

# 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)

**2004**

**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 2004 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address 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, 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) \_\_\_\_\_

**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 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 **24,977,734**

**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** Group Exemption Number \_\_\_\_\_

**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 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	24,816,400		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>9,340,783</u> noncash \$ <u>15,475,617</u> )	<b>1d</b>			24,816,400
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			0
	<b>3</b> Membership dues and assessments	<b>3</b>			0
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			161,066
	<b>5</b> Dividends and interest from securities	<b>5</b>			0
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			0
<b>7</b> Other investment income (describe _____)	<b>7</b>			0	
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		0 <b>8a</b>	0	0	
		0 <b>8b</b>	0	0	
		0 <b>8c</b>	0	0	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			0	
Revenue	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <u>24,816,400</u> of contributions reported on line 1a)	<b>9a</b>	0	
		<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	0	
		<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		0
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
		<b>b</b> Less: cost of goods sold	<b>10b</b>		
		<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		0
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			268	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			24,977,734	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		17,628,793	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		405,499	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		343,734	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		18,378,026	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		6,599,708	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		598,443	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		7,198,151	

**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 22 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 \$ 16,452,610 noncash \$ 0)	22 16,452,610	16,452,610		
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 80,273	37,446	17,607	25,220
26	Other salaries and wages	26 470,744	219,859	103,198	147,687
27	Pension plan contributions	27 28,287	13,195	6,205	8,887
28	Other employee benefits	28 42,848	20,003	9,394	13,451
29	Payroll taxes	29 35,711	16,658	7,833	11,220
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 28,219	28,219	0	0
32	Legal fees	32 30,113	10,297	11,456	8,360
33	Supplies	33 13,372	6,998	3,731	2,643
34	Telephone	34 22,261	13,504	3,877	4,880
35	Postage and shipping	35 5,695	2,692	1,232	1,771
36	Occupancy	36 104,257	0	104,257	0
37	Equipment rental and maintenance	37 4,550	2,306	1,325	919
38	Printing and publications	38 37,353	25,418	5,854	6,081
39	Travel	39 117,993	63,043	13,432	41,518
40	Conferences, conventions, and meetings	40 41,170	23,934	9,744	7,492
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42 27,577	0	27,577	0
43	Other expenses not covered above (itemize): a	43a 0	0	0	0
	b OTHER PROFESSIONAL SERVICES	43b 749,249	648,312	48,913	52,024
	c INFORMATION TECHNOLOGY	43c 30,114	10,029	16,280	3,805
	d INSURANCE	43d 4,254	0	4,254	0
	e OTHER OPERATING	43e 51,376	34,270	9,330	7,776
	f	43f 0			
44	<b>Total functional expenses</b> (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13 — 15</i>	44 18,378,026	17,628,793	405,499	343,734

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> 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.)
a 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 \$ 8,831,939)	9,187,936
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 \$ 1,170,018)	1,295,943
c UNITED NATIONS PROGRAM-RELATED INITIATIVES COMPLEMENTS PROGRAMMATIC WORK BEING ACCOMPLISHED BY OTHER ORGANIZATIONS SUPPORTING THE WORKS OF THE UNITED NATIONS. (Grants and allocations \$ 6,450,653)	7,144,914
d	
(Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	17,628,793

**Part IV Balance Sheets** (See page 25 of the instructions.)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .				<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .			14,558,959	<b>46</b>	22,611,366
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b>	29,024			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	0	26,651	<b>47c</b>	29,024
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b>	75,117			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	0	0	<b>48c</b>	75,117
	<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) . . . . .			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>	174,533			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	103,578	81,681	<b>57c</b>	70,955
<b>58</b> Other assets (describe . . . . .)			0	<b>58</b>	0	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .			14,667,291	<b>59</b>	22,786,462	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		392,916	<b>60</b>	1,029,251	
	<b>61</b> Grants payable . . . . .		5,188,382	<b>61</b>	2,240,530	
	<b>62</b> Deferred revenue . . . . .			<b>62</b>		
	<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 . . . . .)			8,487,550	<b>65</b>	12,318,530
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .			14,068,848	<b>66</b>	15,588,311	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	<b>67</b> Unrestricted . . . . .		-596,171	<b>67</b>	653,475	
	<b>68</b> Temporarily restricted . . . . .		1,194,614	<b>68</b>	6,544,676	
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.					
	<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 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .			598,443	<b>73</b>	7,198,151	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .			14,667,291	<b>74</b>	22,786,462	

