Form **990** 

For Paperwork Reduction Act Notice, see the separate instructions.

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

DLN: 93493292004237 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

	41	2016		in a 04 04 2046 and and in a 42 2	1 2016			
		plicable	C Name of organization	ing 01-01-2016 , and ending 12-3	1-2016	D Employ	er identif	ication number
	dress c		AVAAZ FOUNDATION					
	ne cha	-	Doing husiness as			20-505	0267	
☐ Init Fin	al retu al	urn	Doing business as					
□detur	n/term	ninated		I is not delivered to street address) Room/su	ıte	E Telephor	ne number	
		return n pending	27 UNION SQUARE WEST			(917) 3	88-3988	
Ш Арі	Jiicacio	ii peridirig	City or town, state or province, count NEW YORK, NY 10003	ry, and ZIP or foreign postal code				
			NEW YORK, NY 10003			<b>G</b> Gross re	ceipts \$ 1	8,007,920
			<b>F</b> Name and address of principal RICKEN PATEL	officer	H(a) Is the	s a group re	turn for	
			27 union squre west 500			dinates?		□Yes 🗹 No
			NEW YORK, NY 10003		H(b) Are a		es	☐ Yes <b>☑</b> No
[ Tax	r-exem	npt status	☐ 501(c)(3) <b>☑</b> 501(c)(4) <b>◄</b> (i	nsert no )		-	•	instructions)
J W	ebsite	e:► WW	W AVAAZ ORG		H(c) Group	exemption	number	•
					L Year of form	ation 2006	M Ctata	of legal domicile NY
<b>∢</b> Forn	n of org	ganızatıon	Corporation Trust Associ	ation LJ Other >	L fear of form	ation 2006	M State	or legal doffliche INT
Pa	rt I	Sumi	marv					
	<b>1</b> B	riefly des	cribe the organization's mission or					
a.			ne gap between the world we have alerted to urgent global issues and	and the world most people everywhere	want By sign	ing up to red	ceive Ava	iaz emails, members
ဋ	=	re rapidiy	alerted to digent global issues and	opportunities to achieve change				
Ē	_							
) Ye					350			
5				ontinued its operations or disposed of m i body (Part VI, line 1a)			ssets 3	] 3
ACTIVITIES & GOVERNANCE				the governing body (Part VI, line 1b)			4	2
Пe			· -	endar year 2016 (Part V, line 2a)			5	52
2			• •	essary)			6	100
ď	7a -	Total unre	elated business revenue from Part v	VIII, column (C), line 12			7a	0
	ЬΙ	Net unrel	ated business taxable income from	Form 990-T, line 34			7b	
					Pri	or Year		Current Year
Oı.	8	Contribut	ions and grants (Part VIII, line 1h)			23,426,0	512	18,151,037
Ravenue	9	Program	service revenue (Part VIII, line 2g)				52,841	
λċ	10	Investme	nt income (Part VIII, column (A), li	nes 3, 4, and 7d )			423	794
т.	11 (	Other rev	enue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)		-618,	364	-196,752
	12	Total reve	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		22,808,	171	18,007,920
	13	Grants ar	nd sımılar amounts paıd (Part IX, co	olumn (A), lines 1-3 )		6,635,	393	4,488,328
	14	Benefits p	paid to or for members (Part IX, col	umn (A), line 4)				C
&	15	Salaries,	other compensation, employee ben	efits (Part IX, column (A), lines 5–10)		5,223,	324	4,832,265
Expenses	<b>16</b> a	Professio	nal fundraising fees (Part IX, colum	nn (A), line 11e)				(
ă			aising expenses (Part IX, column (D), lin	· — ·				
ш			penses (Part IX, column (A), lines 1	,		10,501,	524	8,625,209
			enses Add lines 13-17 (must equa	, , , , , ,		22,360,		17,945,802
(8	19	Revenue	less expenses Subtract line 18 from	m line 12		447,4		62,118
Net Assets or Fund Balances					Beginning	of Current Y	ear	End of Year
aan aan	20	Total asse	ets (Part X, line 16)			9,291,	235	9,235,573
A A			ılıtıes (Part X, lıne 26)			1,253,		1,135,816
S E			s or fund balances Subtract line 2:	I from line 20		8,037,0		8,099,757
Par	t II	Signa	ature Block				I	
				ned this return, including accompanying				
	eage : nowle		f, it is true, correct, and complete	Declaration of preparer (other than office	cer) is based o	n all inform	ation of v	which preparer has
•		l k						
		Signati	re of officer		201 Dat	.7-10-19 :e		
Sign Here		, -			540			
iere			N PATEL CEO r print name and title					
		17	rint/Type preparer's name	Preparer's signature	ate		PTIN	
Paic			enneth J Lederer	Kenneth J Lederer	Che		P0039637	3
	ı bare	r F	ırm's name  Lederer Levine & Associa	ates LLC		n's EIN ►		
	Onl		ırm's address ▶ 1099 Wall St West Suite	280	Pho	one no (201)	933-3780	
		· <b>"</b>	Lyndhurst, NJ 07071					
May +	ao IDS	- diagnas	this return with the property shows	n above? (see instructions)	•			res 🗆 No

Cat No 11282Y

Form **990** (2016)

