# Form **990**

Department of the Treasury

Internal Revenue Service

**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)

2006

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

Open to Public Inspection

A	For the 2	006 calendar year, or tax year beginning	JUN 1.	2006	and endir	ng ]	MAY 3	<u>1,2</u>	007	
В	Check if	Please C Name of organization						D Em	ployeri	identification number
	applicable:	use IRS								
2	Address change							2	0-5	050267
	Name change	type. Number and street (or P.O. box if mail i		to street address)	1		Room/suite			
	Initial return	Specific 857 BROADWAY - 3RD	FLOOR							<u> 388-3988</u>
	Final	linstruc- tions. City or town, state or country, and ZIP								thod: Cash X Accrual
2	Amende return	MEM TORY, MY TOOP	3-1225	, ion		Chespage September 19	11/1/		Other (specify)	<u> </u>
	Applicat pending	• Section 501(c)(3) organizations and 4947	(a)(1) nonexem	ipt charitable tru:	M Jh	Pher !	re no ap	plicable	to sec	ction 527 organizations.
		must attach a completed Schedule A (Forn	U 990 OF 990-E	د). (ل		l <b>(a</b> lst	his a gloup	return f	or affilia	ates? Yes X No
		►WWW.AVAAZ.ORG				l( <b>b</b> ) if "	Yes," enter I	number	of affilia	ates▶ <u>N/A</u>
<u>J</u>	Organiza	tion type (check only one) $\blacktriangleright$ $\mathbf{X}$ 501(c) ( $4$ ) $\blacktriangleleft$ (i	nsert no.)	4947(a)(1) or	527 H		all affiliate		ed?	N/A Yes No
K	Check he	re 🕨 🔙 if the organization is not a 509(a)(3) sup	porting organia	zation <mark>and</mark> its gros	ss H	l(d) Îs t	'No," attach his a separ	ate refur	n filed t	ov an or
		re normally <b>not</b> more than \$25,000. A return is not r	equired, but if t	the organization		gar	rization cov	ered by	a group	ruling? Yes X No
	chooses :	to file a return, be sure to file a complete return.				I Gro	oup Exempt	ion Nun	iber 📐	N/A
					1				-	ation is <b>not</b> required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12		<u>1,094,17</u>			i. B (Form	990, 990	-EZ, or	990-PF).
P	art I	Revenue, Expenses, and Changes		ets or Fund	Baland	ces			Terre er er er	
	1	Contributions, gifts, grants, and similar amounts re-			1 1				12.74	Ti
	a	Contributions to donor advised funds			1a					
	b	Direct public support (not included on line 1a)				1_	,093,	267.		
	С	Indirect public support (not included on line 1a)							k 1951 - 196	
	d	Government contributions (grants) (not included on line 1a) 1d							Mark S	1,093,267.
	е	· · · · · · · · · · · · · · · · · · ·	(add lines 1a through 1d) (cash \$1, 093, 267. noncash \$)							
	2	Program service revenue including government fees and contracts (from Part VII, line 93)  Membership dues and assessments  Interest on covings and temporary cach investments								
	3	Membership dues and assessments							3	
	4	microst ou savings and temborary cash macsiment	ə . <i>.</i>						4	912.
	5	Dividends and interest from securities							5	
	6 a	Gross rents								
	b	Less: rental expenses			6b					
ब	C		ental income or (loss). Subtract line 6b from line 6a						6c	
Revenue	7	Other investment income (describe			r			}	7	
æ.	8 a	Gross amount from sales of assets other		Securities			(B) Other			
_		than inventory			8a				ant and	
	b	Less: cost or other basis and sales expenses			8b		<del></del>			
	C	Gain or (loss) (attach schedule)			8c	-	mountain fact	F-7		
	d	Net gain or (loss). Combine line 8c, columns (A) an	a (R)			1	$(\Box)/(\Box)$	M.J	8d	
	9	Special events and activities (attach schedule). If an				$\mathcal{H}$	STANSAN STANSON			
	a	Gross revenue (not including \$	_ of contributions re	ported on line 1b)	Ja C		.å	I./		
	D	Less: direct expenses other than fundraising expen-								
	10.0	Net income or (loss) from special events. Subtract l							9c	
	10 a	Gross sales of inventory, less returns and allowance						····		
	b	Less: cost of goods sold  Gross profit or (loss) from sales of inventory (attack				<u> </u>			40-	
	1 C								10c	
	11	Other revenue (from Part VII, line 103)  Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9d							11	1 004 170
	12 13	Program services (from line 44, column (B))							12	1,094,179. 822,468.
S	14	Management and general (from line 44, column (C)							14	218,254.
Expenses	15								15	62,133.
Ž	15	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)								04,133.
Ш	16 17	Total expenses. Add lines 16 and 44, column (A) .							16 17	1,102,855.
	18	Excess or (deficit) for the year. Subtract line 17 from	n line 12	· · · · · · · · · · · · · · · · · · ·		*********			18	-8,676·
ڊ ڊنڊ	19	Net assets or fund balances at beginning of year (fr	om line 73. coli	ımn (A))		• • • • • • • • • •			19	-4,363.
Net	20	Other changes in net assets or fund balances (attac	h explanation)	(* 1)/			•••••		20	0.
<	21	Net assets or fund balances at end of year. Combine	ines 18 10 a	 ind 20					21	-13,039.
623	004	LHA For Privacy Act and Paperwork Reduction A		·					<u> </u>	Form <b>990</b> (2006)
¥7-	10-97	tott strady more and rabetuour trenderious.		me schalate High	. 4040110.					1 OH 13 220 (2000)