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 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b>	24,977,734
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . ▶	<b>c</b>	24,977,734
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . ▶	<b>e</b>	24,977,734

**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>	18,378,026
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . ▶	<b>c</b>	18,378,026
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . ▶	<b>e</b>	18,378,026

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 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
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK	SEE ATTACHED	SCHEDULE	
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			

**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 28 of the instructions.

Part VI Other Information (See page 28 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.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions . . . . .	81a	N/A
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
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(e) 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 ► 0 ; section 4912 ► 0 ; section 4955 ► 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 . . . . .		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .		0
90 a	List the states with which a copy of this return is filed ► See attached worksheet		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	20
91	The books are in care of ► Name DAVID M. CARTER Telephone no. ► (202) 887-9040 Located at ► 1225 CONNECTICUT AVE City WASHINGTON ST DC ZIP + 4 ► 20036		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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	161,066	
<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 FOREIGN EXCHANGE GAIN			1	268	
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		161,334	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))					161,334

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 34 of 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 page 34 of 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 page 34 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).

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.

**Please Sign Here**

Signature of officer: DAVID M. CARTER Date: 7 Nov 05

DAVID M. CARTER, VICE PRESIDENT FOR FINANCE, TREASURER, AND CFO  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.)**

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

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

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
Name LAURA ROGERS Str C/O UN FOUNDATION City WASHINGTON ST DC Zip 20036 Country USA	Title DIRECTOR Avg hr/wk FULL-TIME	117,000	7,020	0
Name AMY WEISS Str C/O UN FOUNDATION City WASHINGTON ST DC Zip 20036 Country USA	Title VICE PRESIDENT Avg hr/wk FULL-TIME	111,420	0	0
Name GILLIAN SORENSEN Str C/O UN FOUNDATION City WASHINGTON ST DC Zip 20036 Country USA	Title SR ADVISOR Avg hr/wk PART-TIME	101,250	0	0
Name REBECCA MARTIN Str C/O UN FOUNDATION City WASHINGTON ST DC Zip 20036 Country USA	Title DIRECTOR Avg hr/wk FULL-TIME	98,000	5,880	0
Name SUSAN MYERS Str C/O UN FOUNDATION City WASHINGTON ST DC Zip 20036 Country USA	Title DIRECTOR Avg hr/wk FULL-TIME	97,125	8,630	0
Total number of other employees paid over \$50,000	0			

**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
Name WEBER MERRITT STRATEGIES Check here if a business <input checked="" type="checkbox"/> Str 601 13TH STREET, NW, SUITE 401 SOUTH City WASHINGTON ST DC ZIP 20005 Country USA	CONSULTING	1,456,750
Name GOOD WORKS GROUP Check here if a business <input checked="" type="checkbox"/> Str 3800 ARAPAHOE, SUITE 210 City BOULDER ST CO ZIP 80303 Country USA	CONSULTING	436,000
Name BARBOUR GRIFFITH & ROGERS, LLC Check here if a business <input checked="" type="checkbox"/> Str PO BOX 14416 City WASHINGTON ST DC ZIP 20044 Country USA	CONSULTING	300,000
Name PUBLIC OPINION STRATEGIES, LLC Check here if a business <input checked="" type="checkbox"/> Str 277 S WASHINGTON STREET, SUITE 320 City ALEXANDRIA ST VA ZIP 22314 Country USA	CONSULTING	246,650
Name CORE STRATEGIES CONSULTING Check here if a business <input checked="" type="checkbox"/> Str 3322 TENNYSON STREETS, NW City WASHINGTON ST DC ZIP 20015 Country USA	CONSULTING	228,500
Total number of others receiving over \$50,000 for professional services	4	