Form	990 (2016)					Page <b>2</b>
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗆
1		rganızatıon's mıssıon				
AVAA WAN		OCRATIC MISSION TO	O CLOSE THE GA	P BETWEEN THE WORLD	WE HAVE, AND THE WORLD MOST	PEOPLE EVERYWHERE
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	ıch were not listed on	
	the prior Form 990 o	r 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the	se new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant	changes in how it conduc	cts, any program	
		se changes on Schedu				☐ Yes 🗹 No
4	Describe the organization 501(c)(3) and	ation's program service	e accomplishmei ons are required	I to report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code	) (Expenses \$	14.752.500	including grants of \$	4,488,328 ) (Revenue \$	52,841 )
	See Additional Data	, (=::F=::=== +	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
		, (=-, =			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 
4d	Other program service (Expenses \$	tes (Describe in Sched	ule O ) luding grants of	\$	) (Revenue \$	)
4e	Total program serv	rice expenses ▶	14.752.5	500		

Yes

1

2

3

4

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Page 3

No

Νo

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

No

Νo

Nο

No

Nο

Form 990 (2016)

**Checklist of Required Schedules** 

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

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 💆 . . . . . . . . . . . . . .

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? 

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? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

or X as applicable

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**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 . . . . . . . . . . . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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11a

11b

11c

11d

11e

11f

12a

13

14a

14h

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

29

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Page 4

Νo

Nο

Νo

Nο

Yes

Yes

23

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28a

28b

28c

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35h

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Yes

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20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

24a 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

24c 24d Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

30 31

32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . . 33

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 

34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 142			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
,	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►UK  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
۵,	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
0	Section 501(c)(7) organizations. Enter	90		140
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
1	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
3		ı		I
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for	ا _ ا		
а	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		No
a b	additional information the organization must report on Schedule O  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	13a		No
b c	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		No_

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rt V	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	' respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
ectio	on A. Governing Body and Management			
		$\longrightarrow$	Yes	No
Ent	ter the number of voting members of the governing body at the end of the tax year 1a 3			
bo	there are material differences in voting rights among members of the governing dy, or if the governing body delegated broad authority to an executive committee or nilar committee, explain in Schedule O			
En	ter the number of voting members included in line 1a, above, who are independent  1b			
	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other ficer, director, trustee, or key employee?	2		No
	d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? .	3		No
Dic	the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
Dic	d the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	d the organization have members or stockholders?	6	Yes	
Dic	d the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	7a	Yes	
Are	e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b	Yes	
Dic	rsons other than the governing body?			
	e governing body?	8a	Yes	
	ch committee with authority to act on behalf of the governing body?	8b		No
Is	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
	- · · ·	_	- \	No
CTIC	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Coae	Yes	N.
_		10	res	No
	d the organization have local chapters, branches, or affiliates?	10a		No
	"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, d branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	is the organization provided a complete copy of this Form 990 to all members of its governing body before filing the m?	11a	Yes	
De	scribe in Schedule O the process, if any, used by the organization to review this Form 990			
Dic	d the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
	d the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in hedule O how this was done	12c	Yes	
Dic	d the organization have a written whistleblower policy?	13	Yes	
Dic	d the organization have a written document retention and destruction policy?	14	Yes	
Dic	d the process for determining compensation of the following persons include a review and approval by independent rsons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
The	e organization's CEO, Executive Director, or top management official	15a	Yes	
Otl	her officers or key employees of the organization	15b		No
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
Dic	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a kable entity during the year?	16a		No
If'	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			140
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt atus with respect to such arrangements?	16b		
ectio	on C. Disclosure			
Lıs	t the States with which a copy of this Form 990 is required to be filed▶			
	DE , NY  ction 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
_	allable for public inspection. Indicate how you made these available. Check all that apply			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
pol	scribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest licy, and financial statements available to the public during the tax year			
	ate the name, address, and telephone number of the person who possesses the organization's books and records HEATHER REDDICK 27 UNION SQUARE WEST NEW YORK, NY 10003 (917) 388-3988			

(A)

Name and Title

Part VII

(F)

Estimated

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

1a 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

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

- 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)

(B)

Average

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

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Individual to or director Highest compensated employee organizations MISC) MISC) related Institutional below dotted organizations emplo line) trustee ē 40.00 (1) RICKEN PATEL Х Х 198.500 0 6,758 CEO 0.00 1 00 (2) sam barratt 0 0 Х board from 5/1 0 00 1 00 (3) ian bassin 0 0 0 Х coord from 5/1 0 00 1 00 (4) ben brandzel . . . . . . . . . . . . . . . . . . х Х 0 0 sec til 5/1 0 00 1 00 (5) eli pariser . . . . . . . . . . . . . . . . . . . Х Χ 0 0 chair til 5/1 0 00 40 00 (6) Emma Ruby-SACHS . . . . . . . . . . . . . . . . . . . Х 171.617 0 25.535 DEPUTY DIRECTOR 0.00 40 00 (7) HEAther reddick . . . . . . . . . . . . . . . . . Χ 0 161,038 13,173 coo0 00 40.00 (8) benjamin boyd Х 0 144,117 18,160 cto 0 00 40 00 (9) oliver maccoll Χ 125,000 0 17.994 Campaign Director 0 00 40.00 (10) dalıa hashad Х 0 121.260 19.705 Campaign Director 0.00

Par	Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and	High	nest Co	mpens	ate	d Employees (	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
	(A) Name and Title Average hours per week (list any hours			ne b	ox, u n of	t che inles ficer	eck moss persection and a second a second and a second and a second and a second and a second an	son	Rep comp fro	ensation compensation from relate		(E) Reportable compensation from related organizations (V		Estima amount of compen from	ated of other sation							
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	99-MISC	)	2/1099-MISC	)	organization and related organizations								
-																						
1b 9	Sub-Total			Ξ.			<b> </b>	L					$\top$									
	Total from continuation sheets to Pa						•			024 522					101 225							
	Total (add lines 1b and 1c)  Total number of individuals (including						•) who	rec		921,532 ore than	\$1C	0.000			101,325							
_	of reportable compensation from the			e 1130	eu a	DOVE	=) <b>vv</b> iio	7100	eived inc	ore triair	φιο	0,000										
														Yes	No							
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>											employee on	_									
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	ortable (	comp	ensa	ation	and c	other	comper	nsation f	rom	the	3		No							
	individual			•	•	•							4	Yes								
5	Did any person listed on line 1a receiv services rendered to the organization								_				5		No							
Se	ection B. Independent Contract	ors												<b>'</b>								
1	Complete this table for your five high- from the organization Report comper												npen	sation								
		(A) and business addre		,						Ī		(B)		(C Comper								
	Traine C											,										

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Page **8** 

		(2010)										raye <b>3</b>
Part '	VЦ							D	-			
		Check if Schedul	e O contains	a respo	onse or i	note to any	Ine in thi (A Total re	.)	(E Relat	3)	(C) Unrelated	(D) Revenue
							Total re	venue	exei func	mpt tion	business revenue	excluded from tax under sections 512-514
10	1:	a Federated campaig	ns	1a					reve	inue		312-314
ons, Gifts, Grants Similar Amounts		<b>b</b> Membership dues		1b								
Gra mo		<b>c</b> Fundraising events		1c								
ffs. ⊏A		<b>d</b> Related organizatio	ns	1d								
ig. 6		e Government grants (co	ontributions)	1e								
ons Sir		f All other contributions, and similar amounts no				10 151 027						
Contributions, Giffs, Grants and Other Similar Amounts		above		1f		18,151,037						
		g Noncash contribution in lines 1a-1f \$	ons included									
Cont and	ŀ	n <b>Total.</b> Add lines 1a-1				<b>&gt;</b>	18.1	151,037				
<u>ə</u>						Busines		<u> </u>				
Ven	<b>2</b> a	program income					900099		52,841	52,8	41	
g.	b	<b>—</b>		_								
.MC€	c	:										
₹		I										
Program Service Revenue	e f	All other program se										
Prog	g	Total.Add lines 2a-2f			<b>&gt;</b>		52,841					
	3	Investment income (ii	ncluding divid	lends, ı	nterest,	and other						70.4
		similar amounts). Income from investme			and area		<u>-</u>	79	† D	+		794
		Royalties		-			<u> </u>					
			(ı) Rea		(11)	Personal						
	6a	Gross rents		4,550								
	Ł	Less rental expenses		4,550			-					
		Rental income or		4,550			4					
	,	(loss)		4,550			╛					
	(	Net rental income o					<del>                                     </del>	4,55				4,550
	7-	Gross amount	(ı) Securi	ties	(11)	) Other	4					
	, ,	from sales of assets other										
		than inventory										
	t	Less cost or other basis and										
		sales expenses Gain or (loss)					$\dashv$					
		d Net gain or (loss)				<b>•</b>	┪	(				
	8a	Gross income from fi										
nue		contributions reporte	d on line 1c)									
eve		See Part IV, line 18					_					
r R		Less direct expense:  Net income or (loss)		<b>b</b>   sına ev	ents .	• •						
Other Revenue		Gross income from g	amıng actıvıt									
0		See Part IV, line 19		a								
	ŀ	Less direct expense	s	b			$\dashv$					
		Net income or (loss)			ies .	. •						
	10	aGross sales of invent returns and allowand	ory, less									
		retarns and anomane		а	}							
	ł	Less cost of goods s	sold	b								
	(	Net income or (loss)  Miscellaneous		invent		. ► ness Code						
	11	La <sub>LOSS</sub> ON FOREIGN			Busii	90009	99	-201,30	2			-201,302
								•				
	ŀ	<u> </u>							1			
	(	:							1			
		All other revenue .										
		Total. Add lines 11a				•		-201,30	2			
	12	<b>2 Total revenue.</b> See	Instructions			• •		18,007,92		52,841		-195,958
												Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	5		` ,	_
Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,255,850	1,255,850		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	3,232,478	3,232,478		
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	205,259	140,290	52,639	12,330
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,810,059	2,539,179	1,078,606	192,274
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	486,057	324,047	137,299	24,711
<b>10</b> Payroll taxes	330,890	187,343	129,389	14,158
11 Fees for services (non-employees)				_
a Management	0			
<b>b</b> Legal	50,715	10,667	39,989	59
c Accounting	89,777	3,299	86,478	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	132,862	121,844	3,751	7,267
12 Advertising and promotion	255,914	249,017	6,839	58
13 Office expenses	118,552	57,342	60,308	902
<b>14</b> Information technology	1,073,968	884,176	162,212	27,580
15 Royalties	0			
<b>16</b> Occupancy	745,572	579,634	138,956	26,982
<b>17</b> Travel	668,702	558,599	97,612	12,491
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			

0

0

0

68,457

3,911,610

364,165

155,993

102,516

5,994

14,752,500

14,265

41,967

531,603

32,069

71,832

35,398

2,721,212

3,108

139,668

7,172

3,330

472,090

Form 990 (2016)

85,830

41,967

4,582,881

364,165

195,234

177,678

41,392

17,945,802

key employees 1 1 1 1		
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	
<b>7</b> Other salaries and wages	3,810,059	
8 Pension plan accruals and contributions (include section 401	0	Π

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

a CAMPAIGNER FEES AND CONSULTING

c TELEPHONE AND COMMUNICATIONS

d COMPUTER AND EQUIPMENT MAINTEN

25 Total functional expenses. Add lines 1 through 24e 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)

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

21 Payments to affiliates . . .

expenses on Schedule O )

**b** PROGRAM EXPENSES

e All other expenses

20 Interest . .

23 Insurance .

Page **11** 

0

0

31.583

9.235.573

483,991

563,000

88.825

1,135,816

8.099.757

8,099,757

9.235.573

Form **990** (2016)

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33

34

59.112

9.291.235

868,559

350,000

35.037

1,253,596

8.037.639

8,037,639

9.291.235

Form 990 (2016)

13

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15

16

17

18

19

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

	Beginning of year		End of year
1 Cash-non-interest-bearing	 8,735,597	1	8,492,375
2 Savings and temporary cash investments	 802	2	803
<b>3</b> Pledges and grants receivable, net	 80,188	3	375,492
4 Accounts receivable, net	 107,497	4	61,065
Loans and other receivables from current and for trustees, key employees, and highest compensat It of Schodule !		5	0

	•	ricages and grants receivable, net			1,		
	4	Accounts receivable, net			107,497	4	61,065
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			5	0	
"	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and of section 501(c)(9)		6	0	
Assets	7	Notes and loans receivable, net		7	0		
SS	8	Inventories for sale or use				8	0
⋖	9	Prepaid expenses and deferred charges			128,143	9	124,894
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	287,055			
	ь	Less accumulated depreciation	<b>10</b> b	137,694	179,896	<b>10</b> c	149,361
	11	Investments—publicly traded securities .			11	0	
	12	Investments—other securities See Part IV, line		12	0		

Nο

Nο

Form 990 (2016)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

#### Additional Data

Software ID: 16000303

Software Version: 2016v3.0

**EIN:** 20-5050267

Name: AVAAZ FOUNDATION

Form 990 (2016)

#### Form 990, Part III, Line 4a:

humane and fair response to refugee flows that was delivered to the UN Secretary General

Global CommunityThe Avaaz team supported its worldwide membership of nearly 43 million in 2016, generating actions including petition signatures, messages sent to political leaders and policymakers, phone calls, donations, event registrations, and pledges for other actions. In addition, the Avaaz team supported nearly 50,000 members to start their own actions using our online community petitions tool Environmental Protection, Biodiversity, & Animal RightsSave the Oceans Avaazs petition of over 1 3 million signatures helped pressure Russia to agree to protect the Ross Sea, a marine ecosystem home to blue whales and emperor penguins. One million global voices in support of the Papahanaumokuakea reserve in Hawaii were delivered straight into key public meetings, helping give President Obama the mandate he needed to create the largest protected area on earth. Other campaigning worked to encourage global governments to protect 30% of the worlds oceans by 2030. Avaaz campaigns also helped to stop dog torture in Yulin, China, to end the Fin whale slaughter near Iceland, to ensure the International Whaling Commission acts to stop scientific whaling, to ban the use of glyphosate across Europe, and to combat the illegal trade of wildlife across multiple African countries Human Rights, Anti-Corruption, & Resisting Racism and Hate 1 3 million members campaigned for Brazils Congressional Ethics Committee to investigate corrupt Congress President Eduardo Cunha, who was ousted after an Avaaz campaign for his conviction. Avaaz members weighed in on the US Presidential election and on the UK Brexit Referendum, calling for an end in both countries to the rhetoric of hate and division. Avaaz also worked to build pressure on EU governments to ban arms sales to Saudi Arabia after they bombed schools and hospitals in Yemen, to bring an end to female genital mutilation in Somalia with a petition signed by over one million Avaaz members and the Prime Minister of Somalia, and to bring voices of comfort and unity in the aftermath of terrorist attacks in Nice, Munich, Kabul, Baghdad, Mogadishu, and Saint-Etienne-du-Rouvray Humanitarian AidThe Avaaz community granted over \$2 million in humanitarian aid funds to the White Helmets to aid those impacted by the Syrian civil war 40,000 Avaaz members also donated to provide legal and other support

for thousands of orphaned and unaccompanied Syrian children seeking refuge after migrating to Europe 1 2 million members worldwide signed an Avaaz petition for a

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### **Political Campaign and Lobbying Activities**

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

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

Open to Public

OMB No 1545-0047

DLN: 93493292004237

Inspection

EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Department of the Treasury www.irs.gov/form990. Internal Revenue Service

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

SCHEDULE C (Form 990 or 990-

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AVAAZ FOUNDATION 20-5050267 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 540,911 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 540.911 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 540.911 4 Did the filing organization fileForm 1120-POL for this year? ✓ Yes ☐ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016 Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2016					Р	age <b>3</b>
Pa		ganization is exempt under section 501(c)(3) and has NOT filon under section 501(h)).	led				
or e	each "Yes" response on lines 1a thro	ough 11 below, provide in Part IV a detailed description of the lobbying	(a)			(b)	
ectiv	·		Yes	No	_ A	mour	ıt
1		anization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?						
b	Paid staff or management (include	e compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?				1		
d	Mailings to members, legislators,	or the public?					
е	Publications, or published or broa	dcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total Add lines 1c through 1i						
2a		he organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any	tax incurred under section 4912					
С	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the or (6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion 5	<b>01</b> (c	:)
				_		Yes	No
1		ore) dues received nondeductible by members?			1		
2	<u>-</u>	-house lobbying expenditures of \$2,000 or less?			2		
3		y over lobbying and political expenditures from the prior year?			3		
Par		ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				01(c	:)(6)
1	Dues, assessments and similar ar	nounts from members	1				
2	Section 162(e) nondeductible lobl expenses for which the section	oying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
a	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4				
5		political expenditures (see instructions)	5				
	art IV Supplemental Info						
Pro	vide the descriptions required for P	art I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	Part II-	A, lines	1 and	d 2 (se	 ee
	Return Reference	Explanation					
	I-A, Line 1 - Direct and Indirect cal Campaign Activities	IN THE 2016 UNITED STATES PRESIDENTIAL ELECTION, AVAAZ CAMPAIGNE PRESIDENTIAL CANDIDATE DONALD J TRUMP AT A NATIONWIDE LEVEL NE ACTIVITY EXPENDITURE WAS FOR THIS CAMPAIGN CAMPAIGN TACTICS INC TARGETED GOTV VIA SMS, AND TARGETED SOCIAL MEDIA AVAAZ ALSO CADEMOCRATIC CANDIDATE FOR US SENATE, USING TARGETED GOTV VIA SMS POLITICAL ACTIVITY EXPENDITURE WAS FOR THIS CAMPAIGN FUNDS SPEN RAISED EXCLUSIVELY FROM US DONORS TO AVAAZ AND REPORTED THROUGHER FEC REQUIREMENTS	ARLY AL CLUDED MPAIGN S A SM T FOR E	L OF O OFFLIN ED IN S ALL AM BOTH CA	UR PC E STU SUPPC OUNT AMPAI	LITIC INTS, ORT OF OF OI GNS V	F A UR WERE

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

DLN: 93493292004237 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

AVA	AAZ FOUNDATION			20-5050267		
Pā	Organizations Maintaining Donor Complete if the organization answere					
		(a) Donor advised fu	ınds	(b)Funds and	other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t			advised	☐ Yes	□ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization ans	wered "Yes" on Fo	rm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all tha	_			
	Preservation of land for public use (e g , rec	reation or education)	Preservation of a	in historically impo	rtant land area	
	Protection of natural habitat	L	☐ Preservation of a	certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	neld a qualified conservation	n contribution in the f		tion t the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement			2b		
c	Number of conservation easements on a certified		` '	2c		
d	Number of conservation easements included in (c) structure listed in the National Register			2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguis	shed, or terminated b	y the organization	during the	
4	Number of states where property subject to conse	ervation easement is located	d <b>▶</b>			
5	Does the organization have a written policy regard and enforcement of the conservation easements i	ding the periodic monitoring t holds?	g, inspection, handling	g of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of viola	ations, and enforcing	conservation ease	ments during the	year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations	s, and enforcing conse	ervation easement	s during the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the rec	quirements of section	170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organ				
Pai	Organizations Maintaining Collect Complete of the organization answere			her Similar As	sets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it:	eld for public exhibition, edu	ication, or research in	furtherance of pu		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
(	ii)Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, I following amounts required to be reported under					
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat No	52283D <b>Sche</b>	dule D (Form 9	90) 2016

Par	t IIII	Organizations Ma	aintaining Coll	ections of Art	, Histor	ical T	reası	ires, or	Other	Similar A	ssets (	continue	d)
3		the organization's acqu (check all that apply)	uisition, accessior	, and other recor	ds, check	any of	the fo	llowing tl	hat are a	significant	use of it	s collecti	on
а		Public exhibition			d		Loan	or excha	inge prog	ırams			
b		Scholarly research			e		Othe	r					
С		Preservation for future	generations										
4	Provi Part :	de a description of the o	organization's coll	ections and expla	in how th	ey furtl	her the	e organiz	ation's ex	kempt purpo	ose in		
5		ig the year, did the orga is to be sold to raise fund								nılar	□ Ye	es 🗆	No
Pa	rt IV												
		Complete if the org X, line 21.	ganization answ	ered "Yes" on F	Form 990	), Part	IV, li	ne 9, or	reporte	ed an amo	unt on I	Form 99	90, Part
1a		e organization an agent, ded on Form 990, Part X		an or other interm	nediary for	contri	bution	s or othe	r assets	not	☐ <b>Y</b> €	es [	] No
b	If "Y∈	es," explain the arranger	ment in Part XIII	and complete the	following	table		Γ		-	Amount		
c		nning balance			_			ļ	1c				
d	_	ions during the year						ļ	1d				
e		butions during the year						ļ	1e				
f	Endır	ng balance							1f				
2a	Dıd tl	he organization include a	an amount on Fo	rm 990, Part X, lıı	ne 21, for	escrov	v or cu	ıstodıal a	ccount lia	ability?			No
b	If "Y∈	es," explain the arranger	ment in Part XIII	Check here if the	e explanat	ion has	s been	provided	l in Part )	XIII		- г	
Pā	art V	Endowment Fund	<b>ds.</b> Complete ıf	the organizatio	n answe	red "Y	es" or	n Form 9	990, Par	t IV, line :	10.		
_	_			(a)Current year	(b)F	rior yea	ır	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four	years back
	-	ing of year balance .											
		outions											
		estment earnings, gain:	·										
		or scholarships											
е		expenditures for facilitie ograms	es										
f	Admını	strative expenses .											
g	End of	year balance											
2	Provi	de the estimated percen	ntage of the curre	nt year end balar	nce (line 1	g, colu	mn (a	)) held as	5				
а	Board	d designated or quasi-er	ndowment 🟲										
b	Perm	anent endowment 🕨											
c	Temp	orarily restricted endow	vment 🟲										
	The p	percentages on lines 2a,	, 2b, and 2c shoul	d equal 100%									
3a	orgar	here endowment funds r nization by	·	sion of the organi	zation tha	t are h	eld an	d admını:	stered fo	r the	_		es No
		nrelated organizations				•						a(i)	
b		elated organizations     . es" on 3a(ii), are the rela		s listed as require	 ed on Sche	 edule R						a(ii) 3b	
4		ribe in Part XIII the inte					•						
Pa	rt VI	Land, Buildings, a											
		Complete If the org			orm 990,	. Part	IV, lır	ne 11a. :	See For	m 990, Pa	rt X, lın	e 10.	
	Descri	iption of property	(a) Cost or oth (Investme		ost or other	basis (d	other)	(c)Accu	ımulated d	epreciation		(d)Book \	/alue
1a	Land												
	Buildin	-											
		nold improvements											
		nent		+		2	87,055			137,694			149,361
	Other	F		+						•			,
		lines 1a through 1e (Co	olumn (d) must ed	ual Form 990, Pa	art X, colu	mn (B)	, line .	10(c)).		<b>&gt;</b>			149,361

<b>Part VII</b> Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganization answe	red 'Yes' on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value		nod of valuation of-year market value
1)Financial derivatives			
Other	_		
)			
)			
)			
2)			
)			
5)			
1)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related. Complete if the o	raanization answ	ared 'Ves' on Form	000 Part IV June 11c
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Metl Cost or end-	nod of valuation of-year market value
.)			
2)			
3)			
1)			
5)			
)			
)			
7)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, Part	IV, IIIIe III See Forn	(b) Book value
.)			
2)			
)			
)			
)			
)			
)			
)			
)			
<ul> <li>Otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )</li> <li>Part X Other Liabilities. Complete if the organization answe</li> </ul>	ered 'Yes' on Form		. ▶   11e or 11f.
See Form 990, Part X, line 25.	<b>(b)</b> Boo	· · · · · · · · · · · · · · · · · · ·	
.) Federal income taxes	(5, 255		
EFERRED RENT )		88,825	
)			
)			
1			
)			
)			
5) 7) 8)			
S) ')			

Part XI

2

2

b

d

3

4

а

b

C

Part XIII

5

а

b

Schedule D (Form 990) 2016

Page 4

55,440

55,440

17.945.802

17,945,802

18,007,920

Donated services and use of faci	lities	3	-	
Recoveries of prior year grants				

Net unrealized gains (losses) on investments .

2c 2d

c Recov Other (Describe in Part XIII ) . d Add lines 2a through 2d . Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

е

3 4 Other (Describe in Part XIII ) . . . . . b

Add lines 4a and 4b . . .

Investment expenses not included on Form 990, Part VIII, line 7b. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements .

5 Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4a 4b

2a

2b

2c 2d

4b

Explanation

2a

2b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

55,440

55,440

4c

2e

3

4c

5

2e

3

	18,007,920
Return.	
	18,001,242

Schedule D (Form 990) 2015

Page <b>5</b>	Schedule D (Form 990) 2015
tinued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

### **Additional Data**

**Software ID:** 16000303 **Software Version:** 2016v3.0

**EIN:** 20-5050267

Name: AVAAZ FOUNDATION

#### Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	The Organizations accounting policy is to record liabilities for uncertain tax positions w

business income tax

nen a liability is probable and estimable. Management is not aware of any violation of its tax status as an organization exempt from income taxes, nor of any exposure to unrelated efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493292004237 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number AVAAZ FOUNDATION 20-5050267 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) 3 (a) Region (b) Number of (c) Number of (e) If activity listed in (d) is a (d) Activities conducted in (f) Total expenditures offices in the program service, describe for and investments employees, agents, region (by type) (e.g., fundraising, program and independent specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 101 9,278,080 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 101 9,278,080 Cat No 50082W For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2016

Schedule F (Form 990)	2016							Page <b>2</b>
					<b>ited States.</b> Comple lıcated ıf addıtıonal s		ion answered "Yes" t	o Form 990, Part
L (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data	a l			1	, I			
			1	1	<u>'</u>			
			-		<del>                                     </del>			
	+			<u> </u>	<del> </del>	-		<del>                                     </del>
				<del> </del> '	<u> </u>	<b></b>		<u> </u>
				<u> </u>	<u> </u>			
				1	'			
-				<u> </u>	1			
			+		<del>                                     </del>			
			-	<u> </u>		<del> </del>	+	<del>                                     </del>
	-		<u> </u>	<del>                                     </del>	<del>                                     </del>	<del> </del>	+	<del> </del>
	1			<b>!</b>	<u> </u>			
				1'	!			
			1		<u> </u>			
			-		<del>                                     </del>			
	+			<u> </u>	<del> </del>	<del></del>		<del> </del>
	1			<del> </del> '	<u> </u>	<b></b>		<u> </u>
				<u>                                       </u>				
					the foreign country, uivalency letter		<b>&gt;</b>	8
3 Enter total numb	per of other orga	anizations or entitie	es				•	3

Schedule F (Form 990) 2016						Page <b>3</b>
Part IIII Grants and Othe Part III can be du			ed States. Complete if	the organization an	swered "Yes" to Form 9	990, Part IV, line 16.
(a) Type of grant or assistance	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						dule F (Form 990) 2016

Sche	dule F (Form 990) 2016		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)		
	Instructions for Forms 3320 and 3320 My	$\square$ Yes	<b>☑</b> 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)		
	Corporations (see Instructions for Form 5471)	☐ Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> 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	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form	П.,	<b>.</b>
	5713)	∐ Yes	<b>✓</b> No

Schedule F	(Form 990) 2016	Page <b>5</b>
Part V	amounts of investments v	equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; s. expenditures per region); Part II, line 1 (accounting method); Part III (accounting umn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	Return Reference	Explanation
	•	AVAAZ REQUESTS PERIODIC NARRATIVE AND FINANCIAL REPORTING OF GRANT-FUNDED ACTIVITIES FROM GRANTEES. GRANTS ARE ACCOUNTED FOR UNDER THE ACCRUAL BASIS

METHOD OF ACCOUNTING

#### **Additional Data**

**EUROPE** 

 Software ID:
 16000303

 Software Version:
 2016v3.0

 EIN:
 20-5050267

 Name:
 AVAAZ FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA	0	2	PROGRAM SERVICES	CAMPAIGN & CONSULTING	103,986
EAST ASIA & THE PACIFIC	n	9	GRANTS AND PROGRAM	CAMPAIGN & CONSULTING	453,024

SERVICES

SERVICES

72 IGRANTS AND PROGRAM

CAMPAIGN &

ADVERTISING

7,250,882

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) MIDDLE FAST & NORTH CAMPAIGN & CONSULTING 397.320 6 program services AFRICA north america 5 program services 465.016 lconsultina 2 program services translation & consulting 55,075 russia

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Itranslation & consulting 204,489 south america 4 program services consulting 56,524 asıa program services sub-saharan africa 0 Igrants and program CAMPAIGN & CONSULTING 291,764 services

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description i l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) AFRICA CIVIL SOCIETY 25,000 WIRE TRANS AFRICA lmaasai 262.000 WIRE TRANS IPROTECTION .

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of l(e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) AUSTRALIA CLIMATE 10.000 wire trans ORGANIZING

18,693 WIRE TRANS

EUROPE

ICLEAN OCEANS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description i l(b) IRS codel (q) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash (book, FMV. cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** ICLEAN OCEANS 492,011 WIRE TRANS **IEUROPE** ICLIMATE 9.758 WIRE TRANS ORGANIZING

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book. FMV. cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** REFUGEE 18,500 WIRE TRANS ISUPPORT FUROPE REFUGEE 250.516 Wire Trans ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** REFUGEE 39.500 WIRE TRANS ISUPPORT **IEUROPE** REFUGEE 40,000 WIRE TRANS ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description , l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(ıf organization grant cash grant non-cash disbursement appraisal, assistance applicable) assistance other) FUROPE lwhite 2.063.000 WIRE TRANS HELMETS.

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -				DL	N: 93493292004237
Schedule I (Form 990)  Department of the Treasury	Governments mplete if the organiza	Other Assistand and Individuals ation answered "Yes," o  Attach to Form e I (Form 990) and its	s in the United on Form 990, Part IV 990.		OMB No 1545-0047  2016  Open to Public Inspection		
Internal Revenue Service Name of the organization						Employer identific	cation number
AVAAZ FOUNDATION						20-5050267	
Part I General Inform	ation on Grants	and Assistance				<b>'</b>	
1 Does the organization main the selection criteria used in					for the grants or assistance	e, and	☑ Yes ☐ No
2 Describe in Part IV the org	anızatıon's procedur	es for monitoring the us	se of grant funds in the Ur	ited States			
		lestic Organizations a can be duplicated if add		nts. Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(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
2 Enter total number of secti	on 501(c)(3) and go	overnment organizations	s listed in the line 1 table .			•	5
3 Enter total number of othe	r organizations liste	d in the line 1 table .				•	4
For Paperwork Reduction Act Notice	e, see the Instructio	ns for Form 990.		Cat No 50055	P	Sch	nedule I (Form 990) 2016

Schedule I (Form 990) 2016						Page <b>2</b>
Part III Grants and Other As			ials. Complete if the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Information	on. Provide the in	formation required in	Part I, line 2, Part III	, column (b), and any other a	dditional information.
Return Reference	Explanation	on				
Grantmaker's Description of How Grants are Used		UESTS PERIODIC NA AL METHOD	ARRATIVE AND FINANCIA	AL REPORTING OF GRAN	T-FUNDED ACTIVITIES FROM GRA	NTEES GRANTS GIVEN ARE ACCOUNTED FOR UNDER

## **Additional Data**

99rise action

99rise action

1289 bellevue ave los angeles, CA 90026

1289 bellevue avenue los angeles, CA 90026

**Software ID:** 16000303 **Software Version:** 2016v3.0 **EIN:** 20-5050267

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		if applicable	grant	cash	(book, FMV, appraisal,

501(c)4

501(c)4

47-3587976

47-3587976

(a) Name and address of	(p) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

(a) Name and address of	(0) ====	(c) The section	(d) Amount or cush	(C) Amount of non	(1) Method of Valuation	
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

٦d	Other Assistance to	Domestic Organizat	tions and Domesti	c Governments.

75,000

10,000

0 fmv

0 fmv

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

Name: AVAAZ FOUNDATION

(g) Description of

non-cash assistance

(h) Purpose of grant

electoral college march

or assistance

anti-corruption

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance I-POACHING

OFMV

ANTI-POACHING

EAGLE	46-5503806	501(C)3	547,280	0	FMV	ANTI-
10 WATERSIDE PLAZA APT 21A						
NEW YORK, NY 10010						

62,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

ELEPHANT ACTION LEAGUE 46-2395314

2101 ROSCOMARE RD LOS ANGELES, CA 90077

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 46 5740004 E01/C\2 < 0 0 0 0 0 1</p> A FMV ANTE CLAVEDY

2838 28TH ST NW WASHINGTON, DC 20003	46-5/40334	301(C)3	80,000	U	FMV	ANTI-SLAVERT
MOVEONORG CIVIC ACTION	06-1553389	501(C)4	250,000	0	FMV	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1442 WALNUT ST 358 BERKELEY, CA 94709

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Res Publica 13-4286728 501(c)3 170.570 OFMV UN secretary general 27 Union Square West STE 500 NEW YORK, NY 10003

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOMERVILLE, MA 02143

campaign RIGHTS ACTION LAB 46-4078393 501(C)3 55,000 OFMV TIBET 519 SOMERVILLE AVE 226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

25,000 OFMV ROSS SEA RUSSIA NEW COMPANY 46-5740334

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1147 HANCOCK ST SUITE 212

OUINCY, MA 02169

SS | AS FILED Data - |

## **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493292004237

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Name of the organization
AVAAZ FOUNDATION

Employer identification number

			20-5050267			
Pa	rt I Questions Regarding Compensation					
					Yes	No
<b>1</b> a	Check the appropiate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	┌ First-class or charter travel	Г	Housing allowance or residence for personal use			
	┌ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	□ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc		. , , , ,	1b		
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Executi			2		
	a, a, a, a, a					
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati	appl	y Do not check any boxes for methods			
	□ Compensation committee	Г	Written employment contract			
	Independent compensation consultant	Ľ	Compensation survey or study			
	Form 990 of other organizations	Ľ	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	rt V I	II, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	ymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	l nor	nqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, list compensation contingent on the revenues of	ne 1	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1	a, did the organization pay or accrue any			
а	The organization?			<b>6</b> a		Νo
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, lii payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported on Form 990, Part VII, par					
	subject to the initial contract exception described in Re					
	ın Part III			8		Νo
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	table presumption procedure described in Regulations	9		No

Schedule J (Form 990) 2015

4 RICKEN PATELCEO

198,500

(ii)

For each individual whose compensation must be reported on 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

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 column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and		(E) Total of columns			
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) other defer Other reportable compensation		benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		
1 benjamin boydcto	(i)	144,117				18,160	162,277			
	(ii)									
2 Emma Ruby-SACHS DEPUTY DIRECTOR	(i)	171,617				25,535	197,152			
	(ii)									
3 HEAther reddickCOO	(i)	161,038				13,173	174,211			
	(ii)									

Schedule J (Form 990) 2015

205,258

6,758

Page 2

Return Reference	Explanation	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Part III Supplemental Information		
Schedule J (Form 990) 2015		

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349329200				
SCHEDULI (Form 990 or 9 EZ)	O90-  Complete to provide information for responsive provide any	onses to specific questions on y additional information. or 990-EZ. open to Public open to Public		
Name of the orga AVAAZ FOUNDATIO		Employer identification number 20-5050267		
Return Reference	Ехріа	anation		
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	organization revised and amended by-laws			

Return Explanation

Reference

THE ORGANIZATION HAS three MEMBERS

Part VI, Line
6
Explanation
of Classes of
Members or
Shareholder

990 Schedule O, Supplemental Information

Return

Reference

Explanation

Kelelelice	
Form 990, Part VI, Line	The Members may remove or appoint a Director to the Board of Directors by majority vote. A majority of Members may veto the Board of Directors appointment or removal of a Director
7a How	
Members or	
Shareholders	
Elect	
Governing	
Body	

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Any amendment to the Certificate of Incorporation requires approval of all Members Only t he Members may adopt, amend, or repeal the Bylaws

Return Explanation

Form 990,
Part VI, Line
11b Form
990 Review
Process

THE FORM 990 IS REVIEWED BY CEO and COO AVAAZ E-MAILS A COPY OF THE 990 TO ALL BOARD MEMB
ERS FOR THEIR REVIEW PRIOR TO MAILING FORM 990 TO IRS

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Compensation for the CEO was determined by the independent voting members of the Board bas ed on a comprehensive study of comparable organizations renumeration for their CEO-equival ent leadership position

Return Explanation
Reference

Form 990, Part VI, Line	FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FORM 990 IS ALSO AVAI LABLE ON GUIDESTAR ORG AND ON THE ORGANIZATION'S WEBSITE AVAAZ ORG
19 Other	
Organization	
Documents	
Publicly	
Available	