(attach schedule)		i i	·		·
(cash \$ <b>0</b> • noncash \$	<u>.</u>				
if this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedu	ıle)				
(cash \$ 0 • noncash \$	).		<u> </u>		
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach			13.		
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				<b>以为在中的第二指数</b>
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	. 25a	172,104.	120,474.	34,420.	17,210.
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not include	ed				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	106,288.	70,055.	28,876.	<u>7,357.</u>
27 Pension plan contributions not included on	1 1		į		
lines 25a, b, and c	27				
28 Employee benefits not included on lines				1	
25a · 27	. 28	10,502.		10,502.	
29 Payroll taxes		15,978.	10,653.	4,176.	1,149.
30 Professional fundraising fees	30				
31 Accounting fees	31	240.		240.	
32 Legal fees	. 32	13,082.		13,082.	
33 Supplies	1 1	1,371.	212.	1,159.	
34 Telephone	1 1	3,311.	2,842.	340.	129.
35 Postage and shipping	1 1	325.	134.	191.	
36 Occupancy	36	59,625.	42,149.	12,659.	4,817.
37 Equipment rental and maintenance					
38 Printing and publications	38	4,537.	4,537.		
39 Travel	39	43,672.	33,433.	10,239.	****
40 Conferences, conventions, and meetings	1 1				
41 Interest	41				<u></u>
42 Depreciation, depletion, etc. (attach schedule		865.		865.	
43 Other expenses not covered above (itemize	e):	•			
a	43a				
b	43b				
G	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 1	43g	670,955.	537,979.	101,505.	<u>31,471.</u>
44 Total functional expenses. Add lines 22a through	jh				
43g. (Organizations completing columns (B)-(D)	,				
carry these totals to lines 13-15)	44	1,102,855.	822,468.	218,254.	62,133.
Joint Costs. Check ▶ ☐ if you are follow	ing SOP				
Are any joint costs from a combined educational cam			orted in <b>(B)</b> Program servic	es? ▶ 🗀	Yes X No
If "Yes," enter (i) the aggregate amount of these joint			i) the amount allocated to f		V/A;
(iii) the amount allocated to Management and genera			v) the amount allocated to I	Fundraising \$ 1	A\V
823011 01-23-07					Form <b>990</b> (2006)

