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

Open to Public

Form **990** (2012)

TEEA0113L 12/18/12

Department of the Treasury Internal Revenue Service

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

7	A I	For the 20	012 calen	dar year, or tax year beginning , 2012, and ending			,	
Ī	В	Check if appl	ıcable	C	D	Employer Ident	tification Number	
		Address	change	AVAAZ FOUNDATION		20-5050	267	
		Name cl	hange	857 BROADWAY, 3RD FLOOR	E	Telephone num	ber	
		Initial re	turn	NEW YORK, NY 10003		917-388	-3988	
		Termina	ited					
		Amende			ا	Gross receipts	\$ 11,607	363
		\vdash	ion pending	F Name and address of principal officer RICKEN PATEL		roup return for aff		
			poag			iliates included? ach a list (see in:		No
-	l	Tax-exemp	nt status	501(c)(3) X 501(c) (4	If 'No,' att	ach a list (see ins	structions)	
_	<u></u>	Website			(a) Group eve	emption number	•	
-	<u>. </u>	Form of or		X Corporation Trust Association Other L Year of Formation	• •		legal domicile NY	7
			ummar	· 	2000	W State of	legal domicile IV I	<u> </u>
ι	ra:		fly descri	y be the organization's mission or most significant activities <u>TO</u> <u>CLOSE</u> '	THE CAL	D DETWEEN	THE MODI	D WE
				THE WORLD MOST PEOPLE EVERYWHERE WANT. BY SIGN				יה 'אבי"
	2			MEMBERS ARE RAPIDLY ALERTED TO URGENT GLOBAL IS				
	na			CHANGE.	20052 2	MD OFFOR	TONTITES -	10
	ķ		ck this bo		e than 25%	6 of its net as	ssets.	
	ၓ			oting members of the governing body (Part VI, line 1a)		3	1	4
	જ ળ			dependent voting members of the governing body (Part VI, line 1b)		4	-	 3
	Activities & Governance			of individuals employed in calendar year 2012 (Part V, line 2a)		5		3 39
	₹			of volunteers (estimate if necessary)		6		100
	¥			ed business revenue from Part VIII, column (C), line 12		7 a		0.
ന	_	b Net	unrelated	business taxable income from Form 990-T, line 34		7 b		0.
2013		• 0				or Year	Current Y	
6	<u>و</u> ا			and grants (Part VIII, line 1h)	7,	549,626.	11,611	,547.
es	Revenue		_	vice revenue (Part VIII, line 2g)		60		
	<u>۾</u>			ncome (Part VIII, column (A), lines 3, 4, and 7d)		68.		42.
SEP	_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) – add lines 8 through 11 (must equal Part VIII, column (A), line 12).		-30,666.		,226.
	\dashv			imilar amounts paid (Part IX, column (A), lines 1-3)		519,028.	11,607	
SCANNED				I to or for members (Part IX, column (A), line 4)	-	519,986.	276	,200.
2				er compensation, employee benefits (Part IX, column (A), lines 5-10)	-	204 560	0.610	
Z	S				1,	384,560.	2,610	,411.
8	Expenses			fundraising fees (Part IX, column (A), line 11e)			1 8 2/ 5 89	1, 0, ees
Š	ďx			sing expenses (Part IX, column (D), line 25) 274, 292.				
	۳	17 Oth	er expens	ses (Part IX, column (A) lines [1]a-[1]d [1]1;24e)	4,	999,504.	7,312	,943.
		18 Tota	al expens	es Add lines 13-17 (must equal Part-IX, column (A), line (25)	6,	904,050.	10,199	
		19 Rev	enue les	s expenses Subtract lines 8 from line 12		614,978.	1,407	,809.
	9 0			(Part X, line 16)		of Current Year		
	Asset	20 Tota	al assets	(Part X, line 16)	2,	769,840.	4,162	,035.
	Net A	21 Total	al liabilitie	es (Part X, line 26)		230,679.	215	,065.
	žZ	22 Net	assets o	r fund balances Subtract line 21 from line 20.	2.	539,161.	3,946	970.
	Pa	řt II. 🐩 S	Signatu	re Block			, 0,010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					e best of my l	knowledge and be	lief, it is true, correc	t. and
	comp	oléte Declara	ation of preparent	eclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge		•	•	.,
			D 7			9/12	1/13	
	Sig	ın	Signáti	re of officer	Date	1/	100	
	He	re	RIC	KEN PATEL	PRESI	DENT		
			Туре о	r print name and title				
•			Print/Type	preparer's name Preparer's semeture Date	С	heck if	PTIN	
	Pai	id	KENNE'	TH J LEDERER WY LOCK 8/05/1	L3 s	elf-employed	P00396373	3
		parer	Firm's nam			<u> </u>		
		e Only	Firm's addi		F	ırm's EIN ► 22	2-3778048	
		•		LYNDHURST, NJ 07071		hone no (20		80
	May	the IRS	discuss tl	nis return with the preparer shown above? (see instructions)		,20	X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