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

Schedule A (Form 990 or 990-EZ) 2004

(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>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		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.)		X
b	Do you have a section 403(b) annuity plan for your employees?	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?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	25,642,656	21,785,465	7,390,646	5,950,349	60,769,116
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	78,157	108,266	110,865	184,343	481,631
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					0
23 Total of lines 15 through 22	25,720,813	21,893,731	7,501,511	6,134,692	61,250,747
24 Line 23 minus line 17	25,720,813	21,893,731	7,501,511	6,134,692	61,250,747
25 Enter 1% of line 23	257,208	218,937	75,015	61,347	

26 Organizations described on lines 10 or 11:	a	Enter 2% of amount in column (e), line 24	▶	26a	1,225,015
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	45,620,647	
c	Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	61,250,747	
d	Add: Amounts from column (e) for lines:				
	18	481,631	19	0	
	22	0	26b	45,620,647	
e	Public support (line 26c minus line 26d total)	▶	26e	15,148,469	
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	24.73%	

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:			
	(2003)	(2002)	(2001)	(2000)	
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:				
	(2003)	(2002)	(2001)	(2000)	
c	Add: Amounts from column (e) for lines:				
	15	0	16	0	
	17	0	20	0	
			21	0	
d	Add: Line 27a total	0	and line 27b total	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 2000 through 2003, 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? . . . . .		
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? . . . . .		
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.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	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.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  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? . . . . .		
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.		
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 . . . . .		

**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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	19,163	19,163
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	343,312	343,312
38	Total lobbying expenditures (add lines 36 and 37)	362,475	362,475
39	Other exempt purpose expenditures	112,212,908	18,015,551
40	Total exempt purpose expenditures (add lines 38 and 39)	112,575,383	18,378,026
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	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		
	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	1,000,000	1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	250,000	250,000
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44	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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46					6,000,000
47	362,475	427,407	422,539	321,753	1,534,174
48	250,000	250,000	250,000	250,000	1,000,000
49					1,500,000
50	19,163	36,733	89,141	62,482	207,519

**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.) N/A

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

**2004**

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 of the regulations under sections 509(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 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

(HTA)

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 <input type="checkbox"/> Check if above is a business ----- 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.)
-----	<input type="checkbox"/> Check if above is a business ----- 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.)
-----	<input type="checkbox"/> Check if above is a business ----- 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.)
-----	<input type="checkbox"/> Check if above is a business ----- 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.)
-----	<input type="checkbox"/> Check if above is a business ----- 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.)
-----	<input type="checkbox"/> Check if above is a business ----- 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.)
-----	<input type="checkbox"/> Check if above is a business ----- 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.)

<b>Name of organization</b> BETTER WORLD FUND, INC.	<b>Employer identification number</b> 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			
(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			
(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			
(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			



**Line 1a (990) - Direct public support**

1	Contributions . . . . .	1	9,340,783
2	Non Cash Contributions . . . . .	2	15,475,617
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 9 - Special Events) . . . . .	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total . . . . .	10	24,816,400

**Line 47 (990) - Accounts receivable**

		Accounts receivable		Allowance for doubtful accounts		
		Beginning	End	Beginning	End	
1	ACCOUNTS RECEIVABLE . . . . .	1	26,651	29,024	0	0
2	-----	2				
3	-----	3				
4	-----	4				
5	-----	5				
6	-----	6				
7	-----	7				
8	-----	8				
9	-----	9				
10	-----	10				
11	Total accounts receivable . . . . .	11	26,651	29,024	0	0

**Line 48 (990) - Pledges receivable**

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

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

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

		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	LEASEHOLD IMPROVEMENTS	71,009	76,428	18,610	31,331
8	EQUIPMENT AND SOFTWARE	131,049	90,284	105,766	67,859
9	FURNITURE AND FIXTURES	6,673	7,821	2,674	4,388
10	.....				
11	.....				
12	.....				
13	.....				
14	.....				
15	.....				
16	.....				
17	Total buildings and equipment	208,731	174,533	127,050	103,578
18	Buildings and equipment (less accumulated depreciation)			81,681	70,955
19	Total land, buildings and equipment			81,681	70,955