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

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

Wŀ	nat is the organization's pri	mary exempt pur	rpose? ► <u>SE</u>	E STATE	MENT 3				Program Service
clie	organizations must descri ents served, publications is panizations and 4947(a)(1)	ssued, etc. Discu	ss achievements	that are not m	easurable. (Section 501	(c)(3) and (4)			Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMEN	NT 2							
	(Grants and allocations	\$	)	If this amount	t includes foreign grants	s, check here	<b>&gt;</b> [		822,468.
b						***			
	(Grants and allocations	\$	<u> </u>	If this amount	includes foreign grants	check here	<u> </u>	$\exists$	
c				THE STATE OF THE S	Tholades foreign grank	5, CHECK 11616			
d	(Grants and allocations	\$	)	If this amount	includes foreign grants	, check here	<b>&gt;</b> [		
	-					-	<del></del>	_	
	(Grants and allocations	\$	)	If this amount	includes foreign grants	, check here	<b>)</b> [		
е	Other program services (a	ittach schedule)							
	(Grants and allocations	\$	)		includes foreign grants	, check here	<b>)</b>		
f	Total of Program Service	Expenses (shou	uld equal line 44,	column (B), Pr	ogram services)			>	822,468.
								· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2006)

		(2006) AVAAZ FOUNDATI	ON					<u> 20-</u>	<u>5050267</u>	Page 4
Pa	rt IV	Balance Sheets (See the instructions.)								
Note		ere required, attached schedules and amounts wit ald be for end-of-year amounts only.	hin the	e descriptio	on colui	nn	(A) Beginning of year		(B) End of ye	ear
			İ	000			886			
	45	Cash - non-interest-bearing					898.		54	,776.
	46	Savings and temporary cash investments						46		662.
			l	1						
	47 a	Accounts receivable						·	İ	
	b	Less: allowance for doubtful accounts	47b		1 11			47c		
		Diadaaa waababla	10.0							
	48 a	Pledges receivable						40-		
	, D	Less: allowance for doubtful accounts						48c		
	49	Grants receivable						49		
	ou a				50a					
	١,	key employees  Receivables from other disqualified persons (as			Jour		· · · · · · · · · · · · · · · · · · ·			
th.	٦	4958(f)(1)) and persons described in section 49						50b	ļ	
Assets	51 a	a Other notes and loans receivable 51a						300		
Asi	b	Less: allowance for doubtful accounts						51c		
	52	Inventories for sale or use						52		••••••
	53	Prepaid expenses and deferred charges			53	9	,545.			
		Investments - publicly-traded securities				T FMV		54a		, , , , , ,
						∃ FMV		54b		
	ı	Investments - land, buildings, and				_	**************************************			
		equipment: basis	55a					W. S		
	b	Less: accumulated depreciation	55b					55c		
	56	Investments - other		,,				56		
	57 a	Land, buildings, and equipment: basis	57a		7,	725.				
	b	Less: accumulated depreciation STMT 4	57b			865.	505	57c	6	,860.
	58	Other assets, including program-related investments						1		
		(describe ► <u>SECURITY DEPOSIT</u>	) _		58		,050.			
	59	Total assets (must equal line 74). Add lines 45					1,403			,893.
	60	Accounts payable and accrued expenses					5,766.		90	,932.
	61	Grants payable						61		
g	62	Deferred revenue						62		
Liabilitie	63	Loans from officers, directors, trustees, and key						63		
abi		Tax-exempt bond liabilities						64a		
	3	Mortgages and other notes payable						64b 65		0.
	65	Other liabilities (describe				'  -		00		<u> </u>
	66	Total liabilities. Add lines 60 through 65					5,766	66	g n	,932.
		anizations that follow SFAS 117, check here ▶					5,700	, 00		,,,,,,,
	Orgo	67 through 69 and lines 73 and 74.		2.10 0011p	31000 11110					
ès	67	Unrestricted					-4,363	67	-13	,039.
auc	68	Temporarily restricted				t t		68		
Bal	69	Permanently restricted						69		
Net Assets or Fund Balances	I	anizations that do not follow SFAS 117, check								
Fu		complete lines 70 through 74.	•							
S O	70	Capital stock, trust principal, or current funds						70		
set	71	Paid-in or capital surplus, or land, building, and						71		
As	72	Retained earnings, endowment, accumulated in	come,	or other fu	unds			72		
ě Š	73	Total net assets or fund balances. Add lines 67 throu	2.							

