### Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning , 2012, and ending D Employer Identification Number Check if applicable: Address change AVAAZ FOUNDATION 20-5050267 857 BROADWAY, 3RD FLOOR Telephone number Name change NEW YORK, NY 10003 Initial return 917-388-3988 Terminated 11,607,363. **G** Gross receipts \$ Amended return H(a) Is this a group return for affiliates? **F** Name and address of principal officer: RICKEN PATEL X No Application pending Yes H(b) Are all affiliates included?
If 'No,' attach a list. (see instructions) Yes SAME AS C ABOVE Tax-exempt status 501(c)(3) 4947(a)(1) or 527 X 501(c) ( 4 ) ◀ (insert no.) Website: ▶ WWW.AVAAZ.ORG H(c) Group exemption number K X Corporation Trust Other ▶ L Year of Formation: 2006 M State of legal domicile: NY Form of organization: Summarv Briefly describe the organization's mission or most significant activities: TO CLOSE THE GAP BETWEEN THE WORLD WE HAVE AND THE WORLD MOST PEOPLE EVERYWHERE WANT. BY SIGNING UP TO RECEIVE AVAAZ EMAILS, MEMBERS ARE RAPIDLY ALERTED TO URGENT GLOBAL ISSUES AND OPPORTUNITIES TO ACHIEVE CHANGE. Check this box ► | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b) ...... 3 Total number of individuals employed in calendar year 2012 (Part V, line 2a)..... 5 39 Total number of volunteers (estimate if necessary)...... 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, line 34..... 0. **Current Year** Contributions and grants (Part VIII, line 1h)..... 7,549,626. 11,611,547. Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 68. 42. -4,226.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... -30,666. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).... 7,519,028 607,363. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 276,200. 519,986 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 2,610,411. 1,384,560 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... **b** Total fundraising expenses (Part IX, column (D), line 25) 7,312,943. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 4,999,504 10,199,554. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 6,904,050. 1,407,809. Revenue less expenses. Subtract line 18 from line 12 ..... 614,978. **End of Year Beginning of Current Year** 4,162,035. 20 Total assets (Part X, line 16)..... 2,769,840. 21 Total liabilities (Part X, line 26)..... 230,679. 215,065. 22 Net assets or fund balances. Subtract line 21 from line 20..... 2,539,161 3,946,970. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here PRESIDENT RICKEN PATEL Type or print name and title. Date Print/Type preparer's name Check 8/05/13 self-employed P00396373 KENNETH J LEDERER Paid ► LEDERER, LEVINE & ASSOCIATES Preparer Firm's EIN ► 22-3778048 Use Only Firm's address 1099 WALL ST WEST SUITE 280 Phone no. LYNDHURST, NJ 07071 (201) 933-3780

May the IRS discuss this return with the preparer shown above? (see instructions).....

Form 990 (2012) 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	***************************************
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		X
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	X	
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	177	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) AVAAZ FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
ŀ	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
	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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line 2.</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA Form **990** (2012)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a 39			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	Х	
	b If 'Yes,' enter the name of the foreign country: ► UNITED KINGDOM			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
,	Form 8282?	7с		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X74.00 B1.012.1-
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
4	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7		
	as required?	7 g		
	Form 1098-C?	7 h	WASSA LINVELASE	1210001200000
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
_	noidings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9 a		
	a Did the organization make any taxable distributions under section 4966?	9 b	<u> </u>	
	b Did the organization make a distribution to a donor, donor advisor, or related person?	90		OLUMBER.
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i>	14b	<del> </del>	<del></del> -
	2 12., a. i contrato la report titore paymente. Il rie, provide un explanation in contratio d'il richi i i i i i		1	1

Form 990 (2012) AVAAZ FOUNDATION 20-5050267 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 1 a 4 authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent... 3 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 Χ 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 of other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Δ X X 5 6 Did the organization have members or stockholders?.....SEE..SCHEDULE.O..... 6 Χ Χ 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7 b stockholders, or other persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Χ a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O................ 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a **b** If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Χ 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12 b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 X 14 Did the organization have a written document retention and destruction policy?..... 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? 15 a Χ Χ 15 b b Other officers of key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ 16 a taxable entity during the year?..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY DE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

