qqn

CHANGE OF ACCOUNTING PERIOD

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)

2008

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For tr	ne 2008 calendar year, or tax year beginning JUN 1, 2008 and ending	DEC 31, 2008		
В	Check i applica	f Please use IRS	D Employer identific	ation number	
	Addi char				
F	Nam char	e type	20-50	50267	
	Initia			30201	
	Term	in- Specific 857 BROADWAY, 3RD FLOOR		388-3988	
2	Ame	nded tions.	Gross receipts \$	1,275,758.	
	Appl tion	INEW TOKK, NI LUUUS	H(a) Is this a group re		
	pend	F Name and address of principal officer:RICKEN PATEL	for affiliates?	Yes X No	
		SAME AS C ABOVE	H(b) Are all affiliates incl		
1	Tax-ex	xempt status: X 501(c) (4	. 1	ist. (see instructions)	
J	Webs	ite: ▶ WWW.AVAAZ.ORG	H(c) Group exemption		
	Type o art I		ear of formation: 2006 M	State of legal domicile: NY	
	1		DITT II O		
Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEI	DOTTE O		
rnai	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its assets		
ove	3	Number of voting members of the governing body (Part VI, line 1a)	1 1	4	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	
SS	5	Total number of employees (Part V, line 2a)		6	
Žį.	6	Total number of volunteers (estimate if necessary)		20	
Activities &	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34		0.	
	1		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,398,307.	1,275,362.	
	9	Program service revenue (Part VIII, line 2g)			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,031.	396.	
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,266.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,406,604.	1,275,758.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,652,000.	390,958.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	357,664.	186,688.	
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)			
ă.	b	Total fundraising expenses (Part IX, column (D), line 25) 72,254.			
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,151,028.	<u>1,469,114.</u>	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25) Revenue less expenses. Subtract line 18 from line 12	3,160,692.	<u>2,046,760.</u>	
<u> 0.</u>	19	Revenue less expenses. Subtract line 18 from line 12	1,245,912.	<u>-771,002.</u>	
Net Assets or Fund Balances			Beginning of Year	End of Year	
SSE	20	Total assets (Part X, line 16)	1,318,324.	550,123.	
let A	21	Total liabilities (Part X, line 26)	100,312.	<u>171,429.</u>	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1,218,012.	378,694.	
	3111	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	s and to the best of my knowledge	and helief it is true persent	
		and complete. Declaration of properer other than officer) is based on all information of which preparer has any knowled	ge.	I content, it is inde, content,	
Sig	n		1 7/15/	in	
Her		Signature of officer	Date	10	
1161	-	RICKEN PATEL, EXECUTIVE DIRECTOR			
		Type or print name and title			
n :				s identifying number	
Paid		signature	self- employed > (see instru	retions)	
	arer's	Firm's name (or LUTZ AND CARR, CPAS LLP	EIN ▶		
use	Only	self-employed). \$300 EAST 42ND STREET			
		address, and ZIP + 4 NEW YORK, NY 10017	Phone no. ▶ 21	2-697-2299	
May	the il	RS discuss this return with the preparer shown above? (see instructions)		X Yes No	

Form 990 (2008) AVAAZ FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	l i		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	
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, Part II	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, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			_
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			_
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		-	
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>

Form **990** (2008)

Form 990 (2008) AVAAZ FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
þ	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Form **990** (2008)

12a

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?

Form 990 (2008) AVAAZ FOUNDATION 20-5050267 Pa

[Part VI] Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management				
			Yes	No	
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,				
	processes, or changes in Schedule O. See instructions.				
1a	January Commission of the Comm	4	ĺ		
b	Enter the number of voting members that are independent	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х	
6	Does the organization have members or stockholders?	6		Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	7a		Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:			i	
a	The governing body?	8a	x		
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must				
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	İ	Х	
11	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 O	11		X	
Sec	tion B. Policies		***************************************		
			Yes	No	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	12b			
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this is done	12c			
13	Does the organization have a written whistleblower policy?	13		X	
14	Does the organization have a written document retention and destruction policy?	14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:				
а	The organization's CEO, Executive Director, or top management official?	15a	x		
b	Other officers or key employees of the organization?	15b		X	
	Describe the process in Schedule O. (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NY , DE				
18	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				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	ıd finai	ncial		
	statements available to the public.	IIIIQI	.0.01		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: ►			
	AVAAZ - 917-388-3988	.v			
	857 BROADWAY, 3RD FLOOR, NEW YORK, NY 10003				
32000		Form !	990 /2	0001	