Form **990** (2006)

(Column (A) must equal line 19 and column (B) must equal line 21)

Total liabilities and net assets/fund balances. Add lines 66 and 73

ĕ	MOSO (2000) AVAAZ FOUNDATION		<u> 20-50</u>	<u> 50267</u>	Page <b>5</b>
P	art IV-A Reconciliation of Revenue per Audited instructions.)	Financial Statements With Revenue pe	er Retui	n (See the	
a	Total revenue, gains, and other support per audited financial sta	atements	а	1,094	,179.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3		b3			
4	Other (specify):	i i			
	Add lines b1 through b4		b		0.
¢				1,094	,179.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b Other (specify):	d1			
2	Other (specify):	d2			
	Add lines d1 and d2		d		0.
e	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited			1,094	,179.
P				urn	
a	Total expenses and losses per audited financial statements		а	1,102	,855.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	<u>b1</u>			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4		b		0.
C	Subtract line b from line a		С	1,102	855.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b Other (specify):	d1	1000		
2					
	Add lines d1 and d2		d		0.
<u>e</u>	Total expenses (Part I, line 17). Add lines c and d		لما 🗲	1,102	,855.
Ľč	or key employee at any time during the year even if the	d Key Employees (List each person who was	an officer	, director, tru	stee,
	(A) Name and address	(B) Title and average hours (C) Compensation (per week devoted to (If not paid, enter	D) Contribut	ions to (E)	xpense
	(r) rains and address	per week devoted to   (If not paid, enter	plans & def	erred acco	unt and

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RICKEN PATEL	PRESIDENT			
857 BROADWAY - 3RD FLOOR			ĺ	
NEW YORK, NY 10003-1225	1.00	120,000.	2,052.	0.
TOM PERRIELLO	TRUSTEE			
857 BROADWAY - 3RD FLOOR				
NEW YORK, NY 10003-1225	1.00	48,000.	2,052.	0.
ELI PAISER	CHAIRMAN OF T	HE BOARD		
857 BROADWAY - 3RD FLOOR				
NEW YORK, NY 10003-1225	1.00	0.	0.	0.
BEN_BRANDZEL	TRUSTEE			
857 BROADWAY - 3RD FLOOR			ĺ	
NEW YORK, NY 10003-1225	1.00	0.	0.	0.
		·		

Form **990** (2006)

	1990 (2006) AVAAZ FOUNDATION			<u> 20-5050</u>	126/		age <b>b</b>
Pa	rt V-A Current Officers, Directors, Trustees, and Ke	y Employees (continu	ued)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at hoard		,	1	
u			omioss at boatd	А			
	meetings		–	4			
b	Are any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest of	compensated emp	lovees			-
	listed in Schedule A, Part I, or highest compensated professional an					1	
	Part II-A or II-B, related to each other through family or business rela					i	1
	the individuals and evaluing the valeties this fal				75b		x
					100		- 25
C	Do any officers, directors, trustees, or key employees listed in Form				ſ.		1
	listed in Schedule A, Part I, or highest compensated professional an					1	
	Part II-A or II-B, receive compensation from any other organizations,	whether tax exempt or tax	able, that are rela	ted to the		<u> </u>	1
	organization? See the instructions for the definition of "related organ	nization."			75c		Х
	If "Yes," attach a statement that includes the information described		***************************************		133	72.77	7007
A					75.1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Does the organization have a written conflict of interest policy?  t V-B Former Officers, Directors, Trustees, and Ke	. F			75d	<u> </u>	X
ra	TV-B Former Officers, Directors, Trustees, and Ke	y Employees That F	received Com	pensation	or O	iner	
	Benefits (If any former officer, director, trustee, or key en	nployee received compen:	sation or other ber	refits (describe	ed belo	ow) du	ring
	the year, list that person below and enter the amount of co	mpensation or other benef				nstructi	ions.)
	/ANNesse endedes	, m	(C) Compensation	(D) Contributions	to (	E) Expe	ense
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benef plans & deferred	٦   a	ccount	
	NONE		enter -0-)	compensation pla	<sub>ins</sub> oth	er allov	vances
				1			
				<del> </del>		•	
				1			
	<del></del>						
					_		
				İ			
				<del> </del>	<del></del>	***************************************	
		]					
				i			
					İ		
					$\neg$		
				İ	İ		
					1		
<b>-</b> - ·							
				<u> </u>			
Pa	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Ve-	s." attach a detaile	d			-
-					70		v
					76		X
77	Were any changes made in the organizing or governing documents to	out not reported to the IRS	37	***************************************	77	<u> </u>	X
	If "Yes," attach a conformed copy of the changes.						
78 a	Did the organization have unrelated business gross income of \$1,000	or more during the year	covered by this ref	urn?	78a		X
b	tender a Bibliota de Maria de La compansa de la compansa del compansa de la compansa de la compansa del compansa de la compans			37 / 3			
					78b		
79	Was there a liquidation, dissolution, termination, or substantial contra				79		<u>X</u>
80 a	Is the organization related (other than by association with a statewide	e or nationwide organization	on) through comm	on			
	membership, governing bodies, trustees, officers, etc., to any other e	exempt or nonexempt oras	anization?		80a	Х	
h	If "Yes," enter the name of the organization ▶ RES PUBLICA						
n	1 700, Onto the hame of the organization INDO FORMITCA		<b>v</b> ]	7			
		and check whether it is		nonexempt		·	
81 a	Enter direct or indirect political expenditures. (See line 81 instructions	s.)	81a	0.		.	٠.
b	Did the organization file Form 1120-POL for this year?	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			81b	l	X
						990	20061