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

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

### Page 7 Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII...............

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

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

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

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

				(C	;)					
<b>(A)</b> Name and Title	(B) Average hours per week (list	one bo	Position (do not check one box, unless person officer and a director.				n an e)	(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) RICKEN PATEL	_40							170 000	0	6 007
PRESIDENT (2) FILOMAC PRAYINA	0	X		Χ				172,000.	0.	6,287.
(2) THOMAS PRAVDA TREASURER	1	Х		Х				0.	0.	0.
(3) ELI PARISER	1							<u>.</u>		
CHAIRMAN	0	X		Χ				0.	0.	0.
	$-\frac{1}{0}$	X		Х				0.	0.	0.
(5) EMMA RUBY-SACHS CAMPAIGN DIRECTOR	<u>40</u>					X		122,032.	0.	9,514.
(6) IAN BASSIN	40									, , , , , , , , , , , , , , , , , , , ,
GENERAL COUNSEL	0					Χ		120,167.	0.	6,287.
OPDIRECTOR	$-\frac{40}{0}$					Х		110,050.	0.	6,364.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2012) AVAAZ FOUNDATION									20-50502	67 Page <b>8</b>
Part VII   Section A. Officers, Directors, Trus	1	Key	En			es,	and	d Highest Con	pensated Em	ployees (cont)
(A) Name and title	Average hours per week	box	, unle cer a	Po: check ess p	erson	e than is bot or/trus	h an stee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>		:								
(16)										3100 100 100 100 100 100 100 100 100 100
(17)										
(18)										
(19)										
(20)										
(21)		•								
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	<b>A</b>						<b>A A</b>	524,249. 0. 524,249.	0 0 0	. 0.
2 Total number of individuals (including but not limited to from the organization ► 4							ved			
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such a	r or trus	tee,	key	em	ploy	ee, c	or hi	ghest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	eportabl than \$1	e coi 50.00	mpe 00?	ensa If '}	tion 'es'	and	oth plet	er compensation e Schedule J for	from	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compen	satio	n fr	om :	anv	unre	late	d organization or	individual	
1 Complete this table for your five highest compensa compensation from the organization. Report compensa	ted inde	epen	den	t cor	ntra	ctors	tha	t received more t	han \$100,000 of	
(A)  Name and business address		IIIE Co	21611	uai j	year	enun	ng v	(B) Description		(C) Compensation
TALACON, LLC 41 RIVER TERRACE #3704 NEW YORK	, NY 1	028	2					IT CONSULTING		615,525.
2 Total number of independent contractors (including but	not limit	tod t-	, +h	neo li	ictos	l aba	V(C)	who received man-	than	
\$100,000 in compensation from the organization		ieu l(	LIC	)SE 11	SIEC	ı ano	ve) \	who received more	ulali	

		Check if Schedule O	contains a resp	oonse to any questi	on in this Part VIII.			
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
E S	1 a	Federated campaigns	1a					
S S	b	Membership dues	1b				12012 (120 m) 1 m	
TS.	С	Fundraising events	1c					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		Related organizations			100 m 100 m 100 m			
		Government grants (contribution						
은쐶								
NTRIBU VD OTH		All other contributions, gifts, g similar amounts not included a Noncash contributions included		11,611,547.				
	_	<b>Total.</b> Add lines 1a-1f			11,611,547.			
뿔		Total Add III cs Ta-11		Business Code	11,011,547.			
PROGRAM SERVICE REVENUE	2 a							
뀚	2 a h							
3	D							
EE	ر							
S	u							
GRA	e ,	All - 11						
2		All other program service		<b></b>				
		Total. Add lines 2a-2f						
	3	Investment income (included other similar amounts).	luding dividend	ds, interest and				42.
	4	Income from investmen			42.			42.
				•				
	5	Royalties	(i) Real	(ii) Personal				
	_							in the second second
		Gross rents	600	).				
		Less: rental expenses						
		Rental income or (loss)	600					
	d	Net rental income or (lo			600.			600.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory.						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)			•			
LLI	8 a	Gross income from fund	draising events	5				
2		(not including. \$	_	_				710 77100
		of contributions reported	d on line 1c).					
OTHER REVENU		See Part IV, line 18						
E		Less: direct expenses						
0	С	Net income or (loss) from	om fundraising	events	-	9 (10)		
	9 a	Gross income from gan See Part IV, line 19	ning activities.	a				
		Less: direct expenses						
	С	Net income or (loss) fro	om gaming act	ivities	-			
	10 =	Gross sales of inventor	v. less returns					
	. u	and allowances	,,	а			Land State of the Control of the Con	
	b	Less: cost of goods sole	d	b		The second secon		
		Net income or (loss) from		L	Company of the second particle (second particle (sec	and the second s		
		Miscellaneous Reven		Business Code				
	11 a	OTHER INCOME		900099	3,533.			3,533
		LOSS ON FOREIGN CU	IRRENCY	900099	-8,359.			-8,359
	С							
	_	All other revenue		-				
		e Total. Add lines 11a-11d			-4,826.			
		Total revenue. See inst				0.	0.	-4,184