8,104,270.

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Form 990 (2012) AVAAZ FOUNDATION

Part IV | Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Χ 23 Schedule J 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Χ b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* Χ Schedule L. Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) \overline{X} a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule MХ 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 Х 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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Х Form 990 (2012)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 37 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 h 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners X 10 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 39 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 h 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country UNITED KINGDOM See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were Χ not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q

Form 990 (2012) AVAAZ FOUNDATION 20-5050267 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Χ Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 SEE SCHEDULE Q Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? X 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done X 12 c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent ورز ج persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a Х **b** Other officers of key employees of the organization X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NY DE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

HEATHER REDDICK 857 BROADWAY, 3RD FLOOR NEW YORK NY 10003 917-388-3988

BAA

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				(C	;)					
(A) Name and Title	(B) Average hours per	one bo	er an	less (perso	more to n is both r/truste	h an I	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(1) RICKEN PATEL	40									
PRESIDENT	0	Х		Χ				172,000.	0.	6,287.
(2) THOMAS PRAVDA	1									
TREASURER	0	Х		Χ				0.	0.	0.
(3) ELI PARISER	11									
CHAIRMAN	0	X		Χ				0.	0.	0.
(4) BEN BRANDZEL	11									-
SECRETARY	0	Х		X				0.	0.	0 <u>.</u>
(5) EMMA_RUBY-SACHS_	40								· -	
CAMPAIGN DIRECTOR	0					Χ		122,032.	0.	9,514.
(6) IAN BASSIN	40									
GENERAL COUNSEL	0					Χ		120,167.	0.	6,287.
(7) HEATHER REDDICK	40_									
OP DIRECTOR	0					Χ		110,050.	0.	6,364.
_(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trus	itees, l	Key	Εm	ıplo	oye	es,	and	d Highest Com	pensated Em	ployees (cont)
	(B)			((
(A) Name and title	Average hours per	box	, unle	ess pe	erson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)		-					ļ			
(19)										
(20)										
(21)										
(22)					 					
(23)										
(24)										
(25)										
1 b Sub-total			 -	L	L	-	>	524,249.	0	. 28,452.
c Total from continuation sheets to Part VII, Section	n A						>	0.	0	
d Total (add lines 1b and 1c)							>	524,249.	0	. 28,452.
2 Total number of individuals (including but not limited to from the organization ► 4	o those I	ısted	abo	ve) '	who	recei	ived	more than \$100,00	00 of reportable cor	mpensation
3 Did the organization list any former officer, director		_1	1		1		1-			Yes No
on line 1a ⁷ If 'Yes,' complete Schedule J for such	ındıvıdı	ıal	_		•					3 X
4 For any individual listed on line 1a, is the sum of ithe organization and related organizations greater such individual	reportab than \$1	le co 50,0	mpe 00?	ensa If "	atior Yes'	ond com	l otr iplei	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	comper ' <i>comple</i>	nsatio	on fr ched	om dule	any J fo	unre or su	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compensation.	ated ind ation for	epen the c	alen	it co idar	ntra yea	ctors end	ing v	with or within the or	rganization's tax ye	
(A) Name and business addre	ess							Description	of services	(C) Compensation
TALACON, LLC 41 RIVER TERRACE #3704 NEW YOR	K, NY	1028	2		 -			IT CONSULTING	;	615,525.
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization •		ited t	o the	ose	liste	d abo	ove)	who received more	1.	
RAA	т							 	!	Form 990 (2012