Category or Item			Cost/Other Basis	Accumulated Depreciation	Book Value
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**

		Beginning	End
1	DUE TO AFFILIATE	8,487,550	12,318,530
2	.....		
3	.....		
4	.....		
5	.....		
6	.....		
7	.....		
8	.....		
9	.....		
10	.....		
11	Total other liabilities	8,487,550	12,318,530

**Line 2c for Sch A**

		Total:
1	LEGAL FEES PAID TO SECRETARY'S LAW FIRM	22,347
2	.....	
3	.....	
4	.....	
5	.....	

BETTER WORLD FUND, INC.  
TAXABLE YEAR ENDING DECEMBER 31, 2004  
EIN: 58-2366765  
FORM 990, PART II LINE 22, SCHEDULE OF GRANTS AND ALLOCATIONS

Grant Title	Grant Recipient	Grant Amount
<b>Advocacy, Media and Public Outreach</b>		
Enhancing Curricula for UN Education	United Nations Association of the USA	\$18,686
Energy Future Campaign: Building for Tomorrow	various	\$75
Millennium Development Goals Strategic Communications Project (Adjustment)	various	(\$159,605)
Energy Future Campaign: Building for Tomorrow Phase III	various	\$70
D.C. Program for United Nations Education - Academic Year 2004	various	\$43,243
Energy Future Campaign - Public Education and Implementation	various	\$1,591,201
Monitoring, Evaluation, and Knowledge Management Initiative: Staff Support	various	\$35
Monitoring, Evaluation, and Knowledge Management Initiative: Internet Platform	various	\$6,533
Building a New Consensus for the UN	various	\$10,446
The People Speak 2004	various	\$1,472,740
United Nations Intellectual History Project Outreach and Dissemination	Ralphe Bunche Institute for International Studies	\$250,000
Energy Future Campaign - 2005	various	\$32,107
Retreat on Economic and Security Issues in Africa and the Caribbean	Humpty Dumpty Institute	\$10,000
Support for Fellowship Involvement in the 2004 Global Health Council	Global Health Council	\$35,000
Better World Campaign 2004	various	5,524,208
BWF Grant Discount		(\$2,799)
<b>TOTAL: Advocacy, Media and Public Outreach</b>		<b>\$8,831,939</b>
<b>United Nations Institutional Strengthening</b>		
Millennium Development Goals Strategic Communications Project	various	\$159,582
Building a New Consensus for the UN	various	\$502,554
Support for the UN Millennium Campaign in the United States	various	\$60,000
UN-Fulbright Fellowship Program 2005	Institute of International Education	\$437,700
UN-Fulbright Fellowship Program - Administrative Support 2004	United Nations Office of Human Resources Management	\$11,500
BWF Grant Discount		(\$1,318)
<b>TOTAL: United Nations Institutional Strengthening</b>		<b>\$1,170,018</b>
<b>United Nations Program Related</b>		
D.C. Program for United Nations Education (DCP)	various	\$16
Monitoring, Evaluation, and Knowledge Management Initiative: Staff Support	various	\$164,249
Monitoring, Evaluation, and Knowledge Management Initiative: World Parks Congress	various	\$100,000
Monitoring, Evaluation, and Knowledge Management Initiative: Participation of Board Program Committee	various	\$45,774
Monitoring, Evaluation, and Knowledge Management Initiative: Internet Platform	various	\$6,592
Monitoring, Evaluation, and Knowledge Management Initiative: Global South	various	\$63,111
Monitoring, Evaluation, and Knowledge Management Initiative: Adolescent Girls Cluster Review	various	\$70,000
Improving Global Corporate Governance III - Addendum	Kenan Institute	\$15,000
The Last Lap for Guinea Worm Eradication	The Carter Center	\$325,550
Beyond Kyoto - Phase III	Pew Center of Climate Change	\$120,000
Post Conflict Reconstruction: Catalyzing Initiatives for U.S. and International Reform	Center for Strategic & International Studies	\$250,000
Paying Their Fair Share 2004: International Donor Assistance for Population and Reproductive Health in a New Era: - Report on ICPD Progress	Population Action International	\$250,000
Sustainable Governance Project for Action on Global Climate Risk	Coalition of Environmentally Responsible Economies	\$1,000,000
Support for XV International AIDS Conference UNF and Partner Activities	various	\$7,289
Preventing Anemia in Children with Malaria-HIV co-infection to assure 3 by 5 Scaling Up of Antiretroviral Therapy in Democratic Republic of Congo	University of North Carolina at Chapel Hill	\$36,470
Relationship Agreement between EMPower and United Nations Foundation	EMPower - The Emerging Markets Foundation	\$50,000
NARAL Pro-Choice America's Roe v. Wade 31st Anniversary Celebration	NARAL Pro-Choice America	\$6,000
Refugees International 25th Anniversary Benefit Honoring Secretary-General Kofi Annan and Mrs. Annan	Refugees International	\$10,000
Support for the 2004 Women's eNews Benefit Awards	Women's eNews	\$5,000
Friends of the World Food Program "Honoring Leaders in the Fight Against Hunger" Award Ceremony	Friends of the World Food Program	\$5,000
Developments in Literacy 2004 Benefit Honoring Nicholas Platt	Developments in Literacy, Inc.	\$10,000
Adopt-a-Minefield	United Nations Association of the USA	\$2,959,558