### Part IX Statement of Functional Expenses

	Check if Schedule O contains a re				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	81,000.	81,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	01,000.	01,000.		
3	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16.	195,200.	195,200.		A STATE OF THE STA
4 5	Benefits paid to or for members				
5	trustees, and key employees	178,287.	94,492.	80,229.	3,566.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,081,927.	1,293,453.	671,997.	116,477.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,001,327.	1,233,433.	071, 337.	110,477.
9	Other employee benefits	166,411.	99,251.	46,986.	20,174.
10	Payroll taxes	183,786.	102,243.	72,686.	8,857.
	Fees for services (non-employees):				
	Management				
	Legal	314,243.	263,454.	50,789.	
	: Accounting	68,875.		68,875.	
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
9	umn (A) amt, list line 11g expenses on Sch O)	150,819.	139,378.	8,070.	3,371.
12	Advertising and promotion	189,600.	187,881.	1,719.	
13	Office expenses	159,679.	115,730.	42,825.	1,124.
14	Information technology	1,046,084.	834,524.	177,452.	34,108.
15	Royalties.				40 500
16 17	Occupancy	311,137.	239, 996.	60,559.	10,582.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	814,081.	779,817.	34,264.	
19 20	Conferences, conventions, and meetings				WHAT A STATE OF THE STATE OF TH
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization	81,038.	60,433.	17,118.	3,487.
23	Insurance	20,819.	00,2001	20,819.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	CAMPAIGNER FEES AND CONSULTING	3,187,383.	2,745,443.	379,444.	62,496.
	PROGRAM EXPENSES	493,027.	493,027.		
	COMPUTER AND EQUIPMENT MAINTEN	234,623.	212,132.	19,733.	2,758.
	TELEPHONE & COMMUNICATIONS	203,752.	161,094.	35,366.	7,292.
	All other expenses	37,783.	5,722.	32,061.	
	Total functional expenses. Add lines 1 through 24e	10,199,554.	8,104,270.	1,820,992.	274,292.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ if following  SOP 98-2 (ASC 958-720)				
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		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	2,475,958.	1	3,742,027.
	2	Savings and temporary cash investments	1,001.	2	876.
	3	Pledges and grants receivable, net		3	110,099.
	4	Accounts receivable, net		4	17,302.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
A S S E T S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	77,288.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			Armedia
		Less: accumulated depreciation		10 c	169,723.
	11	Investments — publicly traded securities.		11	103,723.
	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	44,720.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		16	4,162,035.
	17	Accounts payable and accrued expenses	210,150.	17	206,614.
	18	Grants payable		18	200,011.
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
B L L	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
Ļ	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule I		25	8,451.
	26	Total liabilities. Add lines 17 through 25	230,679.	26	215,065.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
A S	27	Unrestricted net assets	2,535,229.	27	3,946,970.
ASSETS	28	Temporarily restricted net assets	3,932.	28	
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
		and complete lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	***************************************
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
四人 上人 アンドン 田	33	Total net assets or fund balances		33	3,946,970.
Š	34	Total liabilities and net assets/fund balances		34	4,162,035.
BA	4				Form <b>990</b> (2012)

Form **990** (2012)

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Part XI Reconciliation of Net Assets					Processing and the second
Check if Schedule O contains a response to any question in this					П
1 Total revenue (must equal Part VIII, column (A), line 12)		1 1	1,60	07,3	63.
2 Total expenses (must equal Part IX, column (A), line 25)			0,19		
<b>3</b> Revenue less expenses. Subtract line 2 from line 1		3	1,40		
4 Net assets or fund balances at beginning of year (must equal Part X, lir	ıe 33, column (A))	4	2,53		
5 Net unrealized gains (losses) on investments		5			
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule O).		9			0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must	equal Part X, line 33,				
column (B)).		10	3,94	46,9	<u>70.</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this	Part XII				
		_		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Ac	crual Other				
If the organization changed its method of accounting from a prior year	or checked 'Other.' explain				
in Schedule O.					
2 a Were the organization's financial statements compiled or reviewed by a			2 a		X
If 'Yes,' check a box below to indicate whether the financial statements separate basis, consolidated basis, or both:	for the year were compiled or reviewe	d on a			
Separate basis Consolidated basis Both consolidate	ed and separate basis				
<b>b</b> Were the organization's financial statements audited by an independent	accountant?		2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements	for the year were audited on a separa	te			
basis, consolidated basis, or both:					
	ed and separate basis				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assume review, or compilation of its financial statements and selection of an inc	s responsibility for oversight of the audit, lependent accountant?		2 c		Х
If the organization changed either its oversight process or selection pro- in Schedule O.	• • •				
3 a As a result of a federal award, was the organization required to undergo an a Audit Act and OMB Circular A-133?	udit or audits as set forth in the Single		3 a	econorio Director de Caralle	Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organ	nization did not undergo the required audi	,			
or audits, explain why in Schedule O and describe any steps taken to u	ndergo such audits		3 b		
BAA			Form	990 (	2012)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2012