		Check if Schedule O	contains a respo	nse to any quest	Υ Ι	(B)	(0)	(0)
, ko===		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tag under sections 512, 513, or 514
ICE REVENUE AND OTHER SIMILAR AMOUNTS!	b c d e f		grants, and above 1 f	11, 611, 547. Business Code	11,611,547.			
PROGRAM SERVICE REVENUE	c d e f g	All other program service Total. Add lines 2a-2f	ce revenue	•				,
	3 4 5	Investment income (incother similar amounts) Income from investment Royalties	-	•	42.			42
	b	Gross rents Less rental expenses Rental income or (loss)	600. 600.				•	
	7 a b c	Ret rental income or (lo Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other	600.			600
OTHER REVENUE	8 a	Gross income from fund (not including \$ of contributions reporte See Part IV, line 18 Less direct expenses Net income or (loss) from	d on line 1c) a b om fundraising ev	vents				
	b c 10 a b	Gross income from gan See Part IV, line 19 Less direct expenses Net income or (loss) fro Gross sales of inventor, and allowances Less cost of goods sole Net income or (loss) fro	bom gaming activity, less returns ad b					,
	11 a b c	Miscellaneous Reveni	ue	Business Code 900099	3,533. -8,359.			3,533
	е	I All other revenue • Total. Add lines 11a-11 • Total revenue. See inst		•	-4,826. 11,607,363.	0.	0	4,184

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a r	response to any question	on in this Part IX		
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	81,000.	81,000.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	195,200.	195,200.		3,
4	Benefits paid to or for members	193,200.	193,200.	3 3 30 10 10 10 10	1 3 () () () ()
5	Compensation of current officers, directors, trustees, and key employees	178,287.	94,492.	80,229.	3,566.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	_	2,081,927.	1,293,453.	671,997.	116,477.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,002,327.	272337103.		1107177
9	Other employee benefits	166,411.	99,251.	46,986.	20,174.
10	Payroll taxes	183,786.	102,243.	72,686.	8,857.
11	Fees for services (non-employees)				
i	a Management				
) Legal	314,243.	263,454.	50,789.	
	: Accounting	68,875.		68,875.	
	d Lobbying				
	Professional fundraising services See Part IV, line 17		1 1 1 1 1 1 1 1 1 1 1	* . * · · · · · · · · · · · · · · · · ·	
	Investment management fees				
Ų	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O)	150,819.	139,378.	8,070.	3,371.
12		189,600.	187,881.	1,719.	
13	Office expenses	159,679.	115,730.	42,825.	1,124.
14	Information technology	1,046,084.	834,524.	177,452.	34,108.
15	Royalties				
16	Occupancy	311,137.	239,996.	60,559.	10,582.
17	Travel	814,081.	779,817.	34,264.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,038.	60,433.	17,118.	3,487.
23	Insurance	20,819.	007.001	20,819.	5/1011
24	covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10%	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
	of line 25, column (A) amount, list line 24e expenses on Schedule O)			3 Apr. 1	
	CAMPAIGNER FEES AND CONSULTING	3,187,383.	2,745,443.	379,444.	62,496.
	PROGRAM EXPENSES	493,027.	493,027.	3/3/111.	02,430.
	COMPUTER AND EQUIPMENT MAINTEN	234,623.	212,132.	19,733.	2,758.
	TELEPHONE & COMMUNICATIONS	203,752.	161,094.	35,366.	7,292.
	All other expenses	37,783.	5,722.	32,061.	,
25	Total functional expenses Add lines 1 through 24e	10,199,554.	8,104,270.	1,820,992.	274,292.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

34

BAA

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 2,475,958 1 742,027. 2 Savings and temporary cash investments 2 1,001 876. Pledges and grants receivable, net 3 3 110,099. Accounts receivable, net 4 81,849 17,302 Loans and other receivables from current and former officers, directors ţ, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 56,079 77,288 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 359,596 **b** Less accumulated depreciation 10 b 189,873 10 c 120,733 169,723 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 34,220 44,720. Total assets. Add lines 1 through 15 (must equal line 34) 16 2,769,840 4,162,035. 17 Accounts payable and accrued expenses 210,150 17 206,614. 18 Grants pavable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 20,529 8,451 Total liabilities. Add lines 17 through 25 26 230,679 215,065 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete 1 lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets ,535,229 27 946,970 28 Temporarily restricted net assets 28 3,932 29 Permanently restricted net assets 29 P Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34, FOZO 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund B 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 2,539,161 33 3,946,970.