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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.

hours (check all that apply) compensation compensation from related organizations organization (W-2/1099-MISC)	(F) Estimated amount of	(E) Reportable	(D) Reportable	(C) Position					(B) Average	(A) Name and Title	
RICKEN PATEL PRESIDENT/EXECUTIVE DIR. 40.00 X X 126,000. TOM PERRIELLO SECRETARY 1.00 X X 0.00. ELI PARISER CHAIRMAN OF THE BOARD 1.00 X X 0.00. BEN BRANDZEL		compensation	compensation from the	ly)				-	hours	Name and Title	
PRESIDENT/EXECUTIVE DIR. 40.00 X X 126,000. 0. TOM PERRIELLO SECRETARY 1.00 X X 0. 0. ELI PARISER CHAIRMAN OF THE BOARD 1.00 X X 0. 0. BEN BRANDZEL	other compensation from the organization and related organizations	organizations		Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	4	
TOM PERRIELLO SECRETARY 1.00 X X 0. 0. ELI PARISER CHAIRMAN OF THE BOARD 1.00 X X 0. 0. BEN BRANDZEL			106 000				77		7.5	40.00	
SECRETARY 1.00 X X 0. 0. ELI PARISER CHAIRMAN OF THE BOARD 1.00 X X 0. 0. BEN BRANDZEL	(0.	126,000.		 	ļ	X	-	X	40.00	
ELI PARISER CHAIRMAN OF THE BOARD 1.00 X X 0. 0. BEN BRANDZEL	(0.	о.				X		X	1.00	
BEN BRANDZEL								Τ			
	(0.	0.		ļ		X		X	1.00	
		0	۸ ا				v		v	1 00	
	(0.	U •				^		<u> </u>	1.00	TALAUCEK
								ļ	├-		
		1		ļ							
	······································										
								-	-		
									<u> </u>		
									\vdash		
									_		
				-						and the state of t	
									-		
				į							

832007 12-18-08

Form **990** (2008)

(A) Name and title	(B) Average hours	(ci		(C) Position neck all that apply)				(D) Reportable compensation	(E) Reportable compensation		(F) Estima amour	ated
	per week	director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	d ns	othe compen- from t organiza and rela organiza	er sation the ation ated
											· · · · · · · · · · · · · · · · · · ·	
											<u></u>	
Total Total number of individuals (including those						▶	00.00	126,000.		0.		0.
compensation from the organization							-			▶	Yes	1 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st	uch individual										3	х
For any individual listed on line 1a, is the su and related organizations greater than \$150. Fig. 200 any access listed on line 1a resolve are also and the second listed on line 1a resolve are also and the second listed on line 1a resolve are also and the second listed on line 1a resolve are also and the second listed on line 1a.	0,000? If "Yes,"	con	nple	te S	che	dule	J fo	r such individual			4	X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Schede Section B. Independent Contractors											5	x
 Complete this table for your five highest con the organization. 	mpensated ind	eper	nder	nt co	ontra	acto	rs th:	at received more than (\$100,000 of com	pensat	ion from	
Name and business	address							(B) Description of se	ervices	Cor	(C) npensatio	on
PAUL BERRY 41 RIVER TERRACE, #3704,	NEW YOR	ιK,	N	Y	10	28	21	T CONSULTING	3		129,0	00.
		····										
						_= w						
Total number of independent contractors (in	ncluding those	in 1)	wh	o red	ceive	ed m	nore	than \$100,000 in comp	ensation			
from the organization	<u> </u>									Fo	orm 990 (2008)

832009

11 a

396.