BETTER WORLD FUND, INC.  
TAXABLE YEAR ENDING DECEMBER 31, 2004  
EIN: 58-2366765  
FORM 990, PART II LINE 22, SCHEDULE OF GRANTS AND ALLOCATIONS

Grant Title	Grant Recipient	Grant Amount
Support for XV International AIDS Conference UNF and Partner Activities	various	\$16,313
UNIFEM Benefit to Afghan Women Dinner	US Committee for UN Fund for Women, Inc.	\$5,000
Millennium Development Goals Strategic Communications Project	various	\$23
D.C. Program for United Nations Education	various	\$66,662
Monitoring, Evaluation, and Knowledge Management Initiative: Staff Support	various	\$8
Improving Global Corporate Governance III	Kenan Institute	\$145,000
Multilateral Initiative on Malaria: Supplement in the American Journal of Tropical Medicine and Hygiene "The Intolerable Burden of Malaria: What's New, What's Needed"	Foundation for the National Institutes of Health	\$40,000
UNA-USA Advocacy and General Support	United Nations Association of the USA	\$425,000
Agriculture Trade, Subsidies, and Poverty Consultant	Janet Hall	\$15,000
Tribute to Excellence Dinner	The Association for Diplomatic Studies and Training	\$500
Congressional Black Caucus Foundation Legislative Conference Awards Dinner	Congressional Black Caucus Foundation, Inc.	\$7,500
Indian Diaspora Partnership Initiative	various	\$97,411
Establishing the Japan Friends of the Global Fund	Japan Center for International Exchange	\$140,000
BWF Grant Discount		(\$7,372)
<b>TOTAL: United Nations Program Related</b>		<b>\$6,450,653</b>
<b>TOTAL: 2004 BWF GRANTS</b>		<b>\$16,452,610</b>

BETTER WORLD FUND, INC.  
TAXABLE YEAR ENDING DECEMBER 31, 2004  
EIN: 58-2366765  
FORM 990, PART V, LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

Name	Title	Average Hours per Week	Compensation	Contributions to Employee Benefit Plan	Expense Account and Other Allowances
Timothy E. Wirth	President/Director	FT	37,377	1,402	0
Kathryn Bushkin	Executive Vice President	FT	24,884	1,391	0
David M. Carter	Treasurer and CFO	FT	18,012	1,081	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
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>\$80,273</b>	<b>\$3,874</b>	<b>\$0</b>

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

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

Name	Title	Compensation	Contributions to Employee Benefit Plan	Expense Account and Other Allowances
Timothy E. Wirth	President/Director	290,491	10,898	0
Kathryn Bushkin	Executive Vice President	193,393	10,809	0
David M. Carter	Treasurer and CFO	139,988	8,399	0
<b>TOTALS</b>		<b>\$623,872</b>	<b>\$30,106</b>	<b>\$0</b>

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

BETTER WORLD FUND, INC.  
TAXABLE YEAR ENDING DECEMBER 31, 2004  
EIN: 58-2366765  
FORM 990, PART VI, LIST OF STATES WHERE FILED

Better World Fund, Inc.