> 4,162,035. Form **990** (2012)

34

2,769,840

-ori	m 990 (2012) AVAAZ FOUNDATION	20-505026	7	Ра	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,6	07.3	363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,1		
3	Revenue less expenses Subtract line 2 from line 1	3		07,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		39,1	
5	Net unrealized gains (losses) on investments	5		<u> </u>	
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10					
_	column (B))	10	3,9	46,9	70.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
•			-		· . '
	If the organization changed its method of accounting from a prior year oi checked 'Other,' explain in Schedule O		ا الما	* * * .	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	viewed on a	ž.	, *	1
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	enarate			
	basis, consolidated basis, or both	, p a. a.to	, . , .	No.	# ** 1
	X Separate basis Consolidated basis Both consolidated and separate basis		ار ا س	37.	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$		As .	*:	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle	2 0	h	v

Form **990** (2012)

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► See separate instructions.

OMB No 1545-0047

2012

Open to Public -

Department of the Treasury internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions. Inspection Employer identification number

AVAAZ FOUNDATION		20-5050267
Part I Organizations Maintaining Donor Advisor the organization answered 'Yes' to Form	<mark>ed Funds or Other Similar Fui</mark> 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor adviso are the organization's property, subject to the organization	rs in writing that the assets held in doion's exclusive legal control?	onor advised funds Yes No
6 Did the organization inform all grantees, donors, and do for charitable purposes and not for the benefit of the do impermissible private benefit?	onor advisors in writing that grant fun- inor or donor advisor, or for any other	ds can be used only r purpose conferring Yes No
Part II Conservation Easements. Complete if the		s' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the orga		
Preservation of land for public use (e g , recreation	or education) Preservation	of an historically important land area
Protection of natural habitat	Preservation of	of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qual last day of the tax year	ified conservation contribution in the for	m of a conservation easement on the
•		Held at the End of the Tax Year
a Total number of conservation easements		2 a
b Total acreage restricted by conservation easements		2 b
c Number of conservation easements on a certified histor	ic structure included in (a)	2 c
d Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 8/17/06, and not on a histo	oric 2 d
3 Number of conservation easements modified, transferred, re tax year ►	eleased, extinguished, or terminated by t	the organization during the
4 Number of states where property subject to conservation ea	sement is located ►	
5 Does the organization have a written policy regarding the and enforcement of the conservation easements it hold	ne periodic monitoring, inspection, has	andling of violations,
6 Staff and volunteer hours devoted to monitoring, inspecting, ▶	and enforcing conservation easements	during the year
7 Amount of expenses incurred in monitoring, inspecting, and ►\$	enforcing conservation easements during	ng the year
8 Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(II)?	above satisfy the requirements of se	ection 170(h)(4)(B)(i)
9 In Part XIII, describe how the organization reports conserval include, if applicable, the text of the footnote to the org conservation easements	anization's financial statements that o	describes the organization's accounting for
Part III Organizations Maintaining Collections of Complete of the organization answered	of Art, Historical Treasures, or es' to Form 990, Part IV, line	r Other Similar Assets. 8
1 a If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for publin Part XIII, the text of the footnote to its financial state	ic exhibition, education, or research in f	enue statement and balance sheet works of furtherance of public service, provide,
b If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for public effollowing amounts relating to these items	6 (ASC 958), to report in its revenue xhibition, education, or research in furth	e statement and balance sheet works of art, erance of public service, provide the
(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
(II) Assets included in Form 990, Part X		▶ \$
2 If the organization received or held works of art, historical tr amounts required to be reported under SFAS 116 (ASC	easures, or other similar assets for finar 958) relating to these items	ncial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1		▶ \$
b Assets included in Form 990, Part X		▶\$