Open to Public Inspection
Employer identification number

ΑV	AAZ FOUNDATION		20-5050267
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	t
		(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 don are the organization's property, subject to the	or advisors in writing that the assets held in dorganization's exclusive legal control?	donor advised funds
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for any other	r nurnose conferring
Pa	rt II   Conservation Easements. Compl	ete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., re	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contribution in the for	rm of a conservation easement on the
			Held at the End of the Tax Year
	<b>a</b> Total number of conservation easements		2a
	<b>b</b> Total acreage restricted by conservation easen	nents	2b
	c Number of conservation easements on a certifi	ed historic structure included in (a)	2c
	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a histo	oric 2 d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy regand enforcement of the conservation easemen	***************************************	— andling of violations.   —
6	and enforcement of the conservation easemen Staff and volunteer hours devoted to monitoring, in		
Ŭ	Total and volunteer hours devoted to morntoning, if	ispecting, and emoreing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspec	eting, and enforcing conservation easements during	ng the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revenue and exper to the organization's financial statements that of	nse statement, and balance sheet, and describes the organization's accounting for
Pai	† III Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historical Treasures, or vered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finance	SFAS 116 (ASC 958), not to report in its reve d for public exhibition, education, or research in f cial statements that describes these items.	enue statement and balance sheet works of furtherance of public service, provide,
1	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or research in furth-	erance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	ine 1	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, his amounts required to be reported under SFAS 1	storical treasures, or other similar assets for finar 16 (ASC 958) relating to these items:	ncial gain, provide the following
	Revenues included in Form 990, Part VIII, line		
	Assets included in Form 990. Part X		▶ Ś

Part III Organizations Mainta	ining Colle	ctions of A	Art, Historic	al Treasures, or	r Other Similar Ass	ets (Co	ontinu	<u>ed)</u>
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other recor	ds, check any o	of the following that a	re a significant use of its of	collection	า	
<b>a</b> Public exhibition		d	Loan or e	xchange programs				
<b>b</b> Scholarly research		е	Other _					
c Preservation for future gener	rations							
4 Provide a description of the organiz Part XIII.			Ţ	Ū				
5 During the year, did the organiza to be sold to raise funds rather t	han to be mai	intained as pa	art of the orga	nization's collection	?	Yes		No
Part IV Escrow and Custodial Arr reported an amount o	<b>angements.</b> ( n Form 990	Complete if th ), Part X, li	ne organizatio ine 21.	n answered 'Yes' to	o Form 990, Part IV, lin	e 9, or		
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n, or other in	termediary for	contributions or oth	ner assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement							L,	7
± ,						Amoun		
c Beginning balance					1c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance					1f			
2 a Did the organization include an a						Yes		No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII.	Check here if	the explantion	n has been provided	d in Part XIII			
P				UMANUAN DELANIKAN KANDEN PROTOKOKON MINISTER PROTOKO PROTOKO ANTOKO MINISTER PROTOKO PROTOKO PROTOKO PROTOKO P				
Part V Endowment Funds. C					rm 990, Part IV, Iin		our year	
4 Declaring of combatant	(a) Curren	)[	<b>(b)</b> Prior year	(c) Two years	(a) Three years	(e) r	our year	5
1 a Beginning of year balance						-		
<b>b</b> Contributions						-		
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance						J		
2 Provide the estimated percentag		nt year end b		g, column (a)) held	as:			
a Board designated or quasi-endown			- % -					
b Permanent endowment ▶								
c Temporarily restricted endowme		%						
The percentages in lines 2a, 2b,	and 2c should	d equal 100%	· .					
3 a Are there endowment funds not in a organization by:	the possession	of the organiz	zation that are h	neld and administered	d for the		Yes	No
(i) unrelated organizations						. 3a(i)		
(ii) related organizations						3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related	organizations	listed as requ	uired on Sched	dule R?		. 3b		
4 Describe in Part XIII the intende	d uses of the	organization'	s endowment	funds.				
Part VI Land, Buildings, and	Equipment	t. See Forn	n 990, Part	X, line 10.				
Description of property		(a) Cost or c		<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	ılue
<b>1 a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements				28,533.	25,590.			<u>, 943.</u>
<b>d</b> Equipment				331,063.	164,283.	***************************************	166,	<u>,780.</u>
e Other		<u> </u>						
Total. Add lines 1a through 1e. (Colun	nn (d) must ei	qual Form 99	u, Part X, colu	ımn (B), Iıne 10(c).)		ule <b>D</b> (F		723.
BAA					ocnea	uit <b>v</b> (Fi	ノロロ ゴゴひ	1 2012