ALABAMA
ALASKA
ARIZONA
ARKANSAS
CALIFORNIA
COLORADO
CONNECTICUT
DELAWARE
DISTRICT OF COLUMBIA
FLORIDA
GEORGIA
ILLINOIS
KANSAS
KENTUCKY
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
NEW HAMPSHIRE
NEW JERSEY
NEW MEXICO
NEW YORK
NORTH CAROLINA
NORTH DAKOTA
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
RHODE ISLAND
SOUTH CAROLINA
TENNESSEE
TEXAS
UTAH
VIRGINIA
WASHINGTON
WEST VIRGINIA
WISCONSIN

**BETTER WORLD FUND, INC.**  
**TAXABLE YEAR ENDING DECEMBER 31, 2004**  
**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>
		\$15,475,617	\$15,475,617
	\$4,772,000		\$4,772,000
	\$3,022,784		\$3,022,784
	\$300,000		\$300,000
	\$250,000		\$250,000
	\$250,000		\$250,000
	\$125,000		\$125,000
	\$100,000		\$100,000
	\$100,000		\$100,000
	\$75,000		\$75,000
	\$70,000		\$70,000
	\$60,000		\$60,000
	\$51,500		\$51,500
	\$50,000		\$50,000
	\$40,000		\$40,000
	\$25,000		\$25,000
	\$20,000		\$20,000
	\$10,000		\$10,000
	\$5,000		\$5,000
	\$5,000		\$5,000
	\$9,331,284	\$15,475,617	\$24,806,900
Aggregate Contributions < \$5,000	\$9,500		\$9,500
<b>Total Contributions per Form 990, Line 1</b>	<b>\$9,340,783</b>	<b>\$15,475,617</b>	<b>\$24,816,400</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, 2004**  
**EIN: 58-2366765**  
**FORM 990, SCHEDULE B, PART II, LIST OF CONTRIBUTORS OF \$5,000 OR MORE**  
**DETAIL OF NON-CASH CONTRIBUTIONS**

<b>Donor Name</b>	<b>Stock</b>	<b>Date</b>	<b>Number of Shares</b>	<b>Price per Share</b>	<b>FMV at Date of Sale</b>
	\$15,475,617	7/19/2004	892,857	\$17.3700	\$15,508,926.09

***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>	Name of Exempt Organization <b>BETTER WORLD FUND, INC.</b>	Employer identification number <b>58-2366765</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1225 CONNECTICUT AVENUE, N.W., SUITE 400</b>	
	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 (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 ▶ 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2004 or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_, and ending \_\_\_\_\_, 20\_\_.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \_\_\_\_\_ \$ \_\_\_\_\_

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. \_\_\_\_\_ \$ \_\_\_\_\_

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. \_\_\_\_\_ \$ \_\_\_\_\_

**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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

- 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  File by the extended due date for filing the return. See instructions.	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
	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 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, 2005

5 For calendar year 2004, 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 PREPARE 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 ..... \$ 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. \$ 0.00

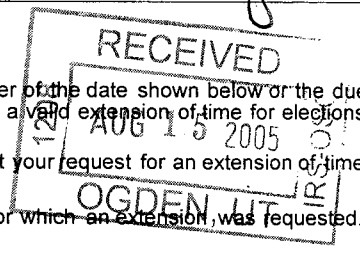
**Signature and Verification**

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 CFO Date 1 Aug 05

**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 for the return for which an extension was requested.
- Other \_\_\_\_\_



**AUG 31 2005**

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)