Part III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, or	Other Similar Ass	ets (con	<u>itinue</u>	<u>ed)</u>		
3 Using the organization's acquisition, accession, a items (check all that apply)	nd other records, check an	ny of the following that ar	re a significant use of its	collection				
a Public exhibition	d Loan o	r exchange programs						
b Scholarly research	e Other			_				
c Preservation for future generations								
4 Provide a description of the organization's collect Part XIII								
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the or	ganization's collection	?	Yes		No		
Part IV Escrow and Custodial Arrangements. reported an amount on Form 990	Complete if the organiza 0, Part X, line 21	ation answered 'Yes' to	Form 990, Part IV, IIr	ie 9, or				
1 a Is the organization an agent, trustee, custodia	an, or other intermediary	for contributions or oth	ner assets not included		_	٦		
on Form 990, Part X?		4 - 4 - 1 -		Yes	L	No		
b If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ig table		Amount				
c Beginning balance			1 c	Amount				
d Additions during the year			1 d					
e Distributions during the year			1 e					
f Ending balance								
2 a Did the organization include an amount on Fo	rm 990, Part X, line 21?		_ · · ·	Yes		No		
b If 'Yes,' explain the arrangement in Part XIII		tion has been provided	I in Part XIII					
	•	·			L	J		
Part V Endowment Funds. Complete if	the organization ans	swered 'Yes' to Fo	rm 990, Part IV, Iir	ne 10				
(a) Currer	nt (b) Prior year	(c) Two years	(d) Three years	(e) Fou	ir years	S		
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships				 				
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the curre		e 1g, column (a)) held	as					
a Board designated or quasi-endowment ►								
b Permanent endowment ► %								
c Temporarily restricted endowment	⁹ 6							
The percentages in lines 2a, 2b, and 2c should	d equal 100%							
3 a Are there endowment funds not in the possession	of the organization that ai	re held and administered	I for the	 -				
organization by				-	'es	No		
(i) unrelated organizations				3a(i)	-			
(ii) related organizations	hatadaa oo la oo l			3a(ii)	 ∤			
b If 'Yes' to 3a(II), are the related organizationsDescribe in Part XIII the intended uses of the				3b				
								
Part VI Land, Buildings, and Equipmen Description of property			(a) A a a uma ula ta al	(d) Do	مادييما			
bescription of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok vai	iue		
1 a Land	·		. , <u>6</u> 1					
b Buildings			* *					
c Leasehold improvements		28,533.	25,590.		2.	943.		
d Equipment		331,063.	164,283.	1		780.		
e Other								
Total. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10(c))	•	1	169,	723.		
BAA			Sched	lule D (Form	1 990)	2012		

Part VI	I Investments – Other Securities. See	Form 990, Part X,	iine i∠ N/A	
,	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or
(1) Finar	cial derivatives		end-of-year marke	et value
	ly-held equity interests			
(3) Other				
(A)		··· **		
(B)				
(C)				
(D)				
(D) (E)				
(F) (G) (H)				
(G)				
<u>(I)</u>				
	umn (b) must equal Form 990, Part X, column (B) line 12)			'
Part VI	II Investments – Program Related. See		1	
	(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	on Cost or et value
(1)			and an year mann	
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, column (B) line 13)			1, j = 1, f = 1, f = 1, y f +
Part IX	Other Assets. See Form 990, Part X, I		1	
<u> </u>	(a) Des	scription		(b) Book value
(1)				
(3)				
(4)	· · ·	-·	***************************************	
(5)				
(6)				
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)	7			 ,
(10)		····		
	Column (b) must equal Form 990, Part X, column (E	3), line 15)		>
Part X	Other Liabilities. See Form 990, Part			
	(a) Description of liability	(b) Book value	1. 1. 1. 1. 1. 1. 1. 1.	
	leral income taxes			
	FERRED RENT	8,45	51.	
_(3)				
_(4)				
(5)				
(6)				
(7)				for any of the state of the
(8)				
(9)				
(10)	,			
(11)				grander the second
Total (Col	umn (b) must equal Form 990, Part X, column (B) line 25)	▶ 8,45	51. 1	And the second second