0.

,275,758.

0.

Business Code

Miscellaneous Revenue

d All other revenue

e Total. Add lines 11a-11d

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to governments and				
0	rganizations in the U.S. See Part IV, line 21	33,200.	33,200.		
2 0	Grants and other assistance to individuals in				
tl	ne U.S. See Part IV, line 22				
3 G	Grants and other assistance to governments,				
0	rganizations, and individuals outside the U.S.				
S	See Part IV, lines 15 and 16	357,758.	357,758.		
4 B	Benefits paid to or for members				
	Compensation of current officers, directors,	-			
tı	rustees, and key employees	70,000.	56,000.	7,000.	7,000
6 C	ompensation not included above, to disqualified				
p	ersons (as defined under section 4958(f)(1)) and	İ			
	ersons described in section 4958(c)(3)(B)				
7 C	Other salaries and wages	85,547.	67,160.	9,832.	8,555
8 P	ension plan contributions (include section 401(k)				
a	nd section 403(b) employer contributions)				
	other employee benefits	21,216.	16,071.	3,074.	2,071
0 P	ayroli taxes	9,925.	7,695.	1,238.	992
	ees for services (non-employees):				
a M	fanagement				
	egal	20,132.		20,132.	
	ccounting	40,791.		40,791.	
	obbying	44,358.	44,358.		
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other	140,135.	118,752.	21,383.	
	dvertising and promotion	568,748.	568,748.		
	Office expenses	57,952.	20,006.	37,946.	
	nformation technology	179,689.	125,102.	19,449.	35,138
	loyalties				00,200
	Occupancy	93,614.	57,398.	27,916.	8,300
	ravel	68,924.	32,751.	36,173.	<u> </u>
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials	·			
	conferences, conventions, and meetings				
	nterest				
	ayments to affiliates				
	epreciation, depletion, and amortization	6,323.		6,323.	
	nsurance	360.		360.	
4 0 al	ther expenses. Itemize expenses not covered bove. (Expenses grouped together and labeled iscellaneous may not exceed 5% of total xpenses shown on line 25 below.)				
	CAMPAIGNER FEES	170,682.	170,682.		
_	BANK CHARGES	49,584.	36,993.	2,393.	10,198.
*****	POLLING	13,349.	13,349.		
***	RANSLATION	12,329.	12,329.		
_	PROGRAM MATERIALS	2,126.	2,109.	17.	
	Il other expenses	18.	18.	11.	
	otal functional expenses. Add lines 1 through 24f	2,046,760.	1,740,479.	234,027.	72,254
	pint Costs. Check here if following	# 10 # O 1 1 0 O 4	<u> </u>	434,041.	14,434
	OP 98-2. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
60	ducational campaign and fundraising solicitation				Form 990 (2008)

			(A) Beginning of year		(B) End of) year	
	1	Cash - non-interest-bearing	1,254,429.	1	45	4,4	15.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part if of Schedule L.		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		}			
		Part II of Schedule L		6			
ស៊	7	Notes and loans receivable, net		7			
SSe	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges	5,157.	9		2,1	97.
	10a	Land, buildings, and equipment: cost basis 10a 45,931	•				
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D 9,513		10c	3	6,4	<u>18.</u>
	11	Investments - publicly traded securities		11			
2a b c	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments · program related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			415. 486. 717. 197. 418. 890. 123. 559. 870. 694. 123. s No
	16	Total assets. Add lines 1 through 15 (must equal line 34)	400 040				
	17	Accounts payable and accrued expenses		17	13	8,5	<u>59.</u>
	18	Grants payable		18			
S C B Net Assets or Fund Balances Liabilities	19	Deferred revenue		19	3.	2,8	70.
	20	Tax-exempt bond liabilities		20			
	21	Escrow account liability. Complete Part IV of Schedule D		21			
	22	Payables to current and former officers, directors, trustees, key employees,					
		highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
S C B Net Assets or Fund Balances Liabilities	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26	17:	1,4	29.
		Organizations that follow SFAS 117, check here X and complete					
S		lines 27 through 29, and lines 33 and 34.					
ĕ	27	Unrestricted net assets	1,218,012.	27	371	8,6	94.
Fund Balances	28	Temporarily restricted net assets		28			
Ā	29	Permanently restricted net assets	i .	29			
Ţ		Organizations that do not follow SFAS 117, check here and					
Fund Balanc		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
555	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
et	32	Retained earnings, endowment, accumulated income, or other funds		32			
Z	33	Total net assets or fund balances		33			
	34	Total liabilities and net assets/fund balances	1,318,324.	34	<u>55</u> (0,1	<u>23.</u>
Par	rt XI	Financial Statements and Reporting	· · · · · · · · · · · · · · · · · · ·				
		. h				Yes	No
1		unting method used to prepare the Form 990: Lash X Accrual	Other			-	
2a		the organization's financial statements compiled or reviewed by an independent				X	
b		the organization's financial statements audited by an independent accountant?			2b	X	
С		es" to lines 2a or 2b, does the organization have a committee that assumes response	_			İ	
		w, or compilation of its financial statements and selection of an independent acc					<u>X</u>
Sodes 1 a Net Assets or Fund Balances		result of a federal award, was the organization required to undergo an audit or at	-				
		nd OMB Circular A-133?					<u>X</u>
<u>b</u>	If "Ye	s," did the organization undergo the required audit or audits?			3b		

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization		Employer identification number
	VAAZ FOUNDATION	20-5050267
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (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	
	is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or nd a Special Rule. See instructions.)	(10) organization can check boxes
General Rule		
For organizations contributor. Comp	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mor olete Parts I and II.	ney or property) from any one
Special Rules		
509(a)(1)/170(b)(1)	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of I(A)(vi), and received from any one contributor, during the year, a contribution of the grea 190, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and I	ter of (1) \$5,000 or (2) 2% of the
aggregate contrib	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one utions or bequests of more than \$1,000 for use exclusively for religious, charitable, scier prevention of cruelty to children or animals. Complete Parts I, II, and III.	
some contribution \$1,000. (If this box etc., purpose. Do	c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one is for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did a six checked, enter here the total contributions that were received during the year for an anot complete any of the parts unless the General Rule applies to this organization because, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, charitable, use it received nonexclusively
they must answer "No" on	at are not covered by the General Rule and/or the Special Rules do not file Schedule B (F Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
•	Paperwork Reduction Act Notice, see the Instructions Schedule B instructions will be issued separately.	(Form 990, 990-EZ, or 990-PF) (2008)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		OUNDATION			20-5050267
Pa		y all organizations exen	npt under sectior	1 501(c) and section 5	27 organizations.
	See the instructions for S	Schedule C for details.			
1	Provide a description of the organization	zation's direct and indirect politi	ical campaign activities	s in Part IV.	
2	Political expenditures			▶ \$	137,724.
3	Volunteer hours			**!************	
Pε	art I-B To be completed b	y all organizations exen	npt under section	1 501(c)(3).	
	See the instructions for S				
1	Enter the amount of any excise tax	incurred by the organization un	ider section 4955	> \$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	55 <u></u> ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	ofor this year?		Yes No
4a	Was a correction made?			***************************************	Yes No
	off "Yes," describe in Part IV.				
Pa	art I-C To be completed b	y all organizations exen	npt under section	1501(c), except sectio	n 501(c)(3).
	See the instructions for S	Schedule C for details.			
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fun	ction activities > \$	0.
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for	section 527	
	exempt function activities		********************************	> \$	0.
3	Total of direct and indirect exempt				
	Form 1120-POL, line 17b			 ▶\$	0.
4	Did the filing organization file Form	1120-POL for this year?	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********	Yes X No
5	State the names, addresses and er	nployer identification number (E	EIN) of all section 527 p	political organizations to whic	h payments were made.
	Enter the amount paid and indicate	if the amount was paid from th	e filing organization's f	unds or were political contrib	outions received and
	promptly and directly delivered to a	-	, such as a separate se	egregated fund or a political a	action committee (PAC).
	If additional space is needed, provi	de information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
_					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008 Part II-A To be completed b				ection 501(c)(3) tha	20-	5050267 Page 2
(election under sec					t illeu Form 5/6	00
A Check ▶ ☐ if the filing organiza				riedule o foi details.		
			and "limited control" p	rovisions annly		
Limi	ts on Lobi	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	lic opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure	s (add line	s 1c and 1	d)			
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) o	r (b) is:	The lol	bying nontaxable an	nount is:		
Not over \$500,000		20% of	f the amount on line 1	ə		
Over \$500,000 but not over \$1,000	0,000	\$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000	,000.			
	-0- if line f i ro on eithe year? ations tha	s more that r line 1h or	in line c line 1i, did the organizers eraging Period Under section 501(h) election	zation file Form 4720	ete all of the five	Yes No
Colum			nditures During 4-Ye		uctions.)	
		,,				
Calendar year (or fiscal year beginning in)	(a) 2	005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Crassroots por tayable areasyst						
d Grassroots non-taxable amount e Grassroots ceiling amount						
(150% of line 2d, column (e))						
(10070 of this Ed, ocidini (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990 EZ) 2008 AVAAZ FOUNDATION 20-5050267 Page 3
Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(8	a)	(k))
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:	-			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5)	, or sect	ion
	501(c)(6). See the instructions for Schedule C for details.				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		з		X
Par	t III-B To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5)	, or sect	ion
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part III	l-A, ques	tion 3 is	
	answered "Yes." See Schedule C instructions for details.				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	,,	5		
Par	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	d Part II⋅B,	line 1i. Also	, complete	this part
	ny additional information.			,	•
PAI	RT I-A, LINE 1:				
<u>AL</u>	DOLITICAL EXPENDITURES WERE RELATED TO CANADIAN E	LECTIO	<u>ONS IN</u>		
SU	PPORT OF A SLATE OF CANDIDATES, BASED ON THEIR POSI	TION C	N CLI	MATE	
CH	ANGE, FROM THE FOUR PRINCIPAL OPPOSITION PARTIES. A	VAAZ ' S	POLT	TICAL	
EX	PENDITURES DID NOT RELATE TO ANY POLITICAL ACTIVITY	IN TH	IE UNI	TED	
ST	ATES.	<u></u> .			
		Schedul	le C (Form	990 or 990	-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 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 advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		·
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certif	
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a con	servation easement on the last day
	of the tax year.		container austrian on the last day
	,		Held at the End of the Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rele		
•	year	sadda, oxtiligalarica, or terminated by the	c organization during the taxable
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		nd
3	enforcement of the conservation easements it holds?	- · · · · · · · · · · · · · · · · · · ·	
6	Staff or volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organizati	·	
	conservation easements.	on a manolal statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes" to Form 9	•	mor ommar Abboto.
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and h	alance sheet works of ort. historical
IG	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these it	• ·	blic service, provide, in Part XIV, the text of
L.	If the organization elected, as permitted under SFAS 116, to r		and administration of the Edward Co.
b			
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
_			> \$
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.	Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

	dule D (Form 990) 2008 AVAAZ FOUNDATION	-		<u> 20 -</u>	<u>5050267</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to				1 000	6 50
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		<u>1,275</u> ,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		1		2,046,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				-771,	002.
4	Net unrealized gains (losses) on investments	*	1 1			
5	Donated services and use of facilities	•	5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			316.
9	Total adjustments (net). Add lines 4-8					316.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		-839,	318.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With	n Hevenue per H	keturi		
1	Total revenue, gains, and other support per audited financial statements			1	1,207,	442.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i 1				
а	Net unrealized gains on investments	1 1		-		
þ	Donated services and use of facilities	1 1		4		
С	Recoveries of prior year grants	1 1		4		
đ	Other (Describe in Part XIV)		-68,316,	<u>.</u>		
е	Add lines 2a through 2d			2e		316.
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	1,275,	758.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			4		
b	Other (Describe in Part XIV)	4b		4		_
C	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	1,275,	758.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem			1		— — —
1	Total expenses and losses per audited financial statements			1	2,046,	760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 [
а	Donated services and use of facilities	1 1		-		
b	Prior year adjustments			-	. •	
C	Losses reported on Form 990, Part IX, line 25	1 1		-		
d	Other (Describe in Part XIV)	2d		-		_
ę	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •		2e		0.
3	Subtract line 2e from line 1			3	2,046,	760.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1		_		
b	Other (Describe in Part XIV)	4b				_
C	Add lines 4a and 4b			4c	2 215	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		***************************************	5	2,046,	760.
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	III, lines 1a	and 4; Part IV, lines 1	b and	2b; Part V, line	4; Part
PA.	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
LO	SS ON FOREIGN EXCHANGE: -68316.	<u>-</u>				
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
LO	SS ON FOREIGN EXCHANGE: -68316.					***************************************

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization				**	Employer identif	ication number
AVAAZ FOUNDATIO)NI				20-505026	. 7
		Activities Ou	tside the United States. Comp	lete if the organ	ization answered "	Yes"
to Form 990, Pa						
1 For grantmakers. Doe	s the organization	n maintain recor	ds to substantiate the amount of the g	rants or assista	ance, the	
grantees' eligibility for t	he grants or assi	stance, and the	selection criteria used to award the gr	ants or assistar	nce? X	Yes No
2 For grantmakers. Des	cribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds out	side the United Sta	ites.
3 Activities per Region. (l	Jse Schedule F-1	(Form 990) if ac	lditional space is needed.)			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures in region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES AND GRANTS	CAMPAIGN AD	VERTISEMENTS	134,760,
EAST ASIA & THE						
PACIFIC	0	0	PROGRAM SERVICES AND GRANTS	CAMPAIGN AD	VERTISEMENTS	388,978,
			·			
	1			CAMPATON AD	VERTISEMENTS	
EUROPE	0	4	PROGRAM SERVICES	AND EXPENSE		355,523,
				:		
MIDDLE EAST AND						
NORTH AFRICA	0	0	PROGRAM SERVICES	CAMPAIGN AD	VERTISEMENTS	55,095,
•						
NORTH AMERICA	0	0	PROGRAM SERVICES	AND EXPENSE	VERTISEMENTS S	105 363
					×	103,303,
SOUTH AMERICA	n	,	PROGRAM SERVICES	CAMPAIGN FE	De	28,129,
DOUTH AMBRICA		4	A NOOTHIN DERVICED	CHAIRAIGH FE	EO	28,129.
•						
Totals		6			_	1,067,848,
I HA For Privacy Act and Pa	aperwork Reduc	tion Act Notice	see the Instructions for Form 990.		Schedule F (I	Form 990) 2008

(i) Method of valuation (book, FMV, appraisal, other) Page 2 PM 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 (h) Description of non-cash assistance (g) Amount of non-cash assistance 0 0 0 20-5050267 cash disbursement 300,000, WIRE TRANSFER 25,000 MIRE TRANSFER WIRE TRANSFER 25,000, WIRE TRANSFER (f) Manner of of cash grant 7,758. (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 TO SUPPORT A MARCH (d) Purpose of CYCLONE RELIEF CYCLONE RELIEF grant CYCLONE RELIEF FOR DEMOCRACY AVAAZ FOUNDATION Use Schedule F-1 (Form 990) if additional space is needed. EAST ASIA & THE EAST ASIA & THE EAST ASIA & THE (c) Region SUB-SAHARAN PACIFIC PACIFIC PACIFIC AFRICA (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2008 (a) Name of organization Part II

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a

Schedule F (Form 990) 2008

Enter total number of other organizations or entities

က

section 501(c)(3) equivalency letter

N

20-5050267

Page 3

AVAAZ FOUNDATION

Schedule F (Form 990) 2008 AVA

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Schedule F (Form 990) 2008 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

Part IV Supplemental Information	20-5050267 Page
Complete this part to provide the information required by Part I, line 2, and any other additional info	ormation.
SCHEDULE F, PART I, LINE 2: WE REQUEST PERIODIC REPORTS	
WORK WITH EXTERNAL ORGANIZATIONS LIKE THE OPEN SOCIETY I	NSTITUTE TO
MONITOR THE USE OF GRANT FUNDS.	

SCHEDULE					;			OMB No. 1545-0047	47
(Form 990)			Grants and Governm	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.			2008	
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.	n answered "Yes," on F ➤ Attach to Form 990.	" on Form 990, Pa n 990.	rt IV, lines 21 or 22.		Open to Public Inspection	္ည
Name of the organization	AVAAZ FOUNDATION	ATION					_	Employer identification number $20-5050267$	nber 67
Part I General Inform	General Information on Grants and Assistance	Assistance							
1 Does the organization	Does the organization maintain records to substantiate the amount of th	ubstantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to awar	criteria used to award the grants or assistance?	ice?						X yes	Š
2 Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monito	oring the use of grant	funds in the United	i States.				
Part II Grants and Ot	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	vernments and	Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that r	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	300. Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	Part IV and Schedule I-1 (Form 990) if additional space is needed	al space is needed	
1 (a) Name and address of organization or government	ss of organization ment	(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	
RES PUBLICA 857 BROADWAY, 3RD FLOOR	,oor							24 HOURS FOR DARFUR	
NEW YORK NY 10003		13-4286728	501(C)(3)	33,200.	0	FMV		PROJECT	
2 Enter total number of	Enter total number of section 501(c)(3) and government organizations	government org	ganizations						
٦,	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instructions 1	for Form 990.				Schedule I (Form 990) 2008	2008

Page 2 (f) Description of non-cash assistance 20-5050267 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 2: REGULAR REVIEW OF GRANTEE EXPENDITURES. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients AVAAZ FOUNDATION (a) Type of grant or assistance LINE PART I, Schedule I (Form 990) 2008 SCHEDULE I, Part III

Schedule I (Form 990) 2008

26

832102 12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

AVAAZ FOUNDATION

Employer identification number 20-5050267

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AVAAZ HAS A SIMPLE DEMOCRATIC MISSION: TO CLOSE THE GAP BETWEEN THE

WORLD WE HAVE, AND THE WORLD MOST PEOPLE EVERYWHERE WANT. OUR DIVERSE

COMMUNITY IS BROUGHT TOGETHER BY OUR CARE FOR THE WORLD, AND A DESIRE

TO DO WHAT WE CAN TO MAKE IT A BETTER PLACE. THE CORE OF OUR MODEL OF

ORGANIZING IS OUR EMAIL LIST, OPERATED IN 13 LANGUAGES. BY SIGNING UP

TO RECEIVE OUR ALERTS, MEMBERS ARE RAPIDLY ALERTED TO URGENT GLOBAL

ISSUES AND OPPORTUNITIES TO ACHIEVE CHANGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AVAAZ HAS A SIMPLE DEMOCRATIC MISSION: TO CLOSE THE GAP BETWEEN THE

WORLD WE HAVE, AND THE WORLD MOST PEOPLE EVERYWHERE WANT. OUR DIVERSE

COMMUNITY IS BROUGHT TOGETHER BY OUR CARE FOR THE WORLD, AND A DESIRE

TO DO WHAT WE CAN TO MAKE IT A BETTER PLACE. THE CORE OF OUR MODEL OF

ORGANIZING IS OUR EMAIL LIST, OPERATED IN 13 LANGUAGES. BY SIGNING UP

TO RECEIVE OUR ALERTS, MEMBERS ARE RAPIDLY ALERTED TO URGENT GLOBAL

ISSUES AND OPPORTUNITIES TO ACHIEVE CHANGE.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO FORMED COMMITTEES
OUTSIDE THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 10: THE PREPARED FORM 990 IS REVIEWED

BY THE EXECUTIVE DIRECTOR AND THE OPERATIONS DIRECTOR. AVAAZ WILL CREATE A

POLICY ON DISTRIBUTING THE 990 TO THE GOVERNING BODY IN 2009 SO THAT THE

ORGANIZATION IS IN COMPLIANCE FOR THE 2009 990.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

AVAAZ FOUNDATION	20-5050267
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR T	HE EXECUTIVE
DIRECTOR WAS DETERMINED BY BOARD BASED ON A STUDY CARRIED	OUT FOR A
COMPARABLE ORGANIZATION. COMPENSATION WAS DETERMINED IN 2	006 AND HAS NOT
CHANGED.	
FORM 990, PART VI, SECTION C, LINE 18: UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.	
FORM 990, PART XI, LINE 2C	
FINANCIAL STATEMENTS AND REPORTING	
THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL ST	TATEMENTS AND
SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FI	ROM THE PRIOR
YEAR.	
· · · · · · · · · · · · · · · · · · ·	

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Compourers Distriction D					
COMPUTERS	Current Year Deduction	456	,057	,513	duction. GO Zone
COMPUTERS	Current Sec 179			0	talization De
COMPUTERS	Accumulated Depreciation			0	Commercial Revi
COMPUTERS	Basis For Depreciation	,398	8,533	,931	, Salvade, Bonus.
COMPUTERS	Reduction in Basis			Ö	TC, Section 179
COMPUTERS	Bus % Excl				*
COMPUTERS COMPUTERS CAPITAL IMPROVEMENTS * TOTAL 990 PAGE 10 Date Method 13.0 SCAPITAL SCA	Unadjusted Cost Or Basis	7,398	8,533	931	disposed
COMPUTERS COMPUTERS CAPITAL IMPROVEMENTS * TOTAL 990 PAGE 10 Date Method 13.0 SCAPITAL SCAPITAL SCAPITAL SCAPITAL SCAPE SCA	Line No.	16	16		Asset (
1COMPUTERS 2CAPITAL IMPROVEMENTS * TOTAL 990 PAGE 10 DEPR	Life		5.00		ê
1COMPUTERS 2CAPITAL IMPROVEMENTS * TOTAL 990 PAGE 10 DEPR	Method	ТS	SL		
1COMPUTER 2CAPITAL * TOTAL DEPR	Date Acquired	VARIES			
	Description	COMPUTERS			
	Asset No.	₹"1	. 4		828102 04-25-08

(D) · Asset disposed

28.1

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) See separate instructions.

Attach to your tax return.

990

OMB No. 1545-0172

Sequence No. 67

Business or activity to which this form relates Name(s) shown on return Identifying number AVAAZ FOUNDATION FORM 990 PAGE 10 20-5050267 Part | Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 800,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 9,513 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (a) Depreciation deduction year placed in service 3-year property 19a 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 27.5 yrs. S/L MM Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property i MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L C Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 9,513. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

AVAAZ FOUNDATION Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes No (c) (b) (e) (i) (h) (a) Business/ Elected Date Basis for depreciation Recovery Depreciation Method/ Type of property Cost or placed in (business/investment investment section 179 (list vehicles first) period Convention deduction other basis use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L -S/L -S/L -% 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes Νo Yes Nο Yes Nο Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (d)(f) (c) Description of costs Amortizable amount Amortization for this year begins period or percentage

42 Amortization of costs that begins during your 2008 tax year:

43 Amortization of costs that began before your 2008 tax year 44 Total, Add amounts in column (f). See the instructions for where to report

Form **4562** (2008)

43

44