Form	990 (2006) AVAAZ FOUNDATION 20-505	0267	Þ	age 7
Pa	rt VI Other Information (continued)			No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		x
b	If "Yes," you may indicate the value of these items here. Do not include this	7		80.5
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			7.5
	tax deductible?	84b	Х	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			1. 50
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A	10 50 c   20 50 c		
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h	San 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			S.
	line 12 86a N/A			450,000
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b		\$ 100 h		
	against amounts due or received from them.)		3.4	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	Fred	100	
	If "Yes," complete Part iX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	- 88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A			12 (2)
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1 1 2		1.1
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	001		7.7
_	If "Yes," attach a statement explaining each transaction	89b	·	<u>X</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	1 42		
,	sections 4912, 4955, and 4958  Enter: Amount of tax on line 89c, above, reimbursed by the organization   0.			
d	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	ľ	Х
e f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
-	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	031		
9	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		x
۰ ۵۵	List the states with which a copy of this return is filed <b>NY</b>	09#	ı	1_43_
90 a	Number of employees employed in the pay period that includes March 12, 2006 90b			0
91 a		२८ – २	988	
∂ + d	Located at ► 857 BROADWAY - 3RD FLOOR, NEW YORK, NY ZIP+4 ► 1			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
IJ	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country   N/A	"		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			]
	and Financial Accounts.			

Form **990** (2006)

Part VI Other Information (continued)  c At any time during the calendar year, did the organization maintain an office outside of the United States?  If "Yes," enter the name of the foreign country ▶ N/A  Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Part VII Analysis of Income-Producing Activities (See the instructions.)  Inrelated business income    Code   Code   Code   Code   Code					
					صحا والنائدة التنافية المتنافية
	-		ide of the Uni	ted States?	91c   X
At any time during the calendar year, dive organization maintain an office outside of the United States? If Yes,* enter the name of the foreign country \( \) \( N \)					
	-			, ,	
Vision   Contraction   Vision					
				d by section 512, 513, or 514	/=-
<del>-</del>	***************************************		(C)		
		SS Amount	sion		,
· ·	<b></b>		code		
				,	
Medicare/Medicaid payments					
			14	912.	
Dividends and interest from securities	,,,,,,,,,,				
Net rental income or (loss) from real estat	te:				
debt-financed property					
	į.				
	İ				
		· · · · · · · · · · · · · · · · · · ·			
Subtotal (add columns (B), (D), and (E))			***************************************		
Total (add line 104, columns (B), (D), and	J (E))		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		912
e No. Explain how each activity for which inc	come is reported in co	olumn (E) of Part VII contr			
		(C)	arded En	(D)	(E)
anne aurreaa, anni 1981 in Lord III anii (1984)	rship interest	ivature of activities		TOTAL INCOME	assets
partnership, or disregarded entity owne	%				
partnership, or disregarded entity Owne	· · · · · · · · · · · · · · · · · · ·		<b>I</b>		1
partnership, or disregarded entity Owne		<u></u>			· · · · · · · · · · · · · · · · · · ·
partnership, or disregarded entity Owne	%				
partnership, or disregarded entity Owne  N/A	% %				
N/A  Information Regarding T	% % Fransfers Asso				
N/A  Information Regarding 7  Did the organization, during the year, receive	% % Fransfers Asso any funds, directly or	indirectly, to pay premiur	ns on a person		Yes X N