	I VI	The state of the s	3-4	207
	t XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per I		11 707 070
1		revenue, gains, and other support per audited financial statements	1	11,787,072.
		unts included on line 1 but not on Form 990, Part VIII, line 12	[P (n)	
		nrealized gains on investments 2 a	1	
		ted services and use of facilities 2b 179,709		
		veries of prior year grants 2 c	վ , 1	
		(Describe in Part XIII)		
		ines 2a through 2d	2 e	179,709.
3		act line 2e from line 1	3	11,607,363.
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1	**	
ā	Inves	tment expenses not included on Form 990, Part VIII, line 7b		
ı	o Other	(Describe in Part XIII)	ا مست	
•	: Add I	ines 4a and 4b	4 c	
5	Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,607,363.
Par	t XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Returi	1
1		expenses and losses per audited financial statements	1	10,379,263.
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25	. 40	
	D ona	ted services and use of facilities 2a 179,709).	
1	P rior	year adjustments 2 b	T. ~.	
	: Other	losses 2c	ASSY FOR	
	d Other	(Describe in Part XIII)	-	
		ines 2a through 2d	2 e	179,709.
		act line 2e from line 1	3	10,199,554.
4	Amou	unts included on Form 990, Part IX, line 25, but not on line 1:		10,100,004.
		tment expenses not included on Form 990, Part VIII, line 7b		
		(Describe in Part XIII)	┦. '	
	: Add I	ines 4a and 4b	4 c	
5	Total	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,199,554.
		Supplemental Information		
			1) /	h d Ob - D d \ /
line		his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additio	nal information
	THE	ORGANIZATION'S ACCOUNTING POLICY IS TO RECORD LIABILITIES FOR U	NCERTA	IN TAX
 -		TIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS	NOT A	WARE OF ANY
	VIOI	ATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME T	AXES,	NOR OF ANY
	EXPO	OSURE TO UNRELATED BUSINESS INCOME TAX. THE ORGANIZATION IS NO L	ONGER	SUBJECT TO
	EXAM	MINATION BY FEDERAL TAX AUTHORITIES FOR FISCAL YEARS PRIOR TO 20	09	
BAA			Schedul	e D (Form 990) 2012

Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

No

Department of the Treasury Internal Revenue Service

Employer identification number

20-5050267

AVAAZ FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States PART V

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA & THE				CAMPAIGN &	
(1) PACIFIC		9	PROGRAM SERVICES	CONSULT	545,611.
			GRANTS & PROGRAM	ADVERTISING,	·
(2) EUROPE		35	SERVICES	CONSULT	2,654,208.
(3) SOUTH ASIA		2	PROGRAM SERVICES	CONSULTING	21,176.
SUB-SAHARAN			GRANTS & PROGRAM	ADVERT, CAMP	
(4) AFRICA		2	SERVICES	CONSULT	149,512.
MIDDLE EAST & N.			GRANTS & PROGRAM	CAMPAIGN &	
(5) AFRICA		10	SERVICES	CONSULT	1,301,680.
(6) NORTH AMERICA		2	PROGRAM SERVICES	CONSULTING	354,671.
		_			
(7) SOUTH AMERICA	<u> </u>	4	PROGRAM SERVICES	CONSULTING	184,864.
(O) DECCE -				TRANSLATION,	
(8) RUSSIA	<u> </u>	1	PROGRAM SERVICES	CONSULT	26,552.
(9)					
(10)					
(11)					
(12)					•
(13)					
(14)					
(15)					-
(16)					
(17)					
3 a Sub-total		65		`	5,238,274.
b Total from continuation sheets to Part I				3	
c Totals (add lines 3a and 3b)	0	65			5,238,274.

Schedule F (Form 990) 2012 AVAAZ FOUNDATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ę.	•		EUROPE	HUMAN RIGHTS	15,000.	WIRE TRANSFE			
8	* .	,		PAK FLD REL	4,000.	WIRE TRANSFE			
<u>.</u>		i	Σ	SYRIA AID	166,200.	WIRE TRANSFE		:	
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(45)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule **F** (Form 990) 2012

3 Enter total number of other organizations or entities

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Pagé 3

Schedule F (Form 990) 2012 AVAAZ FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

	-	-					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	:						
						,	
						Schedule F (Schedule F (Form 990) 2012

Schedule	F	(Form	9901	2012	7 7 8 8 T 8	FOUNDATION
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Page 4

Pai	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	XYes	No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

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TEEA3505L 12/17/12

Schedule F (Form 990) 2012

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

2012

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OMB No 1545 0047

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

20-5050267

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XYes

Employer identification number

AVAAZ FOUNDATION

Part | General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE FOR OPEN SOC INT'L	81-0623035 501 (C) (3)	501 (C) (3)	81,000	.0			AFGHAN WOMEN
(3)							
(4)							
(<u>5)</u>							
6							
(8)							
 Enter total number of section 501(c)(3) and government organization Enter total number of other organizations listed in the line 1 table 	3) and government or one listed in the line	□	is listed in the line 1 table				1