Part VII	Investments -	- Other Securities. See	Form 990, Part X,	, line 12. N/A	
	(a) Description of s	security or category ne of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or	
(1) Financ	ial derivatives	ne or security)		end-of-year market value	
		sts			
(3) Other	. ,				
(B)					
(C)					
(D)					
(E)					
(F)					
(A) (B) (C) (D) (E) (F) (G) (H)					
(l)					
		90, Part X, column (B) line 12.) ▶			
Part VIII	Investments -	Program Related. See		line 13. N/A	
	(a) Description of	investment type	(b) Book value	(c) Method of valuation: Cost or	
(1)				end-of-year market value	
(2)					
(3)	* · · · · · · · · · · · · · · · · · · ·				
(4)					
(5)					
(6)					
(7)					***************************************
(8)					
(9)					
(10)					
Part IX		90, Part X, column (B) line 13.)	4 F 37 / 7		
rartin	Other Assets.	<u>See Form 990, Part X, li</u> <b>(a)</b> Des			
(1)		(a) Des	CTIPLIOTI	(b) Book value	;
(2)					
(3)					
(4)					
(5)					
(6)			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(7)					
(8)	W				
(9)					^
(10)					
Day V		l Form 990, Part X, column (B			
Part X	Other Liabilitie	s. See Form 990, Part X ion of liability	, line 25. (b) Book value		22666431C
(1) Federa	al income taxes	ion or nabinty	(b) book value		
	ERRED RENT		8,45	1	
(3)	TITLE TENT		0,43		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column	ı (b) must equal Form 99	0, Part X, column (B) line 25.)	▶ 8,45	1.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule <b>D</b> (Form 990) 2012 AVAAZ FOUNDATION		20	-5050	267 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement	ts With			207 Tage -
1 Total revenue, gains, and other support per audited financial statements			1 1	11,787,072.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains on investments	2 a			
<b>b</b> Donated services and use of facilities	2 b	179,709.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)			1 1	
e Add lines 2a through 2d			2 e	179,709.
3 Subtract line 2e from line 1			3	11,607,363.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				11,00,,000.
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
<b>b</b> Other (Describe in Part XIII.)			1	
c Add lines 4a and 4b			4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	11,607,363.
Part XII Reconciliation of Expenses per Audited Financial Statemer			Return	
1 Total expenses and losses per audited financial statements			1	10,379,263.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2 a	179,709.		
<b>b</b> Prior year adjustments	2 b		All controls	
c Other losses	2 c		Shareness.	
d Other (Describe in Part XIII.)	2 d			
e Add lines 2a through 2d			2 e	179,709.
3 Subtract line 2e from line 1			3	10,199,554.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> Other (Describe in Part XIII.)				
c Add lines 4a and 4b.			4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	10,199,554.
Part XIII Supplemental Information		H-1	· · · · · · · · · · · · · · · · · · ·	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 3, 5, and 9; Pa	art III, line: plete this	s 1a and 4; Part IV part to provide any	, lines 1t addition	o and 2b; Part V, nal information.
PART X - FIN 48 FOOTNOTE	· · · · · · · · · · ·	<del></del>		
THE_ORGANIZATION'S_ACCOUNTING POLICY IS TO RECORD L	LIABILI	TIES FOR UNC	CERTAI	IN TAX
POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABL	LE. MAN	AGEMENT IS 1	VA TOV	ARE OF ANY
VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEM				

BAA Schedule **D** (Form 990) 2012

EXAMINATION BY FEDERAL TAX AUTHORITIES FOR FISCAL YEARS PRIOR TO 2009.

EXPOSURE TO UNRELATED BUSINESS INCOME TAX. THE ORGANIZATION IS NO LONGER SUBJECT TO

#### Schedule F (Form 990)

### Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AVAAZ FOUNDATION

Employer identification number

20-5050267

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . X Yes No

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

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

3 Activities per Region. (The	following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA & THE				CAMPAIGN &	
(1) PACIFIC		9	PROGRAM SERVICES	CONSULT	545,611.
			GRANTS & PROGRAM	ADVERTISING,	
(2) EUROPE		35	SERVICES	CONSULT	2,654,208.
(3) SOUTH ASIA		2	PROGRAM SERVICES	CONSULTING	21,176.
SUB-SAHARAN			GRANTS & PROGRAM	ADVERT, CAMP	•
(4) AFRICA		2	SERVICES	CONSULT	149,512.
MIDDLE EAST & N.			GRANTS & PROGRAM	CAMPAIGN &	
(5) AFRICA		10	SERVICES	CONSULT	1,301,680.
(6) NORTH AMERICA		2	PROGRAM SERVICES	CONSULTING	354,671.
(7) SOUTH AMERICA		4	PROGRAM SERVICES	CONSULTING	184,864.
				TRANSLATION,	
(8) RUSSIA		1	PROGRAM SERVICES	CONSULT	26,552.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					4
(16)					
(17)					
<b>3 a</b> Sub-total		65			5,238,274.
<b>b</b> Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	65			5,238,274.
<b>BAA For Paperwork Reduction</b>	Act Notice, see th	e Instructions fo	r Form 990.	Sched	lule <b>F</b> (Form 990) 2012

Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)																	2		(Form 990) 2012
(h) Description of non-cash assistance		Translation of the Control of the Co																	Schedule F
(g) Amount of non-cash assistance																	the IRS, or for whic		
(f) Manner of cash disbursement	WIRE TRANSFE	WIRE TRANSFE	WIRE TRANSFE	WIRE TRANSFE													ed as tax-exempt by		
(e) Amount of cash grant	15,000.	4,000.	166,200.	10,000.													gn country, recogniz		
(d) Purpose of grant	HUMAN RIGHTS	PAK FLD REL	SYRIA AID	UGANDA LGBT													narities by the foreig		
(c) Region	EUROPE	EUROPE	N AFR & M EAST	SUB-SAH AFRICA													ire recognized as cl uivalency letter		
(b) IRS code section and EIN (if applicable)																	ons listed above that a section 501(c)(3) eq	ons or entities	
(a) Name of organization																	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	Enter total number of other organizations or entities	
<del>-</del>	(E)	(2)	(9)	(4)	(2)	(9)	0	(8)	6	(10)	(11)	(12)	(13)	(14)	(15)	(16)	2 Ent the	3 En	BAA

TEEA3502L 12/17/12

Page 3

AVAAZ FOUNDATION Schedule F (Form 990) 2012

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

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

Schedule F (Form 990) 2012 AVAAZ FO	רדייבתואוז	M
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20-5050267

Page 4

BAA	TEEA3505L 12/17/12	Schedule F (F	orm 990) 2012
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		X No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
Pa	rt IV Foreign Forms		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection 2012 Employer identification number Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

Attach to Form 990. AVAAZ FOUNDATION

Part | General Information on Grants and Assistance

20-5050267

1 Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or secietation	to substantiate the am	ount of the grants or	e grants or assistance, the grantees' eligibility for the grants or assistance, and	' eligibility for the grants	or assistance, and		
2 Describe in Part IV the organization's procedures for monitoring the use	rocedures for monitorin		of grant funds in the United States.	AT. TAS.	 РАВТ ТV		X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to	ince to Governme	ents and Organ	izations in the Unit	ed States. Comple	te if the organizat	tion answered 'Y	res' to
- 1	ror any recipient	that received n	ore than \$5,000. P	art II can be duplic	ated if additional	space is needed	7
(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEST 5							
NEW YORK, NY 10019	81-0623035 501 (C)	501(C)(3)	81,000.	0.			AFGHAN WOMEN
(7)							
(3)		7.000.000.000.000.000.000.000.000.000.0					
<u>-(4)</u>							
( <u>5</u> )							
(9)							
<u></u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government or	ganizations listed	n the line 1 table				-
3 Enter total number of other organizations listed in the line 1 table.	ions listed in the line	1 table					C
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	for Form 990.	MONOTOLIS OCCUPANTOLIS CONTRACTORIS CONTRACT	TEEA3901L 11/30/12	1/30/12	Schedule	Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV, appraisal, other) AVAAZ REQUESTS PERIODIC NARRATIVE AND FINANCIAL REPORTING OF GRANT-FUNDED ACTIVITIES GRANTS GIVEN ARE ACCOUNTED FOR UNDER THE ACCRUAL METHOD. (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (c) Amount of cash grant (b) Number of recipients additional information. (a) Type of grant or assistance FROM GRANTEES. Part III 3 ന 4 9 Ŋ

BAA

Schedule I (Form 990) (2012)

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

AVAAZ FOUNDATION

Employer identification number 20-5050267

Pa	art I	Questions Regarding Compensation		- 1-te more appellation		***************************************
					Yes	No
1	a Che VII,	ck the appropriate box(es) if the organization provided any of Section A, line 1a. Complete Part III to provide any relev	the following to or for a person listed in Form 990, Part ant information regarding these items.			
		First-class or charter travel	Housing allowance or residence for personal use			
		Travel for companions	Payments for business use of personal residence			
		Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
		Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
	<b>b</b> If an reim	y of the boxes on line 1a are checked, did the organization fo bursement or provision of all of the expenses described		1 b		
2	Did t	he organization require substantiation prior to reimbursing or		2		
3	Indic CEC esta	ate which, if any, of the following the filing organization used t/Executive Director. Check all that apply. Do not check a blish compensation of the CEO/Executive Director, but ex	to establish the compensation of the organization's ny boxes for methods used by a related organization to xplain in Part III.			
		Compensation committee	Written employment contract			
		ndependent compensation consultant	X Compensation survey or study			
		Form 990 of other organizations	X Approval by the board or compensation committee			
4		ng the year, did any person listed in Form 990, Part VII, s related organization:				
			) 		Lucin Children	Х
	<b>b</b> Parti	cipate in, or receive payment from, a supplemental nonc	qualified retirement plan?	4 b		X
			pensation arrangement?	4 c		X
	11 10	es' to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only	section 501(c)(3) and 501(c)(4) organizations must com	nlete lines 5-9			
5	For	persons listed in Form 990, Part VII, Section A, line 1a, dingent on the revenues of:				
		<del>-</del>		5 a		V
				5 b		X
	If 'Ye	es' to line 5a or 5b, describe in Part III.				21
6	For p	persons listed in Form 990, Part VII, Section A, line 1a, d ngent on the net earnings of:	lid the organization pay or accrue any compensation			
	a The	organization?		6 a	20/45/2020	Χ
	<b>b</b> Any	related organization?		6 b		X
	If 'Ye	es' to line 6a or 6b, describe in Part III.				
7	For p paym	persons listed in Form 990, Part VII, Section A, line 1a, d nents not described in lines 5 and 6? If 'Yes,' describe in	id the organization provide any non-fixed Part III	7		Х
8	to the	any amounts reported in Form 990, Part VII, paid or acc e initial contract exception described in Regulations secti s.' describe in Part III	crued pursuant to a contract that was subject on 53.4958-4(a)(3)?	c		3.7
9	If 'Ye	s' to line 8, did the organization also follow the rebuttable pre		9		X

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

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3 compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	reported as deferred in prior
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ВАА			TEEA4102L 12/11/12	5			Schedule J	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

AVAAZ FOUNDATION	20-5050267
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
GLOBAL COMMUNITY	
THE AVAAZ TEAM SUPPORTED ITS WORLDWIDE MEMBERSHIP OF 17.2 MILI	
100 MILLION ONLINE AND OFFLINE ACTIONS INCLUDING PETITION SIGN	ATURES, MESSAGES SENT
TO LEADERS, REPORTS OF PHONE CALLS, DONATIONS, EVENT REGISTRAT	IONS, AND PLEDGES FOR
OTHER ACTIONS. IN ADDITION, THE AVAAZ TEAM SUPPORTED 20,000 ME	MBERS TO START - AND
WIN - THEIR OWN CAMPAIGNS USING OUR NEW COMMUNITY PETITION TOO	L
INTERNET_FREEDOM	
AVAAZ RAN MORE THAN 15 CAMPAIGNS TARGETING GLOBAL DECISION MAK	ERS_AT_KEY
OPPORTUNITIES ON ISSUES RELATING TO INTERNET FREEDOM AROUND TH	E_WORLD,_INCLUDING_THE
PREVENTION OF CORPORATE CENSORSHIP AND PROTECTION OF PRIVACY.	
MEDIA FREEDOM, MIDDLE EAST, AND HUMAN RIGHTS AND DEMOCRACY	
AVAAZ RAN ALMOST 80 CAMPAIGNS TARGETING GLOBAL DECISION MAKERS	AT KEY OPPORTUNITIES
ON ISSUES RELATING TO MEDIA FREEDOM AND HUMAN RIGHTS AND DEMOC	RACY, INCLUDING A FOCUS
ON THE 'ARAB SPRING' IN THE MIDDLE EAST & NORTH AFRICA.	
CONSERVATION AND NATURAL WORLD	
AVAAZ RAN MORE THAN 30 CAMPAIGNS TARGETING GLOBAL DECISION MAK	ERS AT KEY
OPPORTUNITIES ON ISSUES RELATING TO ENVIRONMENTAL CONSERVATION	, BIODIVERSITY, NUCLEAR
POWER, AND CLIMATE CHANGE. AVAAZ MEMBERS ADVOCATED FOR THE PRO	OTECTION OF BEES AND
LIONS, CONSERVING CORAL REEFS, AND SAVING THE AMAZON. AVAAZ AL	SO CAMPAIGNED AT THE
RIO CLIMATE TALKS IN JUNE OF 2012, PUSHING FOR A GLOBAL DEAL TO	O HELP PROTECT THE
WORLD'S_CLIMATE_AND_END_FOSSIL_FUEL_SUBSIDIES.	

Name of the organization	5
ANA A COUNTY TO SE	Employer identification number 20-5050267
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAR	EHOLDER
THE_ORGANIZATION_HAS_TWO_MEMBERS	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	RNING BODY
AVAAZ FOUNDATION IS COMPRISED OF TWO MEMBERS: RES PUBLICA (US)	INC. AND MOVEON.ORG
CIVIC_ACTION. EACH MEMBER APPOINTS AN EQUAL NUMBER OF MEMBERS TO	O THE BOARD OF
DIRECTORS OF AVAAZ FOUNDATION.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE OPERA	ATIONS DIRECTOR.
AVAAZ E-MAILS A COPY OF THE 990 TO ALL BOARD MEMBERS FOR THEIR I	REVIEW & APPROVAL
PRIOR TO MAILING FORM 990 TO IRS.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	- CEO, TOP MANAGEMENT
COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE IN	NDEPENDENT VOTING
MEMBERS OF THE BOARD BASED ON A STUDY CARRIED OUT FOR A COMPARAE	BLE_ORGANIZATION.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVA	AILABLE
FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQ	QUEST.
FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.ORG AND ON THE ORGANIZAT	CION'S WEBSITE
AVAAZ.ORG.	

# Form **8868**

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Reven	ue Service	Friie a sep	parate appi	ication for each return.			
If you a	are filing for an a	Automatic 3-Month Extension, cor	nplete only	Part I and check this box			× X
If you a	re filing for an A	Additional (Not Automatic) 3-Mont	h Extensio	on, complete only Part II (on page 2 of the	nis for	m).	121
Do not con	nplete Part II un	<i>less</i> you have already been grante	d an auton	natic 3-month extention on a previously	filed F	orm 8868	
corporation request an e Associated	<b>filing (e-file).</b> Yo required to file extension of time With Certain Pe	ou can electronically file Form 8868 Form 990-T), or an additional (not to file any of the forms listed in Part	if you need automatic	ed a 3-month automatic extension of time.) 3-month extension of time. You can elimith the exception of Form 8870, Information	e to fil	le (6 month nically file F	s for a orm 8868 to fers details on the
Part I				bmit original (no copies needed).		***************************************	
A corporation	on required to fi	le Form 990 T and requesting on a	outomatic C	i-month extension — check this box and			
All other co income tax	rporations (incl	uding 1120-C filers), partnerships,	REMICs, a	nd trusts must use Form 7004 to reques	t an e	xtension of	time to file
<del></del>	Name of exempt	organization or other filer, see instructions.		Enter filer's identi			
Type or		againzador of other mer, see instructions.			Empl	oyer identificati	on number (EIN) or
print	777777 1701	IND A REPORT					
<b>-</b>	AVAAZ FOI	$\overline{JNDATTON}$	oter retiremen			5050267	
File by the due date for			structions.			Social security	number (SSN)
filing your return. See	85 / BROAI	DWAY, 3RD FLOOR office, state, and ZIP code. For a foreign addr					
instructions.	i		ess, see msuu	ictions.			
	INEW YORK	NY 10003					
	eturn code for tl	ne return that this application is fo	r (file a sep	parate application for each return)			01
Application s For			Return Code	Application Is For			Return Code
	Form 990-EZ		01	Form 990-T (corporation)			07
orm 990-BI			02	Form 1041-A			08
orm 4720 (i			03	Form 4720			09
Form 990-Pi			04	Form 5227			10
	(section 401(a)		05	Form 6069			11
orm 990-T	(trust other than	ı above)	06	Form 8870			12
Telephon  If the org  If this is check this the exter  1 I request until  The ex	for a Group Ret is box $\blacktriangleright$ hasion is for. st an automatic $\frac{8}{15}$ ,	not have an office or place of bus urn, enter the organization's four one of the group, characteristics. If it is for part of the group, characteristics are corporation or 20 13 _, to file the exempt organization's return for:	digit Group neck this bo equired to f nization ret	e United States, check this box Exemption Number (GEN) If ox ▶ and attach a list with the name	this is	s for the wh	ole group.
2 If the ta		in line 1 is for less than 12 month	s. check re	eason:   Initial return   Fin-	al retu	ırn	
Cha	ange in account	ing period			ui iell	4111	
nomen	indable credits.				3 a	\$	0.
<b>b</b> If this a paymer	application is for orts made. Include	Form 990-PF, 990-T, 4720, or 600 de any prior year overpayment allo	69, enter a wed as a c	ny refundable credits and estimated tax credit.	3 b	\$	0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

3c \$