1/A		IVI N
(B) Employer Identification	(C) Description of	(D) Amount of
(B) Employer Identification	(C) Description of	(D) Amount of
to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"    B		
v as defined in sect	on 512(b)(13) of the Code2 If "	Yes No
,		res,
Identification	Description of	Amount of
* *		
schedules and statements, reparer has any knowledge	and to the best of my knowledge and bel	lief, it is true, correct.
for	Date	
12/9//0 se	f	r PTIN (See Gen, Inst. X)
•		
	(B) Employer Identification Number  2006, covering the inschedules and statements, reparer has any knowledge	(C) Description of transfer  2006, covering the interest, rents, royalties, and schedules and statements, and to the best of my knowledge and be reparer has any knowledge.    Date   Check if self-employed   Preparer's SSN of the statement of the self-employed   Preparer's SSN of the self-employed

eta (eva) et e

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

2006

Name of organization		Employer identification number
	AVAAZ FOUNDATION	20-5050267
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 4 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	ation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	
General Rule-	n is covered by the <b>General Rule</b> or a <b>Special Rule. (Note:</b> Only a section 501(c e and a Special Rule-see instructions.)	
For organization contributor. (Co	is filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mimplete Parts I and II.)	ore (in money or property) from any one
Special Rules-		
sections 509(a)(	01(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% supp 1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a con n line 1 of these forms. (Complete Parts I and II.)	ort test of the regulations under tribution of the greater of \$5,000 or 2%
aggregate contr	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received fro ibutions or bequests of more than \$1,000 for use exclusively for religious, charite prevention of cruelty to children or animals. (Complete Parts I, II, and III.)	om any one contributor, during the year, table, scientific, literary, or educational
some contribution \$1,000. (If this because charitable, etc.,	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from for use exclusively for religious, charitable, etc., purposes, but these contributions is checked, enter here the total contributions that were received during the year purpose. Do not complete any of the Parts unless the <b>General Rule</b> applies to the eligious, charitable, etc., contributions of \$5,000 or more during the year.)	utions did not aggregate to more than ear for an exclusively religious, his organization because it received
ley <b>must</b> check the box	nat are not covered by the General Rule and/or the Special Rules do not file Sche in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF B (Form 990, 990-EZ, or 990-PF).	edule B (Form 990, 990-EZ, or 990-PF), but , to certify that they do not meet the filing
	duction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

# 2006 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

Asset No.

990

756.	68. 865.	·					
	·						
	0						
		······································	······································			· · · · · · · · · · · · · · · · · · ·	
	0					:	
			:				
<b>6</b> 6	<u>ب</u> ب						
13,	68						
ဖ						14.7 (1.4) 14.7 (1.4)	
#10.5%. 1919.3	e				2000 (17) 2000 (17) 2000 (17)	Agar North	
36 36	20 20 20 30				1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /		
H 9	9						
16 16	16				1 22		
					4.5		
w <u>rv</u>	m	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i i i i i i i i i i i i i i i i i i i			
F F	넍						
H H	N E						
/AR	/AR1						
		•	#** 				
	7						
	AGE		**				
RS NT	д Э						
OTE	WAR] PAL			÷		•	
OMP	OFTY TO: EPR		J.,				
그 점	<u>8</u> * <u>8</u>					······	
		VARIESSL 3.00 16 6,136. 6,136. 6,136. VARIESSL 5.00 16 906. 683. 683.	VARIESSL 3.00 16 6,136.  VARIESSL 5.00 16 906.  90 PAGE 2  VARIESSL 3.00 16 683.  683.  683.	VARIESSL 3.00 16 6,136. 6,136. 6,136. 906. 906. 906. 908. 90 PAGE 2 VARIESSL 3.00 16 683. 683. 683.	90 PAGE 2 VARIESSL 3.00 16 6,136. 6,136. 906. 906. 906. 906 683. 683.	90 PAGE 2 VARIESSI 3.00 16 6.136. 6.136. 906. 906. 906. 908. 683.	90 PAGE 2 VARIESSL 3.00 16 6,136. 97.725. 0. 0.