Schedule I (Form 990) (2012)

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed AVAAZ FOUNDATION Schedule 1 (Form 990) (2012) Part III

Page 2

20-5050267

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV, appraisal, other) AVAAZ REQUESTS PERIODIC NARRATIVE AND FINANCIAL REPORTING OF GRANT-FUNDED ACTIVITIES GRANTS GIVEN ARE ACCOUNTED FOR UNDER THE ACCRUAL METHOD (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (c) Amount of cash grant (b) Number of recipients additional information (a) Type of grant or assistance FROM GRANTEES. Part IV 7 m 4 S 9

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Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

OMB No. 1545 0047

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

20-5050267 <u>A</u>VAAZ FOUNDATION Part I **Questions Regarding Compensation** Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? **4** a X b Participate in, or receive payment from, a supplemental nongualified retirement plan? 4 b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c X If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 a Х b Any related organization? 5 b Χ If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6 a X b Any related organization? 6 b If 'Yes' to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8 Χ If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section $53\,4958-6(c)^2$

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

Schedule J (Form 990) 2012

Ç. Page 2

20-5050267

AVAAZ FOUNDATION Schedule J (Form 990) 2012

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

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

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

	-	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	<u> </u>	(I) Base compensation	(II) Bonus and incentive compensation	(III) Other reportable compensation	and other deferred compensation	benefits		reported as deferred in prior Form 990
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ВАА			TEEA4102L 12/11/12	2			Schedule J	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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·SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

	Employer identification number
AVAAZ FOUNDATION	20-5050267
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
GLOBAL COMMUNITY	
THE AVAAZ TEAM SUPPORTED ITS WORLDWIDE MEMBERSHIP OF 17.2 MILLI	ON, GENERATING NEARLY
100 MILLION ONLINE AND OFFLINE ACTIONS INCLUDING PETITION SIGNA	TURES, MESSAGES SENT
TO_LEADERS, REPORTS OF PHONE CALLS, DONATIONS, EVENT REGISTRATI	ONS, AND PLEDGES FOR
OTHER ACTIONS. IN ADDITION, THE AVAAZ TEAM SUPPORTED 20,000 MEM	BERS TO START - AND
WIN - THEIR OWN CAMPAIGNS USING OUR NEW COMMUNITY PETITION TOOL	·
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
INTERNET FREEDOM	
AVAAZ RAN MORE THAN 15 CAMPAIGNS TARGETING GLOBAL DECISION MAKE	RS_AT_KEY
OPPORTUNITIES ON ISSUES RELATING TO INTERNET FREEDOM AROUND THE	WORLD, INCLUDING THE
PREVENTION OF CORPORATE CENSORSHIP AND PROTECTION OF PRIVACY.	
MEDIA FREEDOM, MIDDLE EAST, AND HUMAN RIGHTS AND DEMOCRACY	
AVAAZ RAN ALMOST 80 CAMPAIGNS TARGETING GLOBAL DECISION MAKERS	AT KEY OPPORTUNITIES
ON ISSUES RELATING TO MEDIA FREEDOM AND HUMAN RIGHTS AND DEMOCR	ACY, INCLUDING A FOCUS
ON THE 'ARAB SPRING' IN THE MIDDLE EAST & NORTH AFRICA.	
CONSERVATION AND NATURAL WORLD	
AVAAZ RAN MORE THAN 30 CAMPAIGNS TARGETING GLOBAL DECISION MAKE	RS_AT_KEY
OPPORTUNITIES ON ISSUES RELATING TO ENVIRONMENTAL CONSERVATION,	BIODIVERSITY, NUCLEAR
POWER, AND CLIMATE CHANGE. AVAAZ MEMBERS ADVOCATED FOR THE PRO	TECTION OF BEES AND
LIONS, CONSERVING CORAL REEFS, AND SAVING THE AMAZON. AVAAZ ALS	O CAMPAIGNED AT THE
RIO CLIMATE TALKS IN JUNE OF 2012, PUSHING FOR A GLOBAL DEAL TO	HELP PROTECT THE
WORLD'S CLIMATE AND END FOSSIL FUEL SUBSIDIES.	

