$4,241,049</b>
<b>TOTAL: 2005 BWF GRANTS</b>		<b>\$11,858,610</b>



**BETTER WORLD FUND, INC.**  
**TAXABLE YEAR ENDING DECEMBER 31, 2005**  
**EIN: 58-2366765**  
**FORM 990, PART V-A, LIST OF CURRENT OFFICERS, DIRECTORS, AND KEY EMPLOYEES**

Name	Title	Average Hours per Week	Compensation	Contributions to Employee Benefit Plans	Expense Account and Other Allowances
Timothy E. Wirth	President/Director	FT	17,057	843	0
Kathryn Bushkin	Executive Vice President	FT	10,125	1,228	0
David M. Carter	Treasurer and CFO	FT	7,335	955	0
Richard Parnell	Chief of Staff	FT	7,335	711	0
Rutherford Seydel	Secretary	PT	0	0	0
R.E. Turner	Chairman	PT	0	0	0
Gro Harlem Brundtland	Director	PT	0	0	0
Ruth Correa Leite Cardoso	Director	PT	0	0	0
Liang Dan	Director	PT	0	0	0
Graca Machel	Director	PT	0	0	0
N.R. Narayana Murthy	Director	PT	0	0	0
Hisashi Owada	Director	PT	0	0	0
Emma Rothschild	Director	PT	0	0	0
Nafis Sadik	Director	PT	0	0	0
Andrew Young	Director	PT	0	0	0
Muhammad Yunus	Director	PT	0	0	0
<b>TOTALS</b>			<b>\$41,852</b>	<b>\$3,737</b>	<b>\$0</b>

Line 75c - Compensation of officers, directors, key employees, highest compensated employees and highest compensated independent contractors, from a related organization.  
Compensation provided by United Nations Foundation, Inc., EIN: 58-2368165, common control relationship.

**Officers, directors, trustees, key employees, and highest paid employees**

Name	Title	Compensation	Contributions to Employee Benefit Plans	Expense Account and Other Allowances
Timothy E. Wirth	President/Director	361,983	17,895	0
Kathryn Bushkin	Executive Vice President	214,875	26,065	0
David M. Carter	Treasurer and CFO	155,665	20,259	0
Richard Parnell	Chief of Staff	155,665	15,088	0
Amy Weiss	VP Public Affairs	91,202	9,067	0
Gillian Sorensen	Senior Advisor	54,196	2,471	0
<b>TOTALS</b>		<b>\$1,033,587</b>	<b>\$90,845</b>	<b>\$0</b>

**Professional and other independent contractors**

Name	Compensation
Good Works Group	115,000
Webber Merritt Strategies	15,000
Jerome Piasecki	8,000
<b>TOTAL</b>	<b>\$138,000</b>

ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES MAY BE CONTACTED CARE OF UNITED NATIONS FOUNDATION, INC.

Line 90a (990) - States with which a copy of this return is filed

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input checked="" type="checkbox"/>	Massachusetts	<input checked="" type="checkbox"/>	Rhode Island
<input checked="" type="checkbox"/>	Alaska	<input checked="" type="checkbox"/>	Maryland	<input checked="" type="checkbox"/>	South Carolina
<input checked="" type="checkbox"/>	Alabama	<input checked="" type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input checked="" type="checkbox"/>	Tennessee
<input checked="" type="checkbox"/>	Arkansas	<input checked="" type="checkbox"/>	Michigan	<input checked="" type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input checked="" type="checkbox"/>	Minnesota	<input checked="" type="checkbox"/>	Utah
<input checked="" type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input checked="" type="checkbox"/>	Virginia
<input checked="" type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input checked="" type="checkbox"/>	Colorado	<input checked="" type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input checked="" type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input checked="" type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	District of Columbia	<input checked="" type="checkbox"/>	North Carolina	<input checked="" type="checkbox"/>	Wisconsin
<input checked="" type="checkbox"/>	Delaware	<input checked="" type="checkbox"/>	North Dakota	<input checked="" type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input checked="" type="checkbox"/>	New Hampshire		
<input checked="" type="checkbox"/>	Georgia	<input checked="" type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input checked="" type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input checked="" type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input checked="" type="checkbox"/>	Ohio		
<input checked="" type="checkbox"/>	Illinois	<input checked="" type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input checked="" type="checkbox"/>	Oregon		
<input checked="" type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input checked="" type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

**BETTER WORLD FUND, INC.**  
**TAXABLE YEAR ENDING DECEMBER 31, 2005**  
**EIN: 58-2366765**  
**FORM 990, SCHEDULE B, LIST OF CONTRIBUTORS OF \$5,000 OR MORE**

<b>Donor Name</b>	<b>Cash</b>	<b>Non-Cash</b>	<b>Total BWF</b>
		\$13,169,103	\$13,169,103
	\$3,582,672		\$3,582,672
	\$1,500,000		\$1,500,000
	\$250,000		\$250,000
	\$180,000		\$180,000
	\$100,000		\$100,000
	\$100,000		\$100,000
	\$99,000		\$99,000
	\$50,000		\$50,000
	\$30,945		\$30,945
	\$25,000		\$25,000
	\$10,000		\$10,000
	\$5,927,617	\$13,169,103	\$19,096,720
Aggregate Contributions <\$5,000	\$40,624		\$40,624
<b>Total Contributions per Form 990, Line 1</b>	<b>\$5,968,241</b>	<b>\$13,169,103</b>	<b>\$19,137,344</b>

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

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

BETTER WORLD FUND, INC.

TAXABLE YEAR ENDING DECEMBER 31, 2005

EIN: 58-2366765

FORM 990, SCHEDULE B, PART II, LIST OF CONTRIBUTORS OF \$5,000 OR MORE

DETAIL OF NON-CASH CONTRIBUTIONS

Donor Name	Stock	Date	Number of Shares	Price per Share	FMV at Date of Sale
	\$13,169,102.62	7/18/2005	812,385	\$17.0200	\$13,826,792.70

*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 . . . . . ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

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

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>  File by the due date for filing your return. See instructions.	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, NW, 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 |

- The books are in the care of ▶ See attached worksheet

Telephone No. ▶ (202) 887-9040

FAX No. ▶

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is 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-months for a **Form 990-T corporation**) extension of time until 8/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2005 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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **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 <b>BETTER WORLD FUND, INC.</b>	Employer identification number <b>58 : 2366765</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1225 Connecticut Avenue, N.W., Suite 400</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Washington, DC 20036</b>	

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

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

- The books are in the care of **Finance and Grants Administration**

Telephone No. **( 202 ) 887-9040** FAX No. **( 202 ) 887-9021**

- 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 November 15, 20 06.
- 5 For calendar year 2005, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 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 timely filing.

- 8a 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 \$ n/a
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ n/a
- 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. \$ n/a

**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 of Staff** Date 8-10-06**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 extended 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)

**EXTENSION APPROVED**

**AUG 23 2006**

**FIELD DIRECTOR, OGDEN**

**SUBMISSION PROCESSING**