(D) - Asset disposed

628102 07-28-06

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	OTHER	STATEMENT				
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING		
DESCRIPTION	TOTAL	SERVICES	AND GENERAL			
CAMPAIGNER FEES	248,881.	248,881.				
TRANSLATION	19,494.	19,494.				
PROFESSIONAL FEES	20,207.	4,334.	15,873.			
BANK CHARGES	4,506.	177.	1,017.	3,312		
DUES & SUBSCRIPTIONS	328.		328.	5,512		
ADVERTISING	217,782.	166,152.	51,525.	105		
RECRUITMENT SERVICES WEBSITE AND SOFTWARE	13,045.	395.	12,650.	200		
EXPENSES MISCELLANEOUS	140,271.	98,190.	14,027.	28,054		
EXPENSE	4,646.	95.	4,551.			
INSURANCE	167.		167.			
FILING FEES	261.		261.			
GIFTS	203.		203.			
STATIONERY	1,164.	261.	903.			
TOTAL TO FM 990, LN 43	670,955.	537,979.	101,505.	31,471		

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

DESCRIPTION OF PROGRAM SERVICE ONE

IN 2007, AVAAZ GREW ITS ONLINE MEMBERSHIP TO OVER 2 MILLION SUBCRIBERS, WHO IN TURN TOOK OVER 5 MILLION ACTIONS ON ISSUES OF THE ENVIRONMENT, HUMAN RIGHTS, POVERTY AND DEMOCRACY. AVAAZ MEMBERS SUPPORTED A CAMPAIGN CALLING FOR A NEW MIDDLE EAST PEACE PROCESS IN APRIL 2007, HELD OVER 4500 LOCAL EVENTS AS PART OF THE LIVE EARTH CONCERTS IN JULY, CREATED AN 800,000 PERSON PETITION CALLING FOR HUMAN RIGHTS IN BURMA IN OCTOBER, AND SENT HUNDREDS OF THOUSANDS OF MESSAGES TO LEADERS CALLING FOR ENVIRONMENTAL ACTION DURING THE BALI SUMMIT IN DECEMBER.

		GRANTS	EXPENSES		
TO FORM 990	), PART III, LINE A		822,468.		
FORM 990	STATEMENT OF ORGANIZATION'S PRI	MARY EXEMPT PHREASE	СФДФЕМЕМФ 3		

PART III

EXPLANATION

AVAAZ EDUCATES AND MOBILIZES AROUND ISSUES OF THE ENVIRONMENT, HUMAN RIGHTS, AND POVERTY.

FORM 990	DEPRECIATIO	N OF	ASSET	NOT	HELD :	FOR	INVESTMENT	STATEMENT	4
DESCRIPTION			(		r or Basis		ACCUMULATED DEPRECIATION	BOOK VALUE	<u> </u>
COMPUTERS EQUIPMENT SOFTWARE					6,13 90 68	6.	756. 41. 68.		30. 55.
TOTAL TO FORM	990, PART I	V, L	v 57	··· · · · · · · · · · · · · · · · · ·	7,72	— - 5.	865.	6,86	50.

Department of the Treasury Internal Revenue Service Name(s) shown on return

### **Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Sequence No. 67 Identifying number

AVAAZ FOUNDATION FORM 990 PAGE 2 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. 1 Maximum amount. See the instructions for a higher limit for certain businesses 108,000. Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 430,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-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 Tentative deduction, Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2005 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 13 Carryover of disallowed deduction to 2007. 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 865. Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2006 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 2006 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (business/investment use (g) Depreciation deduction only - see instructions) 3-year property <u>19a</u> 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L MM 39 yrs. S/L į Nonresidential real property MM S/L Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. S/L 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. 865. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs LHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2006)

r	isted Proper ecreation, or a	amusement.)	•			•		•	,	•	•		•		
	lote: For any hrough (c) of 3							raeau	cting lease	e expens	e, comp	wete oni	y 24a, 2	4D, COIUI	nns (a)
Section A - D	epreciation a	and Other In	formation (C	aution:	See the i	nstructio	ons for l	mits fo	or passeng	er auton	nobiles.)				
24a Do you ha	ve evidence to	support the bu	siness/investm	ient use cl	aimed?	<u> </u>	es _	_ No	24b If "Y	es," is th	<u>ne evide</u>	nce writ	ten?	Yes	No.
<b>(</b> a Type of p (list vehic	roperty	(b) Date placed in service	(c) Business investmer use percenta	t   "	<b>(d)</b> Cost or ther basis	Bus	(e) sis for depr siness/inve use only	stment	(f) Recovery period	Me	<b>g)</b> thod/ rention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25 Special allo	•														
	ore than 50% i								***********	,,,,,,,,,,,,,	. 25	l			
26 Property	ised more tha	n 50% in a c	ualified busir	ness use						Υ		T		T	
		1		%											
		: :		%	_							ļ			
				%						<u></u>		<u> </u>			
27 Property (	ised 50% or l	ess in a qual	ified business	s use:						1	<del></del>	T		T	
		<u> </u>		%	·····					S/L -					
		<u> </u>		%						S/L -					
		<u> </u>		%						S/L -				1	
28 Add amou							, page 1		• • • • • • • • • • • • • • • • • • • •		28	<u></u>			
29 Add amou	ints in column	ı (i), line 26. E											. 29		
				Section											
Complete this If you provide those vehicles	d vehicles to y												ing this	section f	or
	***************************************				(a)	(	b)		(c)	- (	d)	- 1	e)	ť	f)
30 Total busin	ess/investment	miles driven d	oring the	1 '	hicle	1	hicle	\	/ehicle	1	icle	1	nicle	(f) Vehicle	
	ot include com		-			10,	VOLUCIO VOLUCIO		0111010	1	,,,,,,	1	,,,,,,	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
31 Total com								1							
32 Total other						<b></b>									
33 Total mile															
	30 through 32														
34 Was the v				Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	duty hours?				110	103	'*	100	, ,,,,	100	110	100	110	,,,,	110
35 Was the v				<u> </u>											<u> </u>
	wner or relat							]							
36 Is another															
use?	TOI HOID ATAIL	2010 101 poroc	J114.												İ
		Section C	- Questions	for Emn	lovers V	Vho Pro	vide Vel	hicles	for Use b	v Their I	Employ	285			
Answer these	questions to			-	-								re not n	nore than	า 5%
owners or rela	•		,							,					
37 Do you m		en policy stat	tement that c	rohibits :	all perso	nal use o	of vehicl	es. inc	ludina co	mmutina	. by you	r	•	Yes	No
•	s?	•	-		•										
38 Do you m															
•	s? See the ins		,					-							
39 Do you tre															
40 Do you pr											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*********		
	the vehicles,		-					-							
41 Do you m	et the require	ements conc	erning qualifi	ed auton	nobile de	monstra	ation use	∍?							
	our answer to	37, 38, 39, 4	4U, OF 41 IS "\	es, " do I	iot comp	nere Se	cuon B1	or the	coverea v	enicies.					
Part VI A			<u> </u>	/4-3	1	1.1			f .n	γ		— г		<b>/</b> A	
			(b) e amortization begins							Amortization Amor period or percentage for			(f) mortization or this year		
42 Amortizat	on of costs th	nat begins du	ıring your 200	06 tax ye	ar:										
				1 1											
43 Amortizat	on of costs th	at began be	fore your 200	6 tax yea	ar							43			
			ee the instruc									44			