Name of the organization	Employer identification number
AVAAZ FOUNDATION	20-5050267
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAP	REHOLDER
THE ORGANIZATION HAS TWO MEMBERS.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	RNING BODY
AVAAZ FOUNDATION IS COMPRISED OF TWO MEMBERS: RES PUBLICA (US)	INC. AND MOVEON.ORG
CIVIC ACTION. EACH MEMBER APPOINTS AN EQUAL NUMBER OF MEMBERS 1	O THE BOARD OF
DIRECTORS OF AVAAZ FOUNDATION.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE OPER	RATIONS DIRECTOR.
AVAAZ E-MAILS A COPY OF THE 990 TO ALL BOARD MEMBERS FOR THEIR	REVIEW & APPROVAL
PRIOR TO MAILING FORM 990 TO IRS.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	- CEO, TOP MANAGEMENT
COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE	NDEPENDENT VOTING
MEMBERS OF THE BOARD BASED ON A STUDY CARRIED OUT FOR A COMPARA	ABLE ORGANIZATION.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON RE	EQUEST.
FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.ORG AND ON THE ORGANIZA	ATION'S WEBSITE
AVAAZ.ORG.	
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# · Form **8868**

(Rev January 2013)

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

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

• If you a	re filing for an Automatic 3-Month Extension,	complete only	Part I and check this box		<u>► X</u>
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-M	onth Extensio	n, complete only Part II (on page 2 of the	s form)	
Do not con	nplete Part II unless you have already been gra	anted an autom	natic 3-month extention on a previously fi	led Form 8868	
request an e Associated	filing (e-file). You can electronically file Form 8 required to file Form 990-T), or an additional extension of time to file any of the forms listed in F With Certain Personal Benefit Contracts, which liling of this form, visit www.irs.gov/efile and cli	(not automatic) Part I or Part II v h must be sent	) 3-month extension of time You can ele vith the exception of Form 8870, Information to the IRS in paper format (see instructi	ctronically file Forn Return for Transfers	n 8868 to
Part I	Automatic 3-Month Extension of Til	<b>ne.</b> Only sul	omit original (no copies needed).		
ļ	on required to file Form 990-T and requesting			complete Part Lonb	
	orporations (including 1120-C filers), partnershi				
	Nome of customer and the file		Enter filer's identif	fying number, see i	
Type or	Name of exempt organization or other filer, see instruction	S		Employer identification	number (EIN) or
Type or print					
	AVAAZ FOUNDATION  Number, street, and room or suite number if a PO box s	on instructions		20-5050267 Social security nur	mhar (CON)
File by the due date for		ee instructions		Social security nur	ilber (33iv)
filing your return See	857 BROADWAY, 3RD FLOOR City, town or post office, state, and ZIP code. For a foreign	address see instri	ictions		
instructions	NEW YORK, NY 10003	. address, see mear			
	INEW TORK, NI 10003				
Enter the F	Return code for the return that this application i	s for (file a sep	parate application for each return)		01
Application Is For	1	Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)	<del>-</del>	07
Form 990-E	BL	02	Form 1041-A		08
Form 4720 (	(individual)	03	Form 4720		09
Form 990-F	PF	04	Form 5227		10
Form 990-7	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	Form 8870		12
Telepho  If the o  If this is check the extended the exte	ne No  917-388-3988  rganization does not have an office or place of sofor a Group Return, enter the organization's finis box  If it is for part of the group ension is for est an automatic 3-month (6 months for a corporary 8/15, 20 13, to file the exemptoxitension is for the organization's return for tax year beginning, 20  tax year entered in line 1 is for less than 12 minange in accounting period	FAX Not business in the four digit Group p, check this business too required to organization re	e United States, check this box Exemption Number (GEN)  ox I and attach a list with the nai file Form 990-T) extension of time turn for the organization named above	this is for the whole mes and EINs of al al return	3 - 1 1 7
nonre	application is for Form 990-BL, 990-PF, 990-T fundable credits. See instructions			3 a \$	0.
paym	application is for Form 990-PF, 990-T, 4720, one of the contraction of the angle of the contraction and applications are applications.	t allowed as a	credit	3 b \$	0.
EFIP	ce due. Subtract line 3b from line 3a Include S (Electronic Federal Tax Payment System) S	see instructions		3 c \$	0.
Caution. If y payment in	ou are going to make an electronic fund withdrawa structions	al with this Form	n 8868, see Form 8453-EO and Form 8879-